



COVID-19 PANDEMIC PRACTICE DIRECTIVE

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INTRODUCTION

Guideline: The intention of this document is to provide guidance to Naturopathic Doctors when re-opening their practice during the Government of Nova Scotia COVID-19 relaunch. This document will be updated as public health measures and recommendations are updated.

The Government of Nova Scotia introduced plans to “Re-Open Nova Scotia” on TBD, 2020. This document defines the requirements Naturopathic Doctors must follow to ensure safe practice with pandemic public health measures as a result of COVID-19.

Note to Naturopathic Doctors: This document is current as of the date of publication and reflects the rules and requirements for Nova Scotia Naturopathic Doctors. In the event of a discrepancy between this information and the directives of provincial public health authorities, the directions of the provincial public health authority will prevail.

In response to the current environment, the circumstances and requirements asked of health providers as to when Naturopathic Doctors return to practice may change rapidly. Clinicians will need to respond quickly to changes signaled from the NS Government. There may be times during the next number of months and years that will require members to take a step back from clinical practice. Continuous evaluation of health triggers could result in restrictions being removed or reapplied in some localized areas of the province. This document will be continually updated to reflect current restrictions.

As unregulated health professionals in Nova Scotia, Naturopathic Doctors are not mandated by NSAND to adopt these recommendations into their practice. However, Naturopathic Doctors are required to follow all mandates and recommendations from Public Health and the Government of Nova Scotia, as well as mandates from your licensing body regarding your personal and professional conduct and COVID-19.

These recommendations have been developed in consultation with the NS Department of Health and Wellness and the Chief Medical Officer of Health to comply with both public health requirements and public safety.

NSAND 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. NSAND directive during this new normal is focused on ensuring the health and safety of both the public and Naturopathic Doctors, while instilling patient confidence as they safely access Naturopathic Medicine and Naturopathic Care.

As the COVID-19 outbreak is an evolving situation, it is the responsibility of members to keep up to date with all NSAND communications and be updated by Nova Scotia’s Chief Public Health Officer.



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Guiding Principles and Assumptions

- All Naturopathic Doctors will follow the directions provided by the NSDHW
- **Services that can be safely and effectively provided via telemedicine, should be.**
- In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient and the Naturopathic Doctor.
- The Naturopathic Doctor is accountable and is the person best positioned to determine the need for, urgency and appropriateness of in-person services.
- Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person services. However, all naturopathic doctors must also act to conserve PPE through its judicious use.
- All Nova Scotia Naturopathic Doctors are required, at all times, to be in compliance with all the Standards of Practice of the College they are licensed through and mandates from Public Health.



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REQUIREMENTS

This directive includes requirements regarding foundations of public health work:

- 1.0 - Patient Screening
- 2.0 - Hygiene, Cleaning & Sanitization Practices
- 3.0 - General Physical Distancing and Occupancy Measures
- 4.0 - Use of Personal Protective Equipment
- 5.0 - Workplace Health & Safety, Staff Screening & Exclusions for Work

This directive must be completely reviewed and applied before you open your practice to the public. Naturopathic Doctors 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 developed by clinics based off this directive.



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1.0 - Patient Screening

Naturopathic Doctors must assess and screen patients for symptoms of COVID-19 as per the requirements of Public Health. Patients exhibiting signs and symptoms consistent with COVID-19 should not present for clinical services during the pandemic.

1.1 - Screening Timing

- A. Clinic staff should collect simple screening information at:
 - a. The time of booking the appointment,
 - b. Within 24 hours of the patient appointment,
 - c. In-person at the time of the patient's visit to the clinic.
- B. Advise patients when they make an appointment that they cannot attend if they are feeling unwell the day of the appointment. The client should also be advised to use the 811 on-line self-assessment if they are unwell.
- C. People who accompany patients, such as parents, caregivers or companions, must be screened with the same questions as the patient upon presentation to the clinic.
- D. Signage indicating screening criteria should be posted in a location that is visible before entering the clinic.

