Resource Package for Safe Acupuncture & TCM Practice During COVID-19 Pandemic

(Version 1.4, December 4, 2020)

Table of Contents

Appendix - Resources and References 41

Section 1: Overview of Guidelines

1.1 Overview of this Document

This document is intended as:

- A compilation and summary of key information on COVID-19 issued by the Public Health Office officers, the BC Centre for Disease Control (which is part of the Provincial Health Authority) and other regulatory bodies. It focuses on information that affects CTCMA registrants.

- An information resource for CTCMA registrants to understand how to practice safely in the Covid-19 pandemic by:
    - Following public health orders and guidelines
    - Adhering to the safe and ethical practice principles in the College's bylaws, practice standards and Safety Program Handbook. All practitioners are required to be familiar with these.

- A guide for both new and current registrants on where to find and how to comply with current policies and regulations that affect clinical practice during the COVID-19 pandemic.

Registrants are expected to continually seek updated and relevant information from the reliable links and resources provided in this document.

There is a Knowledge Self-Assessment Quiz in Section 6 of this document. Its purpose is to self-determine if one can readily find information in this document AND utilize a variety of resource websites (e.g. Government of BC Covid-19 Information, BC Centre of Disease Control (BCCDC), Public Health Agency of Canada, Health Link BC, WorkSafe BC, CTCMA etc.) to find relevant and accurate information to address concerns related to Covid-19 and to apply the appropriate level of safety measures at their clinic settings to prevent the spread of Covid-19.

1.2 Role of Various Government Departments, Agencies and Organizations

Various government departments, agencies and organizations have different roles in the management of the COVID-19 pandemic.

Government of Canada[1]

The government of Canada provides broad-based policy, guidance, coordination and support for Canada's COVID-19 pandemic response. In particular, it enforces the *Quarantine Act*. Through this Act and other policy, it:

- Regulates domestic and international travel. Key components include:
    - Canadian citizens and permanent residents are advised to avoid all non-essential travel outside of Canada.
    - The requirement for self-isolation or quarantine upon entry to Canada.
    - Mandatory health screening prior to boarding all domestic flights.
- Offers financial support to those who have experienced financial hardship as a result of the COVID-19 pandemic.
- Provides public education and industry-specific guidance, including to healthcare providers.
- Coordinates the procurement and distribution of medical supplies for the healthcare system.
- Via the Special Advisory Committee, coordinates the COVID-19 pandemic response with provincial, territorial and regional regulators.
- Supports and undertakes SARS-CoV-2 testing and vaccine research and development.

Government of Canada publications note that policy and orders by regulators at the provincial, territorial and local level may supersede federal policy.

Health Canada[2]

Health Canada is the department of the Government of Canada that develops and implements Canada's federal health policy.

In the context of the COVID-19 pandemic, this department:

- Collects and publishes data on COVID-19 cases in Canada
- Collates the latest epidemiological and economic research
- Provides information to the public and industry on preventing the spread of COVID-19
- Publishes lists of products that it has approved for use in mitigating the spread of the SARS-CoV-2 virus, such as hand sanitizers, environmental cleaning products and PPE. It also issues notices of recalls for products that have breached public safety standards.

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[1] Government of Canada COVID-19 website: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html
[2] Health Canada COVID website: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html

- Issues ethical and technical guidance on COVID-19 for various audiences, including healthcare providers

Government of British Columbia / Ministry of Health

The provincial government's Ministry of Health is responsible for the health care system in BC. The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. Agencies that are especially relevant during the pandemic can include the following:

Office of the Provincial Health Office (PHO)[3]

The Provincial Health Officer "is the senior public health official for BC and is responsible for monitoring the health of the population of BC and providing independent advice to the ministers and public officials on public health issues." The current PHO is Dr. Bonnie Henry.

In the context of COVID-19, the PHO:
- Issues orders and notices related to COVID-19
- Provides independent advice to the Ministers and public officials on public health issues
- Monitors the health of the population of British Columbia and advises, in an independent manner, the ministers and public officials on public health issues and on the need for public health related legislation, policies and practices
- Recommends actions to improve health and wellness in BC
- Delivers reports that are in the public interest and annual reports on the health of the population and government's progress in achieving population health targets
- Works with the BC Centre for Disease Control and Prevention, and BC's Medical Health Officers to fulfill their legislated mandates on disease control and health protection.

The provincial government has a webpage that documents all public health orders, notices, and guidance. It contains health sector resources as well.

