COTNS COLLEGE of OCCUPATIONAL THERAPISTS of NOVA SCOTIA

REOPENING WITH COVID-19

Directive for Community-Based Occupational Therapists

CONTENTS

INTRODUCTION

COVID-19 has brought an additional emphasis on the importance of safe delivery of all services to slow the spread of the virus until sufficient levels of immunity are present in the population. On March 23, 2020 the Chief Medical Officer issued an order under section 32 of the Health Protection Act limiting self-regulated health professionals, including Occupational Therapists, in private practice to in-person emergency or urgent care services and virtual care for non-emergency/elective services.

This directive provides guidance to support the reopening of access to previously restricted health care services. Occupational Therapists are required to complete the requirements outlined in this document to ensure safe practice with pandemic public health measures as a result of COVID-19.

In response to the current environment, the circumstances and requirements asked of occupational therapists when they return to practice, may change rapidly. Clinicians will need to respond quickly to changes signaled from Government and the College of Occupational Therapists of Nova Scotia (COTNS).

This document is a plan that may change over time as evidence and the epidemiological data evolve. This document was developed with guidance from Public Health and in collaboration with other regulated and non-regulated health professions. This plan is based on core Public Health principles and current best evidence.

CORE PRINCIPLES

To minimize the risk of transmission core personal protective measures must remain in place:

- Staying informed, being prepared and following public health advice
- Ensuring physical distancing when outside of the home
- Practising good hygiene (hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces)
- Limit non-essential travel
- Increasing environmental cleaning & ventilation of public spaces & worksites
- Staying at home (not going to school/work) and away from others when symptomatic and following public health advice
- Considering use of non-medical mask or face covering in situations where physical distance cannot be maintained
- Wearing medical mask if symptomatic and in close contact with others or going out to access medical care. If not available, non-medical mask or face covering

Further, Nova Scotia is taking a consultative approach to reopening and will make decisions on reopening based on meeting health criteria as outlined by the CMOH. Reopening will be slow – over multiple phases and future restrictions may be introduced as outbreaks of virus activity appear.

OCCUPATIONAL THERAPIST'S RESPONSIBILITY

As regulated health professionals, occupational therapists are required to:

1. 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 fiduciary responsibility to follow all civil orders that originate from any level of government.
2. Read and adhere to all communication from the COTNS.

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 adapt this directive based on expert recommendations. The mandate of COTNS is to protect the public and this directive is created to ensure the health and safety of both the public and occupational therapists while instilling client confidence as they safely access occupational therapy services.

PRACTICE SETTINGS

This guidance document applies to private sector occupational therapists. Occupational Therapists working in the public sector and residential care sector will be provided guidance by NSHA, IWK and DHW.

Occupational therapists in the private sector work in different settings. The guidance in this document is designed to be adaptable to different practice settings. 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.

REQUIREMENTS TO REOPEN

Before providing in-person care, occupational therapists must demonstrate that all of these requirements are in place. The requirements are:

1. ELIMINATE NON-ESSENTIAL TRAVEL
2. SCREENING
    a) Clients / Companions
    b) Staff
3. PERSONAL HYGIENE
    a) Cough/Sneeze Etiquette
    b) Hand hygiene
4. ENVIRONMENTAL CLEANING AND DISINFECTION
    a) Proper disinfectant products
    b) Required clinic environment adaptations
5. SOCIAL DISTANCING
6. USE OF PPE
7. POLICIES, PROCEDURES AND TRAINING

Occupational therapists and clinic owners are responsible to ensure that staff have read and are able to ask questions regarding this directive. Staff must be trained and audited on the implementation of all policies and procedures.

1. ELIMINATE NON-ESSENTIAL TRAVEL

Virtual care through telephone or video consultation should remain the first choice to protect Healthcare professionals, staff and Clients. Screening should occur prior to any in office care.