1.2 - Screening Questions for Patients & Companions:

- A. These are outlined by the NS COVID-19 Response and may include, but are not limited to:
 - a. Do you have current symptoms of COVID-19, such as:
 - i. A fever,
 - ii. A new or changed chronic cough,
 - iii. a sore throat that is not related to a known or preexisting condition
 - iv. a runny nose that is not related to a known or preexisting condition
 - v. Nasal congestion that is not related to a known or preexisting condition
 - vi. Shortness of breath that is not related to a known or preexisting condition
 - b. Have you traveled outside of Nova Scotia within the last 14 days?
 - c. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)
- B. Patients and/or companions must be asked if they are feeling well. If they are not they must be asked to cancel the appointment as well as to go home and complete the 811 online self-assessment.

1.3 - In-Office Screening for Potential Positive Symptoms

- A. If a Naturopathic Doctor encounters a patient who has gone through the screening process and enters a treatment room, yet still exhibits signs and symptoms consistent with COVID-19, the Naturopathic Doctor must:
 - a. Establish and maintain a safe physical distance of two metres.
 - b. Have the patient complete hand hygiene.
 - c. Provide a new mask for the patient to don.
 - d. Segregate the patient from others in the clinic.
 - e. Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
 - f. Advise the patient they should self-isolate and call 811.
 - g. Clean and disinfect the practice area immediately.
- B. Naturopathic Doctors must not attempt a differential diagnosis of patients who present with signs and symptoms of COVID-19.
- C. Naturopathic Doctors are required to call 811 to receive guidance if they are aware of a patient who has visited their clinic within the last 14 days and is now testing (or has tested) positive for COVID-19.



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1.4 - Registry of Contacts

- A. A registry (name, phone number, date and time of visit) of all people entering the clinic should be kept to aid in contact tracing. The registry could include the following:
 - a. Staff
 - b. Patients
 - c. Companions
 - d. Couriers/Delivery People
- B. The registry must be managed privately by the clinic and is not an open sign-in book.
- C. This registry must be kept while this directive remains in place.



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2.0 - Hygiene, Cleaning and Sanitization Practices

(adapted from the [Government of Nova Scotia COVID-19: working](#), the [Government of Nova Scotia COVID-19: Occupational Health & Safety](#), the [Government of Nova Scotia COVID-19: Staying Healthy](#), the [Infection Prevention and Control \(IPAC\) Guidance Document](#), and the [CPSNS Infection Prevention and Control in the Physician's Office](#) recommendations)

2.1 - Hygiene for staff and patients

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 with soap and water then drying with single use cloth or paper towels or using alcohol-based hand sanitizer.

- A. 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, Naturopathic Doctors and staff must also avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with facial tissue and then disposing of the tissue immediately. When contact with the face or a tissue is made, hand hygiene must occur before resuming any activities in the clinic environment.



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2.2 - Hand hygiene requirements

- A. Hand hygiene is required to be performed by Naturopathic Doctors when:
 - a. entering the clinic
 - b. before contact with each patient
 - c. before clean/aseptic procedures
 - d. after body fluid exposure or risk of body fluid exposure
 - e. after contact with each patient
 - f. after contact with a patient's surroundings or belongings
 - g. before donning PPE
 - h. after donning PPE
 - i. after doffing PPE
 - j. after cleaning contaminated surfaces
- B. Hand hygiene is required to be performed by staff when:
 - a. entering the clinic
 - b. before interaction with a patient
 - c. before clean/aseptic procedures
 - d. after body fluid exposure or risk of body fluid exposure
 - e. after interaction with a patient
 - f. before donning PPE
 - g. after doffing PPE
 - h. after cleaning contaminated surfaces
 - i. after financial transactions or administration of paperwork involving patients
- C. Hand hygiene is required to be performed by patients when:
 - a. entering the clinic
 - b. entering the treatment area if the patient does not proceed directly to a treatment room upon entering the clinic
 - c. before and after use of shared equipment
 - d. prior to processing payment
- D. Glove use alone is not a substitute to hand hygiene. Hands must be cleaned after removing glove

2.3 - Cleaning and disinfecting guidance for common workplace spaces

Effective cleaning and disinfection is 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 are necessary to prevent spread of the disease.

- A. Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.
 - a. Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.
- B. Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.