COVID-19 (Novel Coronavirus) - Province of British Columbia (gov.bc.ca)

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[3] PHO website: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer

Provincial Health Services Authority (PHSA)[4]

The PHSA "plans, coordinates and evaluates specialized health services with the [local] BC health authorities". It "helps BC residents stay informed about current public health concerns, issues and topics." The PHSA also directly manages some healthcare facilities that do not fall under the jurisdiction of local health authorities.

In the context of the COVID-19 pandemic, this office:
- Notifies the public of current infections or outbreaks of diseases at its hospitals and agencies through the public health departments

British Columbia Centre for Disease Control (BCCDC)[5]

The BCCDC is "a program of the Provincial Health Services Authority, provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation", including SARS CoV-2 (COVID-19).

In the context of the COVID-19 pandemic, the BCCDC:
- Collects and publishes data on COVID-19 cases in British Columbia
- Issues guidance to the public and industry on COVID-19 safety, prevention and risks
- Provides testing information and guidance
- In conjunction with the BC Ministry of Health, publishes guidance on tools and strategies for safer operations during the COVID-19 pandemic
- Offers posters, factsheets and other printable resources that businesses can use in their management of and communication on COVID-19 safety

Regional Health Authorities[6]

British Columbia has five regional health authorities (Fraser, Interior, Island, Northern and Vancouver Coastal) that are responsible for delivering health services in their respective geographic region. They follow the goals, standards and performance agreements established by the Ministry of Health.

In the context of COVID-19, the health authorities:
- Coordinate resource allocation for the treatment and care of COVID-19 patients in the hospital system.
- Provide information on COVID-19 to the public and to healthcare system employees.

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[4] PHSA website: http://www.phsa.ca/
[5] BCCDC COVID website: http://www.bccdc.ca/health-info/diseases-conditions/covid-19
[6] Links to regional health authorities: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities

- Publish information on COVID-19 exposures in public, healthcare facility and/or school exposures.

WorkSafeBC[7]

WorkSafeBC is "a provincial agency dedicated to promoting safe and healthy workplaces across B.C. ...services include education, prevention, compensation and support for injured workers, and no-fault insurance to protect employers and workers." WorkSafeBC enforces (and sometimes develops) Occupational Health and Safety laws, regulations, policies and standards for all BC workplaces, including community health clinics.

In the context of COVID-19, WorkSafeBC:
- Publishes information and guidance to employers and workers on maintaining safe operations during the COVID-19 pandemic. This includes industry-specific guidelines, including healthcare.
- Requires every business within its jurisdiction to have a Covid-19 Safety Plan in place to operate during the pandemic. This is also recommended for businesses that do not fall within its jurisdiction. Please refer to Section 4.2 for detailed information and resources.

College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA)

Working with all health regulators through the BC Health Regulators, the CTCMA makes sure all registrants comply with regulations to practise safely during the pandemic. Guidance to all health care providers is provided with involvement of the Provincial Public Health Office and the BC Centre of Disease Control in order be consistent and applicable in most health settings and situations.

CTCMA has a regulatory role to make sure all registrants continue to provide safe and quality practices and adhere to the Code of Ethics and Standard of Practice as the overall guiding principle in their service to the public during the pandemic. The College provides information and supports its registrants to do so in the pandemic by following health orders from the Government. Practice Standards applies at all time; and the College takes action to investigate complaints and concerns raised by the public.

If there were an emergency response need for additional health professionals in the province which include TCM/Acupuncture professionals, CTCMA could take the role of granting temporary registrations.

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[7] WorkSafeBC COVID website: https://www.worksafebc.com/en/about-us/covid-19-updates

Professional Associations[8]

The role of professional associations is to promote the profession and advocate for the practice of TCM and acupuncture.

In the context of COVID-19, professional associations may, *but are not obligated to*:

- Provide guidance to members on safe clinical practice during the pandemic
- Communicate or share information on COVID-19 that is relevant to the profession, for example official government/other agency orders or guidelines communications, insurance regulations
- Answer practice-specific questions from practitioners on their rights and responsibilities related to practicing TCM and acupuncture during the COVID-19 pandemic

With so many government departments, agencies and other organizations involved in the COVID-19 pandemic response, how do TCM and acupuncture registrants know what they **must** do (i.e. mandatory) vs. what procedures and practices they **should** do (i.e. (strongly, highly) recommended)?

Registrants should also try to understand that the recommendations are suggested based on best practice and careful consideration and caution to practice safely. While they are not mandatory, they are also not the same as "optional" but something registrants "should" do.

