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RECOMMENDED SAFE WORK PRACTICES FOR TRADITIONAL CHINESE MEDICINE AND ACUPUNCTURE PRACTITIONERS DURING THE COVID-19 PANDEMIC

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Current as of May 11, 2020

This document is current as of the date above and subject to change based on orders and guidance from the Office of the Provincial Health Officer of British Columbia, the BC Centre for Disease Control and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia. In the event of any discrepancy between the recommendations in this document and orders or guidance from the authorities named above, the latter shall prevail.

A final version of this document will be provided in Chinese. 该文件将被翻译成中文。

INTRODUCTION

On May 6, 2020 the B.C. government announced its “Restart Plan”, outlining the next three phases of a four-phase plan for a safe and gradual return to pre-COVID-19 pandemic life. In their briefing, Premier Horgan, Minister Dix and Dr. Henry indicated that regulated healthcare professions, including TCM and Acupuncture, may resume with enhanced protocols in mid-May this year (i.e. after the May long weekend).

Please note:

- The timing of Acupuncture and TCM clinic re-opening and resumption of practice is subject to the continued successful implementation of Phase 1 measures to avoid further transmission of COVID-19.
- Practitioners are not required to open their clinics or resume practice as soon as the PHO allows them to do so. It is up to each practitioner to determine whether they are mentally, physically and financially prepared to resume practice during the COVID-19 pandemic.

Orders and guidance from the Office of the Provincial Health Officer of British Columbia (PHO), the BC Centre for Disease Control (BCCDC) and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) must be followed in the practice of TCM and Acupuncture at all times. The recommendations in this document were prepared by Kevin Ianson, Dr.TCM and the ATCMA to help ATCMA members and fellow TCM and Acupuncture practitioners in BC implement safe clinical work practices that meet or exceed the orders and guidance from these authorities. It is up to practitioners to ensure the safety of their patients, their colleagues, and themselves when they return to practice. While these recommendations help interpret PHO orders, BCCDC procedures and CTCMA guidance, practitioners are reminded to familiarize themselves with orders and guidance from these authorities, and ensure that they are practicing safely when the time comes to resume practice.

This document will be revised as needed based on future announcements from the PHO, the BCCDC and the CTCMA.

1) BACKGROUND¹

Novel human coronavirus SARS-CoV2 is a viral pathogen primarily affecting the respiratory tract. As a droplet transmitted infection, transmission occurs from infected persons through:

- respiratory droplets generated when coughing or sneezing
- close, prolonged personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

Preliminary information suggests that SARS-CoV2 may persist on surfaces for a few hours to several days depending on the temperature, type of surface, and humidity of the environment.

As such, transmission prevention should focus on limiting exposure to respiratory droplets through appropriate hygiene and cleaning practices and maintaining physical distancing from other individuals.

The practice of Acupuncture and Traditional Chinese Medicine requires physical contact for diagnostic and treatment purposes, physical distancing cannot be maintained throughout the delivery of these services. Therefore, steps must be taken to mitigate exposure to respiratory droplets (both patient to practitioner and patient to patient) through appropriate screening, cleaning, and hygiene procedures.

¹ Background information is summarized from BC CDC (<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>) and Health Canada (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html?utm_campaign=gc-hc-sc-coronaviruspublicedu2021-2021-0001-9762248618&utm_medium=search&utm_source=google-ads-99837326356&utm_content=text-en-428935858681&utm_term=covid%2019%20transmission)

2) RECOMMENDED PROCEDURES

2.1 Environmental Preparation

Assessment of the Physical Environment

Practitioners and clinic staff should assess the clinic space and treatment environment to identify areas that could promote the risk of transmission of SARS-CoV2. Practitioners and/or their clinic owners are advised to assess their clinic environment to identify physical modifications that need to be made to the environment to minimize the risk of infection.

In its document on returning to a safe work environment during the COVID-19 pandemic, WorkSafe BC notes: “the virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, or from touching a contaminated surface before touching the face. To understand the risk at your workplace, consider the following questions.”²

- Where do people congregate, such as waiting areas, break rooms, meeting rooms?
- What job tasks or processes require practitioners and staff to come into close proximity with one another, patients or members of the public?
- What materials are exchanged, such as money, credit cards, and paperwork?
- What tools, machinery, and equipment do people come into contact with in the course of their work or time in the clinic?
- What surfaces are touched often, such as doorknobs, elevator buttons, light switches, equipment, and shared equipment?

Clinics should consider drawing up SOP (standard operating procedures) specific to operations during the COVID-19 pandemic or the reference of all practitioners and clinic staff.