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- a. Use a disinfectant that has a Drug Identification Number (DIN- 8-digit number) and a virucidal claim (efficacy against viruses) are approved by Health Canada and should be used during COVID-19.
 - b. Alternatively, use a bleach-water solution with 5ml of unscented household bleach to 250ml water or 20ml unscented household bleach per litre of water. Ensure the surface remains wet with the bleach water solution for 1 minute.
 - i. Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. Use these lists to look up the DIN number of the product you are using or to find an approved product. Make sure to follow instructions on the product label to disinfect effectively.
 - c. 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.
- C. Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas, common areas, public washrooms and showering facilities. Frequently clean and disinfect high touch/shared surfaces between patient contacts such as:
- a. Doorknobs, light switches, toilet handles, faucets and taps, elevator buttons, railings. Sanitization is required between each person contact for shared surfaces.
 - b. Phones, computers, remote controls, keyboards, desktops, conference room equipment, cash registers, surface counters, customer service counters
 - c. Staff rooms, kitchens, washrooms
 - d. Disposable towels and spray cleaners or disposable wipes, should be available for staff to regularly clean commonly used surfaces
 - e. Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.
 - f. Remove all refreshment stations (i.e. communal water dispenser or coffee/tea station etc.)

2.4 - Cleaning and disinfecting guidance for patient treatment rooms

- A. Use any disinfectant that has a Drug Identification Number (DIN) and a virucidal claim, or you can prepare a bleach water solution with 5ml of unscented household bleach per 250ml of water to clean environmental surfaces and medical equipment
 - a. 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.
- B. Room surfaces and equipment that is touched by the patient should be cleaned after each visit
- C. Pay particular attention to doorknobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces
- D. Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use by another patient
- E. Consider assigning designated staff to complete enhanced environmental cleaning
- F. All cleaning activities should go from clean to dirty and from high to low areas
- G. Cleaning cloths and/or ready-to-use (RTU) wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time.



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2.5 - Required clinic environment adaptations

- A. Books, magazines, toys and remote controls must be removed from patient areas.
- B. Discontinue patient-accessible literature displays and directly dispense to patients or move to electronic distribution.
- C. Self-serve candy dishes, baked goods and other open or unsealed consumables are not permitted.
- D. Treatment table surfaces with tears must be immediately repaired and then replaced as soon as reasonably possible.
 - a. At no time may patient care be provided on a table with exposed foam.
 - b. 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.
- E. Cloth upholstery on furniture and treatment tables that can be properly disinfected may continue to be used.
 - a. If the cloth upholstery cannot be properly disinfected, it must be removed from the clinic environment.
- F. A regular schedule for periodic environmental cleaning must be established and documented.



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3.0 - General Physical Distancing and Occupancy Measures

(adapted from the [Government of Nova Scotia COVID-19: working](#) recommendations)

If physical distancing cannot be maintained (ie. 6 feet of distance between ND and patient), ND must wear a surgical/procedural mask and patient must comply with current public health policy and are strongly recommended to wear a level one (cloth) mask.

3.1 - Requirements for managing clinical space:

- A. Physical distancing requirements take priority over occupancy limits.
- B. Members of the public must be separated by at least 2 meters (6.5 feet).
 - a. This applies in the following spaces:
 - i. treatment areas
 - ii. waiting areas - seats must be spaced to maintain two metre distance
 - iii. transition areas
 - b. This does not apply to:
 - i. people who live together
 - ii. caregivers and companions that are required to attend with patients
 - c. Consider placement of reference markers that set out two-meter distances
 - d. Consider installation of direction of movement markers
- C. Non-clinical employees and the public must be separated by at least 2 meters.
 - a. If 2 meters cannot be maintained at reception or payment area the following must occur:
 - i. Installation of a physical barrier, such as a cubicle, partition or window to separate staff and patients.
 - ii. Continuous masking of staff
- D. The treating practitioner must be 2 metres from the public when conversing.
- E. Access to the practice environment should be restricted to only those who *must* be present, including patients, patient chaperones or companions and staff members.
- F. Occupancy and gathering limits include all individuals in the office, including staff.
- G. To aid in physical distancing, give consideration to:
 - a. Having patients wait in vehicle until their appointment time.
 - b. Using Telehealth as a substitute for in-person care as appropriate.
- H. Consider limiting hours of operation or setting specific hours for at-risk patients.