If an in-person visit is deemed essential for care, consideration should be given to planning an initial virtual care visit with Clients prior to the in-person visit. This will ensure that Clients are only seen in person for the portion of their care that requires direct assessment.

• Screening for the current presence of covid-19 symptoms, or exposure to someone who tested positive for covid-19 in the past 14 days, should happen prior to any in office care. Ideally, they should be done virtually before the patient comes to the office. Clients should also be informed of Public Health measures within the office space prior to arrival.

• A suggested way to screen Clients virtually is to have Clients complete the 811 online assessment before they come to the office: https://when-to-call-about-covid19.novascotia.ca/en

• If screening is done in another manner any patient who currently has one or more of the symptoms compatible with covid-19 should be directed to call 811 to arrange for covid-19 testing. In person appointment should not be booked until testing for covid-19 is negative.

• Anyone who arrives for an in-person office appointment and is experiencing covid-19 symptoms should immediately be asked to wear a surgical procedure mask and isolated in a

space within the office away from others. Clients should be referred to 811 to arrange for covid-19 testing.

• To facilitate potential Public Health contact tracing Healthcare Services settings should maintain a client and staff registry, documenting client and staff last names along with contact information, date and time of Clients visit, and staff work schedules.

If virtual care is likely to provide a similar outcome as in-person care than it must be considered. A combination of both in-person and virtual care should also be explored and documented in the client file. As with all assessment and intervention, occupational therapy services must be evidence-based and informed by sound clinical judgment.

If virtual care is not provided by the occupational therapist clinician or clinic, a written policy/procedure must be available that facilitates decision-making around the appropriateness of virtual care for clients and referral to other providers if required.

2. SCREENING

A. CLIENTS / COMPANIONS

Occupational therapists must assess and screen clients for symptoms of COVID-19 as per the requirements of Public Health. Clients exhibiting signs and symptoms consistent with COVID-19 should not present for clinical services during the pandemic.

Clinic staff should collect simple screening information at the time of booking the appointment and again in-person at the time of the client's visit to the clinic. People who accompany clients, such as parents, caregivers or companions, must be screened with the same questions as the client.

Clients and/or companions exhibiting symptoms should not receive care at this time and should be directed to call 811.

Signage indicating screening criteria should be posted in a location that is visible before entering the clinic.

A registry of all people entering the clinic, including staff, should be kept to aid in contact tracing if required. This would include people in the clinic aside from clients (e.g. couriers, guardians accompanying a client, etc). This is not an open sign-in book but rather will be kept and managed privately by the clinic. Time in and out must be recorded. This registry must be kept while this directive remains in place.

If an occupational therapist encounters a client who has gone through the screening process and enters an assessment/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 new mask for the client to don.
- Direct the client away from others and to the designated location in the clinic for those presenting symptoms.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the client they should self-isolate and direct them to call 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.

Screening Questions are updated regularly by Public Health. Currently, a positive screen is any 1 of a list of symptoms updated at https://when-to-call-about-covid19.novascotia.ca/en .

B. STAFF

Staff and Occupational therapists must self-screen for symptoms before arrival at work with the same symptom screening questions used for clients. If screening is positive, staff and Occupational therapists must not come to the clinic.

Staff and Occupational therapists must complete a recorded formal screening upon arrival at work. This screening history must be kept while this directive remains in place.

Screening Questions are updated regularly by Public Health. Currently, a positive screen is any 1 of a list of symptoms updated at https://when-to-call-about-covid19.novascotia.ca/en . In addition, staff/occupational therapists must be screened for travel out-of-province and exposure to COVID-19 in the previous 14 days.

Per the CMOH, Occupational therapists and staff who screen positive for the questions above are not eligible to work and should be directed to call 811 to arrange for COVID-19 testing. Current requirements from the NS Department of Health and Wellness state that self-isolation must occur when they are awaiting test results or test positive. However, if the test results are negative, the worker may return to work when symptoms are resolved, as long as the individual is not deemed a close contact of a positive case of COVID-19.