Recommended Modifications to the Physical Environment

Recommended modifications that apply to Acupuncture and TCM practice environments include but are not limited to the following:

- All non-essential equipment and items (e.g.; books, magazines, retail products, cups, décor etc.) should be removed from environments that patients will be accessing to minimize the available surfaces for droplets to settle on.
- Any item that cannot be disinfected (wiped down or washed), such as fabric couches etc., should be removed from patient contact environments.
- Hand washing facilities or hand sanitizer authorized by Health Canada³ should be made available in every room in the clinic.

² <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>

³ <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

- Plexiglass barriers should be installed at the clinic reception desk if the space does not allow for physical distancing of at least two meters between patients and staff members situated on either side of the desk.
- Areas in which patients may stand or sit should be clearly demarcated with signage or physical markings.
 - Patients, practitioners and clinic staff should be able to maintain minimum physical distance of two meters while in common areas.

Signage

PHO and WorkSafe state that businesses should clearly communicate to patients and the public the measures the clinic has put in place to minimize the risk of transmission of SARS-CoV2:

- Signage should be strategically placed on the clinic door and around the environment to inform patient of transmission prevention measures, physical distancing practices to be followed in the clinic, and proper handwashing technique⁴. Refer to Appendix A for BC CDC posters.
 - The CDC notes that proper, frequent handwashing and avoiding touching one's face are the most effective methods of infection control. Practitioners should emphasize the importance of this within the clinics to patients, practitioners and staff.
 - Proper handwashing technique should be taught to all staff and patients.
- Notices of screening and clinic disinfection and hygiene procedures should be placed on clinic websites and/or social media accounts.

2.2 Environmental Cleaning and Disinfection

Practitioners are reminded that SARS-CoV-2 is shed in high concentration before symptoms appear, so verbal and temperature screening is not a guarantee that a patient will not bring the COVID-19 virus into the clinic. Thorough environmental cleaning and disinfection that adheres to BCCDC and CTCMA safety standards is a critical step in preventing the spread of SARS-CoV-2 and the development of COVID-19.

Practitioners must understand and weigh the risks and benefits of treating a patient that may be infected with COVID-19 and determine if they are comfortable treating patients during this pandemic.

⁴ Hand washing - http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf

Cleaning and Disinfection Record Keeping

Practitioners and clinic staff should develop a routine cleaning schedule and maintain records of their cleaning.

- It is recommended that practitioners and/or clinic staff create checklists for cleaning after each patient and for daily/weekly cleaning.
- Checklists can include space to initial and record dates of cleaning, and may be posted on the inside of a cabinet in the treatment room.
- Records should be filed when they are full and replaced by a new sheet.

Environment Cleaning and Management

- All surfaces that are “high touch” (e.g.; bedside table, chair arms, call buttons, light switches, doorknobs, bathroom sinks, toilets, arm rests, reception desks, counters, computers, printers phones, hand sanitizer dispensers etc.) should be cleaned and disinfected a minimum of twice daily⁵ and when soiled using a PHAC approved hard-surface cleaner.⁶ Cleaning of these surface more frequently should be conducted if possible.
- All floors should be cleaned and disinfected a minimum of once a day.
- Clinical contact surfaces (e.g.; treatment tables, face cradles, chairs, hard surfaces hand sanitizer dispensers etc.) that may be contaminated by spray, splatter, or touch should be cleaned and disinfected after each patient visit using a PHAC approved hard-surface cleaner according to the manufacturer’s recommended use.
 - Practitioners should pay particular attention to time of exposure and post-disinfection procedures e.g. airing out the area, removal of disinfectant residue.
 - Spraying or aerosolization of disinfectants may contribute to the degradation of masks and other PPE. As such, it is recommended that disinfectants are applied with single-use wipes, cloths, gauze or pads rather than sprayed onto surfaces.
- To facilitate clinical cleaning, treatment areas should be uncluttered and well organized.⁷
 - See section 2.1 for recommended modifications to the clinic environment.

⁵ At the beginning and mid-way through shifts.

⁶ For a list of acceptable cleaning products refer to the list of PHAC list of approved hard-surface disinfectants at <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>. Additional resources can be found at: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf and <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control>

⁷ Modified from CTCMA Safety Program Handbook

- Use of contactless payment methods (e.g.; e-transfer, *Interac* Flash, etc.) should be encouraged.
 - Pin pad machines should be disinfected between uses. Practitioners or clinic staff may consider wrapping payment machines in a transparent plastic barrier to facilitate easy and quick disinfection.
 - If cash or cheques are accepted, measures should be implemented to minimize the risk of cross-contamination or viral transmission, e.g. placing in a sealable plastic bag and leaving for 24 hours, or washing hands before and after handling.
- Receipts and other documents should be provided electronically rather than printed for patients.
- Patients should be encouraged to bring their own pen to the clinic. Any clinic-owned pen used by a patient must be disinfected after use and before it is handled by another patient or member of the public.
- Use of high quality air filters in common areas and treatment rooms is recommended.

