Success depends on all the measures working together.

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Measures that remove the hazard from the workplace or substitute hazardous work (materials, machines, practices) with less hazardous work.

- Telerehabilitation
- Staff screening
- Patient screening

**Telerehabilitation**
- Telerehabilitation services as a default/first option
- Providing follow up appointments via telerehabilitation after an in-person assessment

**Staff screening**
- Staff screening/self-monitoring for symptoms of respiratory illness before attending work each shift.
- **Do not attend work if sick.**
- Mandatory isolation/quarantine if:
  - Symptomatic
  - Returning from international travel
  - Close contact of person diagnosed with COVID-19

**Patient screening**
- Physiotherapist or designated staff member screens patients for signs/symptoms, recent travel or close contact with COVID-19
  - At time of booking
  - Upon arrival at clinic/practice setting
- Declining to provide in-person services when patients present with signs/symptoms or risks for COVID-19 (as appropriate for the practice setting and reason for patient attendance)

This Quick Reference Guide supplements the information in the [Guidance for Resuming Physiotherapy Practice During a Pandemic](https://www.physiotherapyalberta.ca/). Registrants are advised to review that document in full when resuming services.
Changes to the physical environment to reduce the source of the hazard and risk of exposure.

- Physical design
- Cleaning and disinfecting
- Ventilation

**Physical design**
- Two-meter distancing between:
  - Chairs in waiting areas
  - Treatment beds (Allow for spacing between clinician and their patient and adjacent clinician/patient, not just spacing between treatment beds)
  - Exercise equipment
  - Workstations in office areas
- Physical barriers between reception staff and patients
- Remove items, furniture, and equipment that cannot be effectively cleaned and disinfected
- One-way traffic flow, designed to avoid congestion
- Visual cues guiding traffic flow and physical distancing
- Dedicated work areas (treatment beds, desk spaces) for individual staff
- Dedicate patient care equipment to one patient. Clean and disinfect between patients.
- Alcohol-based hand rub stations installed at point of care

**Cleaning and disinfecting**

**Who:**
- Clearly define staff who are responsible for cleaning and disinfecting activities

**What products:**
- Cleaning and disinfecting using virucidal product effective against COVID-19 (See list of products for use against COVID-19 on Health Canada’s website)
- OR use unscented bleach solution diluted as per manufacturer’s instructions
- Using disposable towels and cleaning products in place of products that require laundering

**How:**
- Work from clean to dirty, high to low.
- Use a “wipe twice” method to ensure both cleaning and disinfecting are completed.
- Decreasing operating hours to allow increased time for cleaning
- Know and follow manufacturer’s instructions regarding contact time.
  - Some products must remain in contact with surfaces for several minutes in order to be effective.

**How Often:**
- Patient care surfaces (plinths, equipment, modalities) between each patient
- High-touch surfaces (door handles, light switches) no less than twice a day

**Ventilation**
- Increasing ventilation when possible by opening windows or increasing air circulation

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Policies, procedures, training and standards that support actions to reduce the risk of exposure.

- Policies and procedures
- Staff training
- Booking practices
- Contact tracing records

Policies and procedures
- Adherence with Chief Medical Officer of Health Orders and recommendations.
- Adherence with Standards of Practice and guidance of Physiotherapy Alberta.
- Review/develop and communicate policies and procedures regarding:
  - Staff screening/self-monitoring
  - Staff sick time
  - Patient screening for signs/symptoms, recent travel or close contact with COVID-19
  - Declining and rescheduling in-person services when indicated by patient’s screening result

Staff training
- Basics of Infection Prevention and Control
- Measures in place to mitigate risk of exposure, and their rationale
- Requirement for staff continuous masking
- Signs and symptoms of COVID-19
- Point of Care Risk Assessment
- Organization response when patients present with signs/symptoms or risks for COVID-19
  - Immediate actions to contain the hazard (e.g., provide mask, isolate patient)
  - Creating a “script” when declining/rebooking in-person services
- Cleaning and disinfecting protocols
  - Staff responsibilities/accountabilities
  - Manufacturer’s directions regarding use of products in use in the practice
  - PPE required when engaged in cleaning/disinfecting

Booking practices
- Prioritize patients in greatest need of in-person services
- Conduct risk-benefit analysis of in-person services considering patient-specific factors
- Scheduling practices:
  - Adequate time for cleaning and disinfecting treatment areas between patients
  - Limiting patient waiting in waiting areas
  - Limiting congestion at arrival and when processing payment
  - Ensure physical distancing can be maintained during patient appointments

Contact tracing records
- Maintain contact information and records indicating when the following groups were on site
  - Patients and patient companions
  - Staff
  - Others in the practice environment
- Provide information to Public Health Officials upon request

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Actions that individuals take to reduce the risk of COVID-19.

- Point of Care Risk Assessment
- Hand hygiene
- PPE

**Point of Care Risk Assessment**
- Conduct [Point of Care Risk Assessments](#) (consider environment, task, and patient factors).
- Apply routine PPE appropriate to the task (e.g., glove use when needling).
- Apply additional PPE consistent with the COVID-19 specific risks presented by the patient, as appropriate for the clinical setting and patient population served.

**Hand hygiene**
- Physiotherapists complete hand hygiene:
  - Before touching the patient
  - Before clean/aseptic procedures
  - After body fluid exposure or risk
  - After touching the patient
  - After touching patient surroundings
- Patients complete hand hygiene:
  - Upon arrival at the practice
  - Before and after use of weights, exercise equipment or other shared equipment
  - Prior to processing payment
  - Before leaving the practice
- Using:
  - Alcohol-based hand rub (minimum 60% alcohol content)
  - Soap and water
    - Must use soap and water if hands are visibly soiled or after using creams or oils to perform massage or manual therapy techniques

**Personal protective equipment**
- Medical grade surgical or procedure masks must be worn.
  - All staff who provide direct patient care must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either providing direct patient care or cannot maintain two-meter distance from patients and co-workers.
  - Staff who do not work in patient care areas (e.g., administration staff) must also wear a mask continuously if a physical barrier (e.g., plexiglass) or two-meter physical distancing cannot be maintained.
- Perform hand hygiene prior to donning, prior to doffing, and after doffing the mask.
- Discard masks when soiled or wet, in a lined garbage receptable.

**Other**
- Avoid touching face, mouth, nose or eyes.
- Practice respiratory etiquette:
  - Cover coughs or sneezes with an elbow or tissue (discard tissue immediately after use)

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