Per the CMOH, Occupational therapists and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Occupational therapists who become symptomatic while treating clients must stop seeing clients immediately, cease work, follow self-isolation procedures and must immediately donn a surgical/procedure mask.

This requirement is subject to change and occupational therapists are directed to stay up to date with the directives of the CMOH. Occupational therapists are reminded that employers may also set requirements for return to work, so long as those requirements are not less stringent than those established by the CMOH.

All workplaces must develop a workplace illness policy, as per the Government of Nova Scotia's requirements. A link to a reference guide is included in the Resources section of this document.

3. PERSONAL HYGIENE

All occupational therapists must follow and encourage clients to follow the recommendations from Public Health regarding personal hygiene including cough etiquette and hand hygiene. Occupational therapists must provide opportunities for clients and staff to practice proper hygiene. Clear signage to remind staff/clients to practice good hygiene that is appropriate for the staff/clients' age, ability, literacy level and language preferences must be visible.

Handwashing facilities should be available at the clinic entrance, assessment/treatment room entrances and the reception desk (if applicable), with consideration for the accessibility for clients/staff with disabilities and other accommodation needs.

A. COUGH ETIQUETTE

Cover coughs and sneezes with a tissue. Dispose 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.

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 illness such as COVID-19.

Hand hygiene can be accomplished by either washing hands for 20-30 seconds with soap and water then drying with single use cloth or paper towels, or using alcohol-based hand sanitizer. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number), with a final concentration of 60-80 percent ethanol or 60-75 percent isopropanol.

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

Single use cloth towels that are used in the clinic for hand hygiene must be laundered in hot water (above 60°C) with regular laundry soap and fully dried before being used again. Staff handling these towels should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, occupational therapists and staff must 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
- 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
- before 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 or similar shared equipment
- prior to processing payment

4. ENVIRONMENT CLEANING AND DISINFECTION

Effective cleaning and disinfection are essential to avoid the possible spread of COVID-19, which is spread through contact with respiratory droplets or contact with contaminated surfaces. The COVID-19 virus can survive for differing periods of time depending on the surfaces it lands on. Frequent cleaning and disinfection is necessary to prevent spread of the 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 and NS DHW on cleaning and disinfecting public spaces during COVID-19. (See Resources section for links)

A. PROPER DISINFECTANT PRODUCTS

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. During the pandemic, only the 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.

Vinegar, tea tree oil solutions, Thieves' oil and similar solutions are **not** proven to be effective disinfectants and cannot be used in place of Health Canada-approved disinfectants. It is a requirement that only approved disinfectants with a virucidal claim are used to limit the spread of COVID-19.

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 (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 twice daily or whenever visibly soiled. Commonly touched areas include but are not limited to:
    - light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones and keyboards
    - The payment machine must be cleaned after each client encounter.
    - Clipboards that clients contact must be disinfected after each client encounter.
    - Pens/pencils used by clients must be disinfected after each client use or be single- use only
- Consider provider sanitizing wipes for staff to clean their own workspaces to facilitate increased cleaning.
- Any cloth items, such as towels, sheets, headrest coverings, etc., that are used in the clinic must be laundered in hot water (above 60°C) with regular laundry soap before being dried and used again. Staff handling these items should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

B. REQUIRED CLINIC ENVIRONMENT ADAPTATIONS

- Offer contactless payment methods (avoid the use of cash), if possible.
- Limit the exchange of papers. If documents must be exchanged, leave them on a clean surface while maintaining a distance of 2-metres. Avoid sharing pens and office equipment. Disinfect after use and at the end of the day.
- Books, magazines, toys and remote controls must be removed from client areas.
- Discontinue client-accessible literature displays and directly dispense to clients or move to electronic distribution.
- Self-serve candy dish, baked goods and other open or unsealed consumables are not permitted.
- Treatment table with tears must be immediately repaired and then replaced as soon as reasonably possible.
    - At no time may client care be provided on a surface 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 surfaces 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.