2.3 Instrument and Equipment Cleaning and Disinfection

- Smaller patient care items (e.g.; cups, gua sha tools, probes, reflex hammers, blood pressure cuffs, thermometers, pulse oximeters, etc.) should be cleaned and disinfected after each use with a hospital grade disinfectant.⁸
 - For steps on cleaning instruments refer to Appendix B.
- No equipment or furnishing (table linens/pads, blankets, sheets, gowns, pillow cases, etc.) may be used for multiple patients.
 - Use of disposable, single-use table paper is recommended at this time.
- Linens should be laundered in hot water (60°C to 90°C⁹) with soap.
 - Clean laundry should be placed in a cabinet or sealed storage container.
 - Soiled laundry should be placed in a sealed storage container.

⁸ Environmental cleaning and disinfection as per PHAC infection prevention guidance (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.3>)

⁹ http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf

- Gloves should be worn by anyone handling soiled laundry.
 - Single-use latex or nitrile gloves are acceptable, but must be donned and doffed according to BCCDC guidelines¹⁰. In addition, since single-use gloves typically only reach the wrists, anyone handling laundry should take measures to protect any exposed areas of the arms and hand hygiene should be performed after removal of gloves.
 - Reusable rubber or latex utility gloves are acceptable, but should not be shared amongst multiple practitioners or personnel. Hand hygiene should be performed before donning and doffing gloves. Gloves should be stored in a sealed container between uses.
- All surfaces that come into contact with soiled laundry should be disinfected after exposure.

2.4 Personal Protective Equipment and Apparel for Practitioners and Clinic Staff

PPE

Masks/Face Protection:

The ATCMA recognizes that practitioners are concerned about sourcing PPE for their use in clinic. However, at this time, the PHO has not indicated whether or not it is safe for practitioners to use cloth masks in the clinical environment. As such, surgical masks are recommended as a best practice until the PHO issues guidance that allows for cloth or other reusable masks.

As aerosol generating procedures are not usually performed in TCM and Acupuncture practices, N95 respirators are not necessary and a surgical face mask will provide adequate protection.

- Practitioners and clinic staff should at a minimum don mouth, and nose protection prior to patient arrivals.¹¹ Eye protection is also recommended. This could include:
 - A surgical mask with eye protection
 - A surgical mask and face shield
 - A surgical mask with an attached shield
- Practitioners should be aware that surgical masks become permeable when they are moist and should be changed as soon as possible after they become moist, following BCCDC doffing procedures (see below).

¹⁰ <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

¹¹ PPE as per PHAC infection prevention guidance <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.7>

Gloves:

- Gloves (latex, nitrile or rubber utility gloves) should be worn during cleaning and disinfection.
- The WHO and BCCDC indicate that clean, intact skin is an adequate barrier, so the wearing of gloves by practitioners during treatment is not deemed necessary at this time.
 - Practitioners are reminded to perform correct hand hygiene before, during and after treatment.
 - Per the CTCMA Safety Handbook, if gloves must be worn to protect a practitioner with broken skin or when palpating a patient with broken skin, proper donning and doffing procedures must be followed (see below).

Donning and doffing procedures:

All PPE should be donned and doffed according to BCCDC guidelines¹²

How to wear a Face Mask

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SurgicalMaskPoster.pdf

Cleaning and Disinfection Instructions for Eye/Facial Protection

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf

Putting On and Donning Protective Equipment

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf

Removing PPE (droplet & contact)

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf

Removing PPE (airborne)

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing_AirbornePrecautions.pdf

¹² <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

Apparel

- Practitioners and clinic staff should avoid wearing any extraneous clothing, accessories and jewelry while in the clinic.
- Clothing that can be laundered in hot water (60°C to 90°C) with soap is recommended for practitioners.
 - Scrubs are recommended as they can be laundered at high temperature, but any clothing that can be laundered at high temperature is acceptable.
 - Clothing that may not be laundered at high temperature may be covered by a lab coat that can be laundered at high temperature.
 - Practitioners may consider donning a disposable gown when treating patients if they wish to add a layer of protection.
 - Gowns must be donned and doffed according to BCCDC guidelines (see below).
- Pants that fully cover the legs are recommended for practitioners.
- Practitioners may consider donning a scrub cap or other hair covering in the clinic.
 - If hair is left uncovered, it is recommended that practitioners wash hair daily.
- Close-toed, full coverage shoes are recommended for practitioners and clinic staff.
 - Surfaces of shoes should be disinfected at the end of each clinic shift.
- Any clothing and shoes worn by practitioners when treating patients should not be worn outside of the clinic.
 - Practitioners are advised to keep scrubs/clinic clothing at the clinic and launder them there.
 - If in-clinic laundry facilities are not available, practitioners are advised to change into a clean set of clothing and place clothing worn while in the clinic into a sealed container for transport home.
 - Clinic apparel should be laundered daily.