3.2 - Managing the clinical schedule

- A. Ensure that booking practices (duration of treatment visits and number of patients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.
 - a. Consider having one practitioner use two treatment rooms to alternate use and allow for proper sanitization between patients
- B. When scheduling, give consideration to dedicated and/or off-hours treatment for high risk populations (e.g., immune compromised, elderly, others with co-morbidities)



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3.3 - Additional situations for NDs to consider:

- A. Request that patients come to the clinic alone (e.g. exceptions for those with mobility issues, parents/guardians for minors)
- B. Stagger appointments to avoid patient overlap
- C. Consider curbside pickup availability for supplement sales to minimize traffic in the workplace
- D. Have one practitioner use two treatment rooms to alternate use and allow for proper sanitization between patients
- E. Arrange the chairs in the waiting area to practice physical distancing
- F. Reducing the number of staff and practitioners working at one time
- G. Ask patients to arrive wearing their own face coverings (level one mask such as a cloth mask)
- H. Use telemedicine wherever it remains safe and reasonable
- I. Consider asking staff to wear surgical/procedure mask at all times



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4.0 - Personal Protective Equipment (PPE) for Naturopathic Doctors

(adapted from the [Choosing Wisely Campaign](#), the [NSHA COVID-19 Hub for NSHA Team Members & Physicians](#), the [Government of Nova Scotia COVID-19: working](#) and World Health Organization [Rational use of Personal Protective Equipment for Coronavirus Disease 2019 \(COVID-19\)](#)." (February 27, 2020): 1-7 recommendations)

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.

Given the highly infectious nature of the novel coronavirus, Covid-19, it is strongly recommended that all healthcare workers providing direct patient care wear a surgical/procedure mask continuously, at all times, and in all areas of the workplace if they are involved in direct patient contact or cannot maintain adequate physical distancing from patients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to patients and co-workers.

PPE Requirements

4.1 - Masks

- A. Surgical or procedure masks are the minimum acceptable standard.
 - a. Naturopathic Doctors and clinical staff must be masked at all times while providing patient care.
 - b. Non-clinical staff must be masked when a physical distance of two metres cannot be maintained.
- B. 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. Cloth masks are not advised to be worn by staff or Naturopathic Doctors as they are not approved for health-care settings.
- C. PPE masks must be donned and doffed using the following specific sequence to prevent contamination.
 - a. Donning mask:
 - i. Perform hand hygiene.
 - ii. Open mask fully to cover from **nose to below chin**.
 - iii. Put on mask.
 - iv. Secure ties to head (top first) or elastic loops behind ears.
 - v. Mold the flexible band to the bridge of nose (if applicable).
 - vi. Ensure snug fit to face and below chin with no gaping or venting.
 - b. Doffing mask:
 - i. Perform hand hygiene.
 - ii. Do not touch the front of the mask.
 - iii. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
 - iv. Discard the mask in the garbage.
 - v. If the mask itself is touched during doffing, perform hand hygiene.
 - vi. **Never reuse masks.**



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4.2 - Gloves

NDs must:

- A. wear gloves whenever they are in direct physical contact with a patient,
- B. practice proper hand hygiene immediately before and after wearing gloves,
- C. only use disposable, single-use disposable gloves,
- D. change gloves between patients,
- E. change gloves if they become torn, contaminated or heavily soiled (even if using with the same patient), and
- F. dispose of gloves immediately after use in the nearest appropriate receptacle.

4.3 - Goggles, Face shields, Gowns and Booties

- A. Goggles, face shields, gowns and booties are not required in a typical naturopathic care setting. NDs should consider using these if they are performing procedures or working with a patient population where this would be appropriate.

4.4 - Patient Provision of PPE

- A. Clinics are not required to provide surgical masks for patients.
 - a. Naturopathic Doctors may choose to provide masks for patients.
 - b. If a Naturopathic Doctor chooses to provide masks for patients, the Naturopathic Doctor or staff must educate the patient on the proper donning and doffing of masks and observe that it occurs properly.
- B. If a Naturopathic Doctor encounters a patient who has gone through the screening process and enters a treatment room yet still exhibits signs and symptoms consistent with COVID-19, the Naturopathic Doctor must:
 - a. Establish and maintain a safe physical distance of two metres.
 - b. Have the patient complete hand hygiene.
 - c. Provide a new mask for the patient to don.
 - d. Segregate the patient from others in the clinic.
 - e. Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
 - f. Advise the patient they should self-isolate and call 811.
 - g. Clean and disinfect the practice area immediately.
- C. Naturopathic Doctors must not attempt a differential diagnosis of patients who present with signs and symptoms of COVID-19.