5. PHYSICAL DISTANCING

A. REQUIREMENTS FOR MANAGING CLINICAL SPACE:

- Avoid close contact greetings like handshakes.
- Physical distancing requirements take priority over occupancy limits.
- Use visual cues (ie. floor markings) to promote 2 metres/6 feet physical distancing to establish directional flow throughout the space.
- Members of the public must be two metres from each other. This applies in the following spaces:
    - treatment areas
    - waiting areas - seats must be spaced to maintain two metre distance
    - transition areas
    - People who live together are exempt from this requirement with each other.
    - Caregivers and companions that are required to attend with clients are exempt from this requirement.
- Non-clinical employees and the public must be two metres from each other.
    - Reception and payment area - If two metres cannot be maintained at reception/payment area, either staff must be masked or the installation of a plexiglass or plastic barrier must occur to protect reception staff.
- The treating practitioner must be two metres from the public when conversing.
- Restrict access to the practice environment to those who must be present, including clients, client chaperones or companions, and staff members.
- Establish 2 metres/6 feet separation between staff workstations (desks).
- Occupancy and gathering limits include all individuals in the office, including staff.
- To aid in physical distancing, give consideration to:
    - Having clients wait in vehicle until their appointment time.
    - Using Virtual-Care as a substitute for in-person care as appropriate.

B. MANAGING THE CLINICAL SCHEDULE:

- Ensure that booking practices (duration of treatment visits and number of clients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.

- This includes ensuring booking practices enable physical distancing between clients during treatment sessions and provide adequate time to clean and disinfect clinic equipment between clients.
- When scheduling, give consideration to dedicated and/or off-hours treatment for high risk populations (e.g., immune compromised, elderly, others with co-morbidities)
- Consider expanding operational hours to accommodate the social distancing requirements

6. PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease- causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease.

A. STAFF AND PRACTITIONER PPE

Given the highly infectious nature of the novel coronavirus, COVID-19, all healthcare workers providing direct client care must wear a surgical/procedure mask if they are involved in direct client contact or cannot maintain adequate physical distancing from clients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers. There may be rare exceptions to this and alternatives explored (ie. Face shield when working with a client with hearing impairment who relies on lip reading). These cases must be evaluated carefully by the occupational therapist and every effort must be taken to ensure a mask is worn whenever possible and social distancing is maintained if possible while the mask is temporarily removed.

B. PPE REQUIREMENTS

- Surgical or procedure masks are the minimum acceptable standard for the service provider.
- Occupational therapists and clinical staff must be masked at all times while providing client care.
- Non-clinical staff must be masked when a physical distance of two metres cannot be maintained.

One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled, when taking a break and at the end of the day. N95 respirators are not required in the community setting and must NOT be used to preserve supplies for appropriate settings. Refer to the Supply Chain Issues section for recommendations on non-medical masks.

PPE masks must be donned and doffed using the following specific sequence to prevent contamination. The DHW has provided further instructions for health-care workers (please refer to the reference section at the end of this document).

DONNING MASK:

1. Perform hand hygiene.
2. Open mask fully to cover from **nose to below chin.**
3. Put on mask.
4. Secure ties to head (top first) or elastic loops behind ears.
5. Mold the flexible band to the bridge of nose (if applicable).
6. Ensure snug fit to face and below chin with no gaping or venting.

DOFFING MASK:

1. Perform hand hygiene.
2. Do not touch the front of the mask.
3. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
4. Discard the mask in the garbage.
5. If the mask itself is touched during doffing, perform hand hygiene.
6. **Never reuse masks.**

It is essential that all occupational therapists and staff providing services in a clinic are aware of the proper donning and doffing of PPE. The use of PPE must be precise and ordered to limit the spread of COVID-19.