2.5 Patient Screening¹³

Advance Phone Screening

Practitioners or administrative clinic staff should contact patients by phone 24 hours prior to their appointment for verbal screening per the guidelines below.

Practitioners should consider whether or not the patient's needs can be satisfied by tele-practice to minimize unnecessary in-person visits. If yes, the patient's visit should be conducted by tele-practice.

During phone screening, patients should be advised that they:

- should stay home rather than seek your treatment if they exhibit any symptoms of respiratory infection (even a common cold)
- will be screened again on arrival at the clinic
- should be wearing a mask upon entry to the clinic
- should come to the clinic alone and that anyone who accompanies them to the clinic will not be permitted to enter the clinic space
- must comply with infection control procedures while at the clinic

Additional Verbal Screening on Arrival at Clinic

Patients should not be admitted to the clinic unless they have an appointment and have passed pre-screening by phone.

All patients should be screened **again** just prior to arriving at the clinic.

- Practitioners are reminded to consider patient privacy during verbal screening in the clinic waiting or common area.
 - Screening may happen immediately on entering the treatment room for every patient
 - Before they arrive at the clinic, patients must be notified that screening will take place in a common area that may not guarantee their privacy, but that they may request to be screened in the treatment room if they require a more private setting.

¹³ Patient screening questions are adapted from the Health Canada COVID-19 Symptom Self-Assessment Tool (<https://ca.thrive.health/covid19/en>) and the BCCDC testing guidelines and self-assessment tool <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing> and BC province-specific self-assessment tool (<https://bc.thrive.health/>).

Patients who answer yes to any of the following criteria should be refused treatment until such a time that they no longer answer yes to the criteria.

- Are you experiencing any of the following symptoms:
 - Severe difficulty breathing
 - Severe chest pain
 - Having a very hard time waking up
 - Feeling confused or losing consciousness?¹⁴
- Are you experiencing any of the following:
 - Mild to moderate shortness of breath
 - Inability to lie down because of difficulty breathing
 - Chronic health conditions that you are having difficulty managing because of difficulty breathing?¹⁵
 - New, unexplained onset of tingling fingers or toes
- Are you experiencing cold, flu or COVID-19-like symptoms, **even mild ones**, including:
 - Fever
 - Chills
 - Cough
 - Sore throat
 - Painful swallowing
 - Stuffy or runny nose
 - Loss of sense of smell and/or taste
 - Headache
 - Muscle aches
 - Fatigue
 - Loss of appetite
- Have you travelled within Canada or to any countries outside Canada (including the United States) in the last 14 days?
- Within the last 14 days did you provide care to or have close contact with a symptomatic person known or suspected to have COVID-19?

¹⁴ Patients experiencing any of these symptoms should be directed to contact emergency medical services (911 in most communities) or go directly to their nearest emergency department.

¹⁵ Patients experiencing any of these symptoms should be directed to contact their primary care provider. If unable to reach their regular care provider they should be directed to call Telehealth (811).

Physical Screening on Arrival

Patients should have their temperature taken using a contactless thermometer prior to entering the clinic.

- As temperature is not a perfect indicator of possible infection, use of an oximeter to measure patients' O₂ saturation levels is also recommended.
 - Practitioners are reminded that an accurate pulse oximeter must be used to be effective. Recommended pulse oximeters include¹⁶:
 - Good accuracy: Contec CMS50DL, Beijing Choice C20, Nonin oximeter
 - Fair accuracy: TempIR-Oxy and Jumper JPD-500A
 - Please note that inexpensive pulse oximeters such as the Beijing Choice MD300C23, Starhealth SH-A3 and Atlantean SB100 II were found not to be accurate enough to satisfy researchers in the studies referenced in footnote 16.

2.6 Practitioner and Clinic Staff Screening

- Prior to the start of each shift practitioners and clinic staff should complete a self-assessment for COVID-19 symptoms per the criteria in patient screening (section 2.5)
- Additionally, practitioners and clinic staff should use a contactless thermometer to monitor their temperature and, if available, an oximeter to measure their O₂ saturation levels prior to beginning their shift.

¹⁶ Oximeter studies: <https://www.ncbi.nlm.nih.gov/pubmed/27089002>,
https://erj.ersjournals.com/content/52/suppl_62/PA4452

2.7 Patient Scheduling and Arrival

Patient Scheduling

Again, practitioners should consider whether or not the patient's needs can be satisfied by tele-practice to minimize unnecessary in-person visits. If yes, the patient's visit should be conducted by tele-practice.

