

POLICY AND GUIDELINES:

PANDEMIC ALERT 4

Associated Policy Documents

- Telehealth Guidelines
- Competency-Based Professional Standards for Chiropractors
- Standards of Cultural Competence Policy
- Code of Ethics

Revision Schedule			
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GUIDELINES FOR CHIROPRACTIC SERVICES AT COVID-19 ALERT LEVEL 4

Chiropractors have a duty of care to support their patients during the national COVID-19 crisis. To reduce community spread, including to yourself, your staff and your patients, all non-essential and chiropractic treatment was suspended from 23 March 2020 until further notice.

On 6 April 2020, Chiropractic was classified by the Minister of Health as an 'essential service when responding to emergency and acute care needs. This classification as an essential service includes requirements for appropriate measures set out below.

While we are in COVID-19 Alert Level 4, providing acute and emergency care chiropractic treatment to New Zealanders is an essential service. We expect the profession to adhere to all requirements as set out in this policy.

CONTEXT

<u>Novel coronavirus (COVID-19)</u> is a new and emerging infectious disease threat. There is much uncertainty around its clinical presentation, but the spectrum of disease may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection.

All emergency treatment (see below), and relief of pain which cannot be managed by medications, should continue with appropriate precautions taken.

Chiropractors need to be aware that the possible modes of transmission of COVID-19 are:

- droplet spread
- interpersonal contact (e.g. direct or indirect contact with human fluids)
- contact with contaminated surfaces (COVID-19 can persist on surfaces for several days).

WHAT IS "ACUTE AND "EMERGENCY" TREATMENT?

The Board has determined that in context of the above, "Acute and emergency care" includes treatment for:

- severe pain that cannot be controlled by medication or the patient following self-help advice
- those patients in intractable pain
- those patients whose serious chronic conditions are rapidly deteriorating and would otherwise be compelled to seek urgent medical care

**We expect practitioners to exercise their professional and clinical judgement to deliver safe care informed by the <u>Competency Based Professional Standards</u>, <u>Code of Ethics</u> and all other relevant standards including the <u>Ministry of Health and updates on Covid-19</u>. The key principles which should be followed include the need to work cooperatively to keep people safe, to practise in line with the best available evidence and to recognise and work within the limits of their competence.

WHAT PATIENTS CAN BE SEEN?

Chiropractors should apply the following criteria when deciding to treat patients when urgent or emergency chiropractic treatment cannot be deferred:

Are not COVID-positive

- do not exhibit any of the following symptoms:
 - o sore throat
 - o cough
 - shortness of breath
 - high temperature (>38°C)
- are not a suspected case nor are a close contact of a suspected case
- have not travelled internationally in the last 14 days
- are not over the age of 70
- answer "no" to the screening questions in 'Steps in assessing a patient for urgent care', as described on page 7.

Steps in assessing patients for urgent care or emergencies

- 1. **Triage all patients by <u>telehealth</u> means first** and decide whether they can be deferred or if over the counter medication is required.
- 2. If the patient needs a face-to-face assessment, ask the following questions first:
 - Do you have a confirmed diagnosis of COVID-19?
 - Have you or anyone coming in contact with you, had contact with someone with a confirmed diagnosis of COVID-19?
 - Have you travelled internationally in the last 14 days?
 - Are you aged 70 or over?
 - Do have any of the following symptoms?
 - o sore throat
 - o cough
 - o shortness of breath
 - o high temperature (>38C).

STEPS TO LIMIT TRANSMISSION

The Ministry of Health requires that appropriate measures are in place to mitigate the risk of transmission between yourself, your patients and the public. This includes the recommended physical distancing, hand washing and sanitising using alcohol-based products. You must ensure your operations are unlikely to divert resources away from the New Zealand healthcare system. You are permitted to travel to and from your place of employment.

Practitioners must:

- use telehealth when possible
- limit points of entry
- screen patients for respiratory symptoms
- encourage patient respiratory hygiene using alternatives to facemasks (e.g. tissues to cover cough)
- allow only the patient to be present in the building with the practitioner; a carer or guardian may be allowed to accompany the patient in appropriate circumstances
- allow only one patient at any time
- follow all appropriate sanitization requirements in between patients in the rare event of successive patient appointments

- maintain 2m separation unless closer contact is required by the emergency or the acute presentation. See below for protocols for PPE
- follow all <u>PPE protocol as advised by the Ministry of Health</u> if you are required to engage in contact closer than the required 2M
- follow all previously advised hand hygiene practices

Waiting areas

- All unnecessary items should be removed from the waiting room and surfaces kept clear and clean
- Request patients to wash their hands (where facilities allow) or 'hand sanitise' on arrival and departure from the clinic
- Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter etc.) regularly with a neutral pH detergent.
- Areas of known contamination should be cleaned and disinfected.

Personal protective equipment

- Select appropriate PPE as per the Ministry of Health up-to-date recommendations
- Chiropractors should have received training on and understand:
 - o when to use PPE
 - o what PPE is necessary
 - how to properly don, use, and dispose of PPE in a manner to prevent selfcontamination
 - o how to properly dispose of or disinfect and maintain PPE.
- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

Cleaning and decontamination

- After treating a patient, the room should be cleaned including wipe down of all hard surfaces with detergent and water and then use a hospital grade disinfectant
- Appropriate PPE should be worn for cleaning down the room.
- PPE and waste generated should be disposed in a closed clinical waste bin

^{**}It is not the responsibility of the Board to train, source or supply you with Personal Protective Equipment (PPE). PPE that does not satisfy the Ministry of Health required standard is not acceptable.