NS DHW PPE Resources must be reviewed and understood before all occupational therapists, and staff, provide client care. Training and practice of donning and doffing PPE within your facility are essential to ensure the proper use of PPE in support of limiting the spread of COVID-19.

C. CLIENT PROVISION OF MASKS

All clients should wear a mask if receiving in-person care (this may be a non-medical grade mask, but should meet Public Health Agency of Canada's guidelines). There may be rare exceptions to this. These cases must be evaluated carefully by the occupational therapist. If providing masks for clients, the occupational therapist or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

D. SUPPLY CHAIN ISSUES

In the event of supply chain issues related to PPE, occupational therapists should be prepared to use non-medical grade masks. Supply chain issues could be related to Public Health orders to secure adequate supplies for the public health system, or market conditions. If non-medical grade masks are used by occupational therapists, the mask must meet the current recommendations of Public Health at the time they are used. Public Health's recommendations for laundering must also be met. (See the Resources section at the end of this document)

E. CLINIC CLOTHING

Clean clothes must be worn by the practitioner and staff each day.

If the practitioner and staff drive directly from their home to the clinic, no change of clothes is required. However, if they stop at other locations, new clean clothes will be required in the event clothes become soiled/exposed.

Clothes worn in the clinic must not be worn in public afterwards. Practitioners and staff must change into different clothes at the end of their shift.

To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.

POLICIES, PROCEDURES AND TRAINING

All Occupational therapy practices must adopt written policies and procedures that meet or exceed the requirements outlined in this document. All staff must be made aware of the policies and receive appropriate training (ie correct use of PPE). Policies may refer directly to this document but must be made applicable to the particular risk profile/details of the setting/organization. All controls must be documented (see attached checklist) and appropriate records kept.

PROVIDING SERVICES IN A HOME

Providing care in client's homes has the potential for elevated risk due to the variability of the environments in which the care is provided and relative lack of control the care provider has compared to a clinic setting. Engineering controls are more difficult to implement than in a clinic setting, elevating the importance of other types of controls (elimination/substitution, administrative, and PPE). Generally, the requirements for in-home care are consistent with the clinic setting.

1. Eliminate non-essential travel – As within a clinic environment care should be taken to ensure that in-person care is required and that a similar outcome cannot be achieved through virtual care.

2. Screening

a. Clients/companions – When able to call ahead prior to providing care, have the client complete the self-assessment online or ask them the questions over the phone. When the practitioner arrives at a client's home or clinic, always do a point of care risk assessment, and ask the self-assessment questions again. All household members must complete the self-assessment prior to providing client care. If any individuals are experiencing symptoms, recommend the individual contact 811 for direction and reschedule treatment. If no symptoms are reported don appropriate PPE for entry to the residence. When you're calling clients to complete the Pre-Screening, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.
b. Staff – Refer to staff screening for procedure in clinic setting

3. PPE and Personal Hygiene

a. Cough/Sneeze etiquette – As per clinic procedure
b. Hand Hygiene – As per clinic procedure

4. Environmental cleaning and disinfection

a. Proper disinfectant products – all reusable equipment must be disinfected as per Health Canada's guidelines. Consideration should be given to providing dedicated equipment whenever possible.
b. Required clinic environment adaptations – Home care may limit options for implementing engineering controls, however, however, all applicable risk assessments should be completed to identify and mitigate hazards and risks within the client's home.

5. Social Distancing – All household members should be instructed to maintain social distancing from the healthcare provider of 2 metres during the entire visit. Social distancing should be maintained by the practitioner to the extent possible during the visit.