- Patient appointments should be scheduled so that there is no overlap among patients in clinic common areas or treatment rooms. This will help minimize the risk of virus transmission and allow adequate time for disinfection between patients. Considerations when building practitioner schedules are:
 - The number of treatment rooms
 - Available space in the waiting area – does it allow for a minimum of two meters physical distance between patients, practitioners and clinic staff?
 - Cleaning and disinfection procedures required between patients – e.g. how long does the disinfectant of choice take to dry?
 - Changing of PPE between patients
- Patients should be informed that persons accompanying them to their appointment must wait outside of clinic, such as in personal vehicle or another location in which they are able to abide by physical distancing guidelines.

Patient Arrival

- As outlined in section 2.1, clinic waiting areas should be arranged such that patients, practitioners, clinic staff and anyone else entering the clinic space can maintain physical distancing of at least two meters at all times.
- As a rule, access to the clinic should be restricted to patients only.
 - Patients should only be admitted to the premises one to two minutes before their scheduled appointment.
 - Persons accompanying patients to their appointment must wait outside of clinic, such as in personal vehicle or another location in which they are able to abide by physical distancing guidelines.
- If physical distancing of at least two meters in common areas is not possible, patients should be required to wait in their personal vehicle or outside the clinic in a location in which they are able to abide by physical distancing guidelines.
 - Practitioners or clinic staff can contact the patient by phone call or text to notify them when they are permitted to enter the clinic.

- The PHO recommends that members of the public wear face masks in situations and spaces where it is not possible to maintain two meters of physical distance with others. Since it is not possible to maintain two meters distance between patients and practitioners during acupuncture treatment, it is recommended that patients don a face mask (procedure, surgical or cloth are acceptable) before or upon entering the clinic.
 - If they are not wearing a mask upon entering the clinic, practitioners may provide one to the patient and direct them to don it using proper donning procedures.
 - Practitioners may also consider requesting that patients wear eye protection while in the clinic.
 - As the PHO does not currently require the wearing of masks in public, practitioners and clinic owners must determine if they are willing to treat patients who are not wearing a mask and/or eye protection.
- Patients should be directed to wash or sanitize their hands immediately before or immediately upon entering the clinic space.
- Patients should be directed to enter the treatment room as quickly as possible after arrival.
- Practitioners should observe the patient for any possible indicators of respiratory infection (per section 2.1) which may not have been reported.
 - If a respiratory infection is suspected but not reported by the patient, practitioners should refuse treatment and refer patients immediately to their general practitioner or instruct them to call 8-1-1 for further instruction.

2.8 Patient Assessment

- Physical distancing should be maintained while conducting the patient interview.
 - Palpatory and physical assessments should be brief and specific.
- Based on current PHO guidelines for physical distancing and reducing the risk of viral transmission, observation of the tongue for diagnostic purposes should not be conducted in-person at this time.
 - Patients may be directed to photograph their tongue immediately prior to their appointment and provide a digital copy to their practitioner. There are numerous online sources that demonstrate how to take a clear picture of the tongue, and practitioners are encouraged to seek out these resources and teach their patients how to take a clear photo.
 - Based on changes to PHO guidelines, it may be possible at a later date for practitioners to reintroduce tongue observation and diagnosis with a transparent physical barrier between patients and practitioners (e.g. face shield, plexiglass).

- Before pulse taking, practitioners must perform correct hand hygiene with soap and water.
 - After the pulse has been taken, practitioners must then provide time / supplies (e.g. alcohol wipes, hand sanitizer, soap and water) for patients to clean the area touched by the practitioner i.e. the wrist.

2.9 Treatment

- Practitioners should choose a technique that provides the most benefit to the patient at the minimum risk.
 - When there is a choice of techniques that all offer equal benefits, the technique that minimizes physical contact should be used.
- After conducting the patient assessment and determining a treatment plan the practitioner should bring only the supplies required for that treatment into the treatment environment.
- All health and safety precautions in the CTCMA Safety Program Handbook for Traditional Chinese Medicine Practitioners and Acupuncturists ¹⁷ should continue to be followed. In addition to those safety measures:
 - When performing Acupuncture, moxibustion, tui na, and instrument assisted therapies (e.g.; cupping and gua sha) practitioners should avoid the use of Acupuncture points around the mouth and nose.
 - Practitioners should be conscientious of their body positioning such that their face is not directly in line with the patient's face at any time during the treatment.
 - When compounding herbal formulas practitioners should don a face mask.
 - When dispensing written lifestyle advice, recommendations should be provided in digital format.
 - Practitioners should follow the PHO's guidelines and orders, including minimizing techniques that are riskier in terms of extended physical contact and prolonged close proximity between the practitioner and patient, e.g. tui na.

