Re-opening Guidance for Regulated and Non-Regulated Health Care Professionals working in Community/Private Practice
Updated Guidance - Prepared June 3, 2020

The following is guidance to support the re-opening of access to previously restricted health care services delivered by regulated and non-regulated health care professionals working in community/private practice. The Nova Scotia Health Authority and IWK have policies and protocols which may differ from the guidance provided within this document. All health care services providers must continue to take measures as outlined by Nova Scotia's Chief Medical Officer of Health.

Virtual care through telephone or video consultation should remain the first choice to protect health care professionals, staff and patients. 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 patients prior to the in-person visit. This will ensure that patients 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, this should be done virtually before the patient comes to the office. Patients should also be informed of public health measures within the office space prior to arrival.
❑ A suggested way to screen patients virtually is to have patients 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. An in-person appointment should not be booked until testing for COVID-19 is negative unless deemed urgent.
❑ 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. Patients should be referred to 811 to arrange for COVID-19 testing.
❑ To facilitate potential Public Health contact tracing, health care services settings should maintain a client and staff registry documenting patient/staff names, patient/staff contact information, date and time of patient visit and staff work schedules.

Health care professionals and office staff must stay home if they are ill or experiencing symptoms compatible with COVID-19.

❑ All health care professionals and staff must self-monitor for symptoms.
❑ If a health care professional/staff develops symptoms of COVID-19 in the workplace s/he must immediately apply a surgical/procedure mask and be excluded from work. The individual should be directed to call 811 to arrange for COVID-19 testing.
❑ Adjust absenteeism policies to enable staff to stay home when ill, in quarantine (self-isolation), or if they are taking care of children or someone who is ill.

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- ❑ Ensure plans are in place for increased worker absences due to illness or isolation.
- ❑ Consider posting accessible signage to discourage staff/patients with symptoms of or exposure to COVID-19 in the past 14 days from entering the office.

Promote and facilitate personal public health measures. Everyone plays a part in making the office space and clinical assessment areas safer, including employers, staff, patients, and all others who interact with workplaces/businesses.

- ❑ Keep staff informed about public health advice applicable to your office.
- ❑ Promote the use of individual measures (e.g. frequent hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces).
- ❑ Post signage to remind staff/patients to practice good hygiene that is appropriate for the staff'/patients' age, ability, literacy level and language preferences.
- ❑ Provide increased access to handwashing facilities (e.g. by placing hand sanitizer dispensers in at office entrance, treatment room entrances and at reception desk) and ensure accessibility for staff/patients with disabilities or other accommodation needs.
- ❑ Promote, at a minimum, twice daily increased environmental cleaning of staff work environments (e.g., provide sanitizing wipes so staff can clean their own workspace).
- ❑ Ensure all external service providers and suppliers adhere to provincial COVID-19 health and safety requirements when entering your office. Implement strategies to maintain physical distancing and hygiene practices.

Promote physical distancing (keeping a distance of 2 metres/6 feet from others), which is proven to be one of the most effective ways to reduce the spread of illness.

- ❑ Reinforce general practices to maintain physical distancing, such as avoiding greetings like handshakes.
- ❑ Establish 2 metre/6 feet separation between staff (e.g., desks).
- ❑ Schedule in-person appointments in a way to limit the number of people within waiting rooms in keeping with a separation of 2 metres/6 feet.
- ❑ Alternative solutions to waiting in the office should be considered, such as asking people to wait in vehicles and text messaging or calling when appointments are ready.
- ❑ Use visual cues (i.e. floor markings) to promote 2 metre/6 feet physical distancing to establish directional flow throughout the office space.
- ❑ Seats in waiting areas must be spaced to maintain a minimum physical distance of 2 metres/6 feet. Household contacts are not required to sit separately.
- ❑ Identify a space where staff or patients can be isolated from others if they have symptoms of COVID-19
- ❑ Install physical separations between staff at reception/patients (e.g. physical barriers like a plexiglass window).
- ❑ Offices that have lab, diagnostic and ancillary services within their clinic should consider pre-booked appointments and other measures to maintain public health requirements for physical distancing.

Health care professionals should understand indications for the use of medical and non-medical masks.

❑ Surgical/procedure masks should be considered in the workplace for all health care professionals and staff providing direct patient care.
❑ Surgical/procedure masks should be worn by all health care professionals and staff providing direct patient care with a patient who has symptoms compatible for COVID-19.
❑ Non-medical masks can be considered in the workplace if a physical barrier (e.g. plexiglass at reception desk) is not in place or if physical distancing of 2 metres/6 feet cannot be maintained.
❑ Non-medical masks are recommended for individuals in the community while travelling to access health care services and experiencing symptoms or if they will be in close contact with others while symptomatic.
❑ Consideration should be given to the use of a non-medical mask by anyone in situations when exposure to crowded public spaces is unavoidable and consistent physical distancing is not possible. Health care professionals may want to consider non-medical mask use for patients and accompanying support persons as a requirement in the office setting.
❑ Information regarding appropriate use of non-medical masks may be found through the Public Health Agency of Canada's website.

Reduce risks from exposure to high-touch surfaces (i.e., surfaces frequently touched by others).

❑ Reduce the number of common surfaces that need to be touched (e.g. no-touch waste containers).
❑ Offer contactless payment methods (i.e. avoid use of cash), if possible.
❑ Non-essential items should be removed from patient waiting areas, including magazines, toys, and remote controls.
❑ Clean and disinfect essential shared equipment (medical and non-medical) before and after use.
❑ Commonly touched areas should be cleaned and disinfected at least twice daily or whenever visibly soiled. Commonly touched areas include light switches, door handles, toilets, taps, handrails, counter tops, touch screens/mobile devices, keyboards, reception counters, seating areas (including clinic room seats) and objects or machines used in therapies.
❑ Wherever possible, discourage staff from sharing phones, desks, offices and other tools and equipment. If not possible, clean between use and at the end of the day.
❑ Cleaning and sanitizing information is available at https://novascotia.ca/coronavirus/staying-healthy/#clean
❑ Staff should be provided access to tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers approved by Health Canada (DIN or NPN number), disinfectants and disposable towels.
❑ Limit the exchange of papers. If documents must be exchanged, leave them on a clean surface while maintaining a 2 metre distance. Avoid sharing pens and office equipment. Disinfect after each use.