6. Use of PPE – as per clinic procedure with the following additional procedures

a. When proceeding with client care (all risk assessments/screening procedures have been completed) practitioners should wear a surgical/procedure mask at all times if they are involved in direct client contact and cannot maintain adequate social/physical distancing from residents and co-workers.
b. The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet or whenever the HCW feels it may have become contaminated.
c. All clients should wear a mask if receiving in-person care (this may be a Non-medical grade mask however should meet Public Health Guidelines). There may be rare exceptions to this. These cases must be evaluated carefully by the occupational therapist. If providing masks for clients, the occupational therapist or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.
d. Masks need to be disposed of upon leaving the client's home. Follow procedures to doff appropriate PPE.
e. Where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body fluids, eye protection (e.g. face shields) should also be worn. Unless both conditions are being met, face shields are not recommended.
f. To dispose of appropriate PPE, surgical/procedural masks when completing a home visit:
    i. When you're calling clients to complete the Pre-Screening, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.
    ii. Before you doff your PPE, make sure to ask clients and anyone else in the home to remain 6 feet/2 metres back.
    iii. Put mask in black garbage bag and dispose of in client's garbage can.
    iv. If either of these cannot be done, remove PPE once you're outside of the client's home. Dispose of the PPE/masks by double bagging black garbage bags. If non-medical masks are being used due to supply chain issues, occupational therapists must safely transport and launder soiled masks to minimize opportunity for cross contamination (ie. separate, labeled)

PROVIDING SERVICES TO BUSINESSES / EMPLOYERS

Occupational Therapists may provide care or consult in various business/employer settings. Whether providing in-person care to a client in their place of employment, or consulting with an organization, the occupational therapist must be aware of and follow all physical distancing and personal protective measures in addition to the protocols of the organization/site. The occupational therapist must wear a mask and have adequate quantity of approved hand sanitizer to ensure they are able to practice good hand hygiene. The occupational therapist must adhere to all appropriate site-specific safety protocols.

RESOURCES

GENERAL

- Nova Scotia's Novel Coronavirus (COVID-19) Disease Health System Protocol
- COTNS Practice Standard: Record Keeping
- COTNS Practice Guideline: Virtual Care
- Canadian Association of Occupational Therapists - COVID-19 Resources

SCREENING

- Screening checklist

HAND HYGIENE

- Health Canada – Authorized list of hard-surface disinfectants and hand sanitizers
- Nova Scotia Coronavirus Resources - How to Hand Wash
- Nova Scotia Coronavirus Keeping Hands Clean - How to Use Alcohol-based Hand Rub

ENVIRONMENTAL CLEANING AND DISINFECTION

- Health Canada – Authorized list of hard-surface disinfectants and hand sanitizers
- COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities
- NS DHW Cleaning and Sanitizing Information

PERSONAL PROTECTIVE EQUIPMENT

- Nova Scotia Donning/Doffing Mask Poster
- NSHA video – The Right PPE, the Right Time
- Public Health Agency of Canada's – Non Medical Masks

EXCLUSION OR WORK RESTRICTIONS DURING STAFF OR OCCUPATIONAL THERAPIST ILLNESS

- Screening checklist
- COVID-19 information: Workplace Guidance for Business Owners

COVID-19 INFECTION PREVENTION AND CONTROL REQUIREMENTS – COMMUNITY-BASED CHECKLIST

This checklist is for all community-based clinicians (clinic and home-based care) and has been organized by the hierarchy of controls. Controls are ways of reducing the risk of arm from a hazard, in this case transmission of COVID-19. There are generally four categories of controls. In order of effectiveness from most to least effective the controls are Elimination/Substitution, Engineering, Administrative, and Personal Protective Equipment. Controls work best when they are integrated into practice and used together.