¹⁷ https://www.ctcma.bc.ca/media/1735/safety-program-handbook_en.pdf

2.10 Additional Safe Work Practices for Group Treatment Settings

Group treatment practice such as Community Acupuncture and detox group Acupuncture require enhanced safety and infection control measures to ensure a safe environment for practitioners and patients.

In addition to the required procedures and recommendations for private treatment clinics, the following measures are recommended for group settings:

- Treatment chair or table physical setup options:
 - A barrier (e.g. curtain, plexiglass, other hard divider) may be placed between chairs or tables. The barrier should be a minimum of six feet high. Tables and chairs should be placed a minimum of two meters apart to ensure that practitioners have adequate space to perform treatments without being too close to any single patient.
 - If no barrier is in place, treatment chairs and tables should be placed 3 metres apart (from arm to arm) to ensure that patients are able to remain 2 metres apart at all times when they are in or around the treatment chair or table
- Treatment chairs and tables should have a minimum of 2 metres of space on any side not placed against a wall or that does not have a physical barrier in order to allow for safe passage of foot traffic.
- As in private clinical settings, no equipment or furnishing (table linens/pads, blankets, sheets, gowns, pillow cases, etc.) may be used for multiple patients. Use of disposable, single-use table paper is recommended.
- Use of chairs upholstered in fabric is discouraged, wipeable chair coverings or upholstery are encouraged where possible. Disinfection of chairs with any type of upholstery or material must take place between patients even if they are covered with sheets used by only one patient. Infection control guidelines by the CTCMA and BCCDC must be followed.
- Patients must take their belongings with them to the treatment chair or table and placed in a separate container. Communal coat hangers and shoe racks should be dismantled or removed from the clinic space.
- Eye shades and ear plugs should not be offered to patients. Patients should be encouraged to bring their own eye shades and ear plugs and must keep them on their person at all times while in the clinic.
- Availability of blankets, towels, sheets and other linens beyond those used to cover tables or chairs should be minimized. Patients should not be permitted to access linens themselves, but may request them from the practitioner.
- Self-serve beverage or other stations should be dismantled. Beverages may be given to patients by practitioners on request. Practitioners should consider offering disposable cups during the COVID-19 pandemic. If reusable cups are used, they must be adequately disinfected between patients.
- Non-cash payments should be encouraged, and payment stations or systems should be revised to allow for minimal patient contact with surfaces.

- Patients should not arrive or depart at the same time. Appointment time limits should be set and enforced to ensure proper control of patient flow and adequate time for disinfection of the treatment space between patients.
- Detox centres and other public health facilities will have their own procedures in place and should be pre-screening patients. Practitioners should adhere to the procedures in place. If practitioners are uncomfortable with the procedures, they should not practice in detox centres or other public health facilities.

2.11 Additional Safe Work Considerations for Multiple-Practitioner and Multi-Disciplinary Clinics

In addition to the required procedures and recommendations for all treatment clinics, the following considerations should be weighed for clinics with multiple practitioners of any type or clinics with a large number of staff:

- Practitioner shifts may need to be adjusted to accommodate physical distancing requirements and to avoid patient overlap.
- Room assignments may need to be adjusted to accommodate physical distancing requirements and to avoid patient overlap.
- For multi-disciplinary clinics, Acupuncture and TCM practitioners must at a minimum follow the guidelines laid out by the PHO and the CTCMA regardless of guidance from regulatory colleges for other auxiliary health care disciplines.

2.12 Additional Safe Work Considerations for Home Visits and Mobile Practice

In addition to the required procedures and recommendations for all practitioners, the following considerations should be weighed for home visits or mobile practice:

- Pre-screening by phone is essential before arrival at the treatment site.
- Patients are recommended to don a mask (procedure, surgical or cloth) when the practitioner arrives at the treatment site and during treatment.
- Practitioners should consider wearing disposable foot coverings while at the treatment site.
- Supply/instrument and treatment surfaces should be covered with disposable table paper.
- All paper, plastic or other waste should be disposed of by the practitioner in a sealed container and removed by the practitioner when they leave the treatment site.
- Practitioners should disinfect their vehicles before and after visiting the treatment site.
- Practitioners should not wear the same clothing at multiple treatment sites. Clothing worn at a treatment site should be removed as soon as possible after leaving the treatment site and laundered the same day (see above for laundering guidelines).
- Offices and other workplaces that may be sites of treatment will have their own procedures in place and should be pre-screening employees. Practitioners should adhere to the procedures in place. If practitioners are uncomfortable with the procedures, they should not practice in these treatment sites.