4.5 - Clinic Clothing

- A. Clean clothes must be worn by the practitioner and staff each day.
- B. If driving directly from home to clinic:
 - a. No change of clothes is required
- C. If stopping at other locations on way to clinic:
 - a. New clean clothes in the clinic is required
- D. Clothes worn in the clinic must not be worn in public afterwards.
 - a. Practitioners and staff must change into different clothes at the end of their shift.
- E. To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.



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5.0 - WORKPLACE HEALTH & SAFETY

(adapted from the [Government of Nova Scotia COVID-19: working](#) recommendations)

5.1 - Communication for staff and patients

- A. Encourage staff to remain up to date with developments related to COVID-19.
- B. Emphasize that anyone who is sick with cold-like symptoms such as cough, fever, runny nose, sore throat or shortness of breath, **MUST NOT** be in the workplace.
- C. Notify staff and patients of the steps being taken to prevent the risk of transmission of infection, the importance of their roles in these measures and post this information in areas where staff members can refer to them.
- D. Consider the posting of signs and posters to educate staff and patients on COVID-19 protocols in force at the location.

5.2 - Staff Screening & Record Keeping for Staff

- A. Staff and Naturopathic Doctors must self-screen for symptoms before arrival at work with the same symptoms screening questions used for patients. If screening is positive, staff and naturopathic doctors must not come to the clinic.
- B. Staff and Naturopathic Doctors must complete a recorded formal screening upon arrival at work. This screening history must be kept while this directive remains in place.
- C. Screening questions that must be asked with staff and naturopathic doctors are outlined by the NS Covid-19 Response and may include, but are not limited to:
 - a. Do you have current symptoms of COVID-19, such as:
 - i. A fever,
 - ii. A new or changed chronic cough,
 - iii. a sore throat that is not related to a known or preexisting condition
 - iv. a runny nose that is not related to a known or preexisting condition
 - v. Nasal congestion that is not related to a known or preexisting condition
 - vi. Shortness of breath that is not related to a known or preexisting condition
 - b. Have you traveled outside of Nova Scotia within the last 14 days?
 - c. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use).

5.3 - Guidance for NDs who have a staff member NOT diagnosed with COVID-19

- A. The Health Protection Act requires individuals who have a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to follow the public health guidelines for assessment of COVID-19.
- B. The Health Protection Act also requires individuals who have travelled outside of Nova Scotia, have tested negative for COVID-19, but had close contact with someone who has or is suspected to have COVID-19 or have been told by Public Health that you may have been exposed and need to self-isolate to self-isolate for 14 days.



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- C. If a staff member does come to work sick, the following guidance applies:
 - a. Staff who appear to have acute respiratory illness symptoms (e.g., cough, shortness of breath) upon arrival to the workplace, or become sick while at the workplace, must be sent home immediately, and asked to maintain at least 2 meters of distance from other staff and patients while exiting the workplace.
 - b. Sick individuals must follow hand hygiene and respiratory etiquette, as necessary, as they are exiting the workplace.
 - c. Arrangements should be made for transport home where needed; public transportation like buses, taxis or ride sharing should be avoided.
 - d. Once a sick individual has left the workplace, clean and disinfect all surfaces and areas that they may have come into contact with.

5.4 - Guidance for NDs who have a staff member diagnosed with COVID-19

- A. The Health Protection Act requires individuals to be in isolation for a minimum of 14 days if they have tested positive for COVID-19
- B. If an ND works at a clinic where there is a known confirmed case of COVID-19, the ND must complete the online COVID-19 Assessment from 811 and follow the recommendations made.
- C. If a ND operates a clinic where there is a known confirmed case of COVID-19, the ND must instruct all staff to complete the online COVID-19 Assessment from 811 and follow the recommendations made.



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Additional Resources

General

- [Nova Scotia's Novel Coronavirus \(COVID-19\) Disease Health System Protocol](#)
- [NSCC In Person Care during COVID 19 Crisis Regulation](#)
- [NSCC Telehealth Policy](#)
- [Canadian Chiropractic Association COVID-19 Resource Centre](#)

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](#)

Personal Protective Equipment

- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [Nova Scotia Donning/Doffing Mask Poster](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)

Exclusion or work restrictions during staff or practitioner illness

- [Screening checklist](#)
- [COVID-19 assessment tool for health-care workers](#)
- [COVID-19 information: Workplace Guidance for Business Owners](#)