Requirement		Requirement Met?			
		Yes	No	N/A	Notes
Elimination/Substitution					
Limit non-essential travel	The clinic/practice has a documented process for evaluating the potential for virtual care options				
	Virtual Care is available OR there is a written procedure for referral for virtual care when appropriate				
Comments:					
Engineering Controls					
Facilitate social distancing and disinfection	Barriers at front desk and other required areas				
	Signage for administrative controls posted				

Date:	Clinic/Practice Name:	Designated Contact Name:	Designated Contact Signature:

	Requirement	Yes	No	N/A	Notes
	Waiting room meets requirements for social distancing				
	Equipment surfaces meet requirements for frequent cleaning and disinfection				
	Where necessary, surfaces easily maintained, impermeable, and durable to withstand frequent cleaning and disinfection				
	Hand hygiene supplies readily available at clinic entrance and other required areas				
Comments:					
Administrative					
The clinic/practice maintains written infection prevention & control policies and procedures specific to reducing the transmission of COVID-19.	Screening protocol - Staff				
	Screening protocol – Clients/companions				
	Screening protocol – Household members (Home care only)				
	Personal hygiene – Cough/sneeze etiquette				
	Hand hygiene				
	Selection and use of PPE				

Date:	**Clinic/Practice Name:**	**Designated Contact Name:**	**Designated Contact Signature:**

	Requirements	Yes	No	N/A	Notes
	Environmental Cleaning and disinfection				
	Scheduling and staffing policy				
	Social Distancing policy				
	Procedure for inspecting equipment (ie tables)				
	Waiting room protocols (wait in care, etc.)				
Comments:					
Hand hygiene stations are present where necessary.	Facility entrances and exits				
	Each client care area				
	Staff (workstations and lounges)				
	Clean or sterile storage areas				
	Where personal protective equipment is donned or doffed				
	Soiled or utility areas				
	Other locations necessary to facilitate compliance with routine practices				

Date:	**Clinic/Practice Name:**	**Designated Contact Name:**	**Designated Contact Signature:**

	Requirements	Yes	No	N/A	Notes
	Is a dedicated hand hygiene sink accessible if procedures with the potential to soil hands are performed?				
	Are hand hygiene supplies available for practitioners engaged in home-based care?				
Comments:					
Hand hygiene sinks are adequately supplied.	Are sinks equipped with warm running water, plain liquid soap, and paper towel dispensers?				
	Are sinks dedicated for handwashing (e.g. no equipment decontamination, waste disposal, food preparation, etc.)?				
	Are the mobile hand hygiene kits adequately stocked?				
Hand hygiene is performed at the necessary times.	Staff moments of hand hygiene				
	Client moments of hand hygiene				
Comments:					
	Are surfaces clean and in good repair with a protocol to meet the required cleaning schedule?				

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Physical Environment is adequately maintained	Requirements	Yes	No	N/A	Notes
	Is equipment clean and in good repair with a protocol to meet the required cleaning schedule?				
	Are washrooms clean and in good repair with a protocol to meet the required cleaning schedule?				
	Is a hand hygiene sink with warm running water, plain liquid soap, and disposable paper towel dispenser available for handwashing (no alcohol-based hand rub)?				
	Is a no touch waste receptacle present?				
	Have required clinic adaptations been completed (removal of books, magazines, candy, toys, etc)?				
Comments:					
Applicable staff receive documented infection prevention & control training and education as necessary.	Is there documented training in infection prevention & control for applicable staff?				
	Are staff aware of facility policies and procedures and where to access information on infection prevention & control?				
Comments:					

Date:	**Clinic/Practice Name:**	**Designated Contact Name:**	**Designated Contact Signature:**

Personal Protective Equipment (PPE)					
Personal Protective equipment readily available	Requirements	Yes	No	N/A	Notes
	Is appropriate personal protective equipment available for all tasks performed?				
Comments:					
Personal protective equipment is appropriately used.	Is personal protective equipment donned and doffed at the appropriate times?				
	Is personal protective equipment donned and doffed correctly?				
	Is single-use personal protective equipment discarded appropriately?				
	Is reusable personal protective equipment appropriately cleaned and disinfected in between use?				
Comments:					

Date:	**Clinic/Practice Name:**	**Designated Contact Name:**	**Designated Contact Signature:**