2.13 Additional Safe Work Considerations for Herbal Practice

In addition to the required procedures and recommendations for all practitioners, herbalists should consider the following while dispensing herbs:

- Gloves, masks and eye protection should be donned when dispensing herbs.
- Herbs should be dispensed in a space separate from the treatment space.
- Multiple practitioners should not handle and dispense herbs at the same time.
- Handling of the herbs by multiple people should be minimized, e.g. practitioners should give the herbs directly to the patient rather than having them given to patients by office reception.

2.14 Post treatment

- After concluding treatment patients donning face masks should continue to wear them when they leave the clinic.
 - If for any reason it is necessary for a patient to remove a mask in the clinic, they should be required to follow proper mask doffing procedures per BCCDC guidelines (see PPE information above), and the mask should be deposited in a designated receptacle and treated as a critical item.

3) EXPOSURE CONTROL PLAN

- In the event that a practitioner, patient or clinic visitor reports experiencing symptoms of a respiratory infection within 14 days of visiting the clinic the practitioner should immediately inform the BCCDC.
 - The clinic should be closed and thoroughly cleaned per section 2.2.
 - The practitioner shall then follow the directive of the public health office to determine appropriate contact tracing procedures and when to reopen the clinic.
- Practitioners are advised to obtain specific informed consent from patients to allow clinics to share patients' contact information for transmission contact tracing purposes by the BCCDC.
- Practitioners are reminded to keep thorough clinical records, appointment schedules and visitor logs in order to facilitate contact tracing in the event it is needed.

4) LIABILITY CONSIDERATIONS

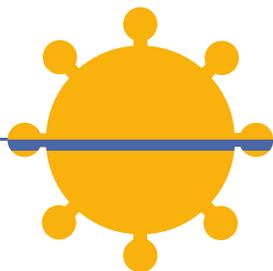
- Discussing the risks and benefits of treatment is a standard practice for acupuncturists and TCM practitioners. Practitioners should clearly and openly discuss with patients the specific risks and benefits of receiving treatment during the COVID-19 pandemic.
- Practitioners are advised to review their liability insurance policy wording to determine whether or not they are covered if a patient contracts COVID-19 while in their care in the clinic.
 - While informed consent and liability waivers do not guarantee that a patient will not lodge a complaint with the CTCMA or take legal action if they become infected with COVID-19 while in the clinic, it is recommended that practitioners take the following additional measures to protect themselves and their clinic staff:
 - Have patients sign a liability waiver prior to treatment, waiving their right to take any form of legal action should they become infected with COVID-19.
 - Have patients give additional informed consent acknowledging the risks associated with receive Acupuncture or TCM treatment during a pandemic.

Appendix A – Signage

Coronavirus Prevention - <http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-Prevention.pdf>

Hand washing - http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf

Physical distancing - http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PhysicalDistancingPoster.pdf



Coronavirus Prevention



Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.



Avoid touching your eyes, nose, and mouth with unwashed hands.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid close contact with people who are sick.



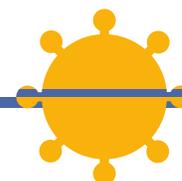
Clean and disinfect frequently touched objects and surfaces.

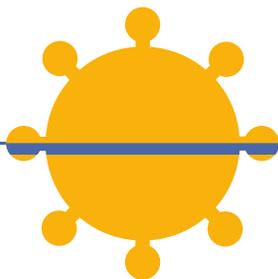


Stay home when you are sick.



WEARING A MASK IS NOT AN EFFECTIVE MEASURE TO KEEP YOURSELF SAFE FROM VIRAL INFECTION.





Hand Hygiene

SOAP OR ALCOHOL-BASED HAND RUB: Which is best?



Either will clean your hands: use soap and water if hands are visibly soiled.



Remove hand and wrist jewellery

HOW TO HAND WASH



1
Wet hands with warm (not hot or cold) running water



2
Apply liquid or foam soap



3
Lather soap covering all surfaces of hands for 20-30 seconds



4
Rinse thoroughly under running water



5
Pat hands dry thoroughly with paper towel



6
Use paper towel to turn off the tap

HOW TO USE HAND RUB



1
Ensure hands are visibly clean (if soiled, follow hand washing steps)

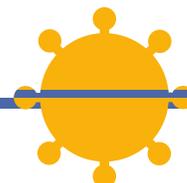


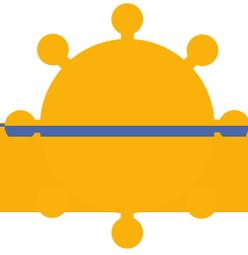
2
Apply about a loonie-sized amount to your hands



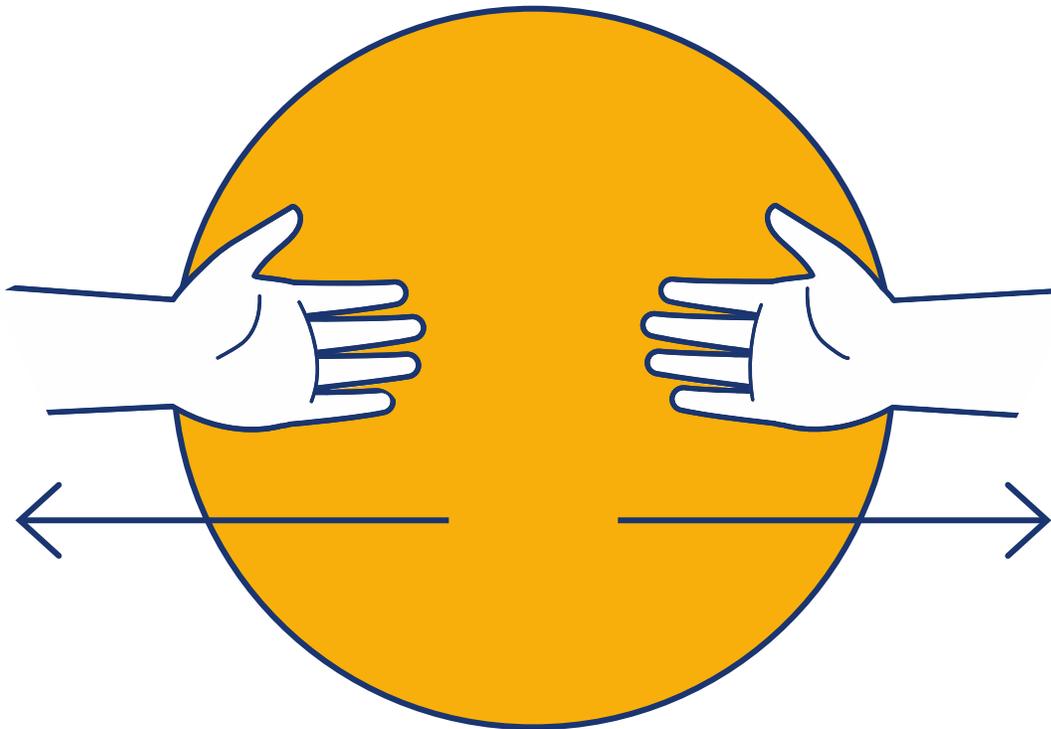
3
Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

COVID19_HH_001





REDUCE THE SPREAD OF COVID-19



PHYSICAL DISTANCING IN PROGRESS

**Maintain a distance of at least
2 arms lengths from others.**



**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**



Appendix B – Steps to Clean Instruments (Table taken from CTCMA Safety Program handbook for Traditional Chinese Medicine Practitioners and Acupuncturists)

	Cleaning Process	Reason and Comments
1.	Soak items that cannot be immediately cleaned in a container of clean warm water (with or without detergent) in a clean sink or in a labelled “dirty instruments” container.	Soaking instruments prevents blood and other organic matter from drying on the item. Do not soak dirty items in hot water or in a disinfectant before cleaning, as this can cause organic matter (dirt) to stick to the surface of the object.
2.	Put on thick rubber utility gloves (non-medical gloves).	Thick rubber utility gloves suitable for cleaning have a wider bib at the wrist to help prevent water from entering the inside of the glove.
3.	Take instruments apart and rinse in a sink filled with lukewarm water.	Hot water may cause organic matter (dirt) to stick to objects.
4.	Prepare cleaning sink by adding warm water and detergent.	To reduce the risk of injury, ensure that sharp objects are visible by using low suds detergent according to directions.
5.	Clean instrument surfaces by using friction (washing and scrubbing motions). Use a brush to clean any crevices or seams in instruments	Scrub below the water surface to prevent splashing into the eyes or onto clothing. An ultrasonic cleaner may be used for cleaning. When using this device, the lid should be closed to prevent aerosolization.
6.	Inspect instruments to ensure removal of all visible organic matter.	Organic matter prevents disinfection from occurring.
7.	Drain dirty water. Rinse cleaned instruments under running water.	Rinsing removes residual detergent and soil that may impair the function of the instrument or interfere with the action of disinfectants
8.	Either air dry or dry with a disposable towel.	If wet items are not dried a film may be left on the surface which may contain pathogens.
9.	Store cleaned instruments in a covered container (can be towel or clean storage area) until disinfected or sterilized, as required.	Uncovered, clean instruments may become contaminated by dust or moisture.
10.	Clean and disinfect the sink.	Sinks become contaminated during use, therefore, cleaning and disinfection is required to reduce microorganisms prior to reuse.
11.	Remove rubber utility gloves and wash, rinse and, hang to dry.	Cleaned rubber utility gloves may be used again as long as the rubber is not torn or punctured.
12.	Perform hand hygiene.	Hand hygiene should be performed after removing gloves.