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[8] CTCMA website link to external resources, including a list of professional associations in BC: https://www.ctcma.bc.ca/resources/external-links/

	Relevance to BC TCM and acupuncture registrants	
Organization	**Mandatory compliance**	**Expected implementation**
Government of Canada	- Travel restrictions - Any orders or policies that supersede provincial-level orders and policies	- Staying up to date on COVID-19 data and information - Understanding and accessing financial supports as needed - Using digital tools/apps as appropriate
Health Canada	- Ethical and technical guidance specific to healthcare	- Staying up to date on COVID-19 data and information - Staying up to date on PPE and healthcare product information (e.g. hand sanitizer recalls)
Government of British Columbia	- **ALL** orders and policies that pertain to the public and to clinical practice	- Staying up to date on COVID-19 data and information - Applying for appropriate financial support
PHSA	- Rules and procedures in PHSA-run healthcare facilities	- Staying up to date on COVID-19 data and information
PHO	- **ALL** orders and policies that pertain to the public and to clinical practice	- Staying up to date on COVID-19 data and information - Recommendations for behavioural or procedural modifications that are NOT official orders or policies
BCCDC	- Procedures and standards related to infection control	- Staying up to date on COVID-19 data and information - Providing supplementary information to the standards and guidance
Regional health authorities	- Rules and procedures in healthcare facilities under their jurisdiction	- Staying up to date on COVID-19 data and information
WorkSafeBC	- Producing and enforcing a workplace safety plan – for those under WorkSafeBC jurisdiction - Ensuring worker and visitor safety in your workplace	- Producing and enforcing a workplace safety plan – for those NOT under WorkSafeBC jurisdiction
CTCMA	- All procedures in the Safety Program Handbook - All guidance in the Jurisprudence Handbook - College Bylaws - College practice standards and guidance	- Providing recommendations that are NOT official orders but guidance to best safe professional service that registrants should follow
Professional associations	- Membership rules, bylaws and constitutions	- Providing further suggestions based on PHO or other government body orders and policies

1.3 Disclaimers – Seek Current Information

This document is current as of **December 4, 2020** and subject to change based on new orders and guidance from federal and provincial health authorities, and emerging research efforts. It is the responsibility of the reader to seek current information and meet the standards, orders and guidance set by all relevant authorities.

Some weblinks of this document might become broken over time. A search on the organization's homepage may be able to locate the archived documents. Newer and updated information might have been published that registrants should refer to.

1.4 Acknowledgement

The College would like to acknowledge that this resource package is a collaborative work with the British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA). The College would like to extend its sincere gratitude to Suzanne Williams, R.Ac., ATCMA Executive Director, for her contribution and participation in the development of this document.

1.5 Continuing Education (CE) Activity

Self-study of this College's *Resource Package for Safe Acupuncture & TCM Practice During COVID-19 Pandemic* can be included as Continuing Education (CE) in Category B activity to a maximum of 4 hours.

For registrants who are required to report or declare their CE hours by April 2021, these hours can be in addition to the maximum 16 hours per reporting period limit for Category B activity and can fulfil as an "in- person" activity as it is one of the approved substitutes during the Covid-19 pandemic when "in-person" CE activity is not as available and is not recommended under public health orders at times.

In addition, self-review and update of the Covid-19 Safety Plan for Clinical Practice as included in Category B can also be counted to a maximum of 2 CE hours. These hours can also be addition to the maximum 16 hours per reporting period limit for Category B activity when reporting by April 2021. This document as well as the WorkSafeBC's Health Professions: Protocols for returning to operation provide guidance to maintain the currency of the Covid-19 Safety Plan to keep practitioners, staff and their patients safe.

Section 2: Overview of Covid-19
2.1 Covid-19 Virus Information: About SARS-CoV-2

Main information source: [BCCDC - COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#)

The BCCDC document linked above should be reviewed in full by all registrants.

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The disease caused by this new coronavirus, SARS-CoV-2, has been named COVID-19. While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases.

The novel human coronavirus SARS-CoV-2 is a viral pathogen that causes the disease known as COVID-19. This virus was initially recognized in December 2019, and the World Health Organization (WHO) declared COVID-19 a global pandemic in March 2020.

The BCCDC lists the following symptoms of COVID-19 and notes that they are similar to other symptoms of common respiratory illnesses like the common cold or the flu:[9]

Common symptoms:

- Fever (body temperature >37°C)
- Chills
- Cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Runny nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches

Less common symptoms:

- Stuffy nose
- Conjunctivitis (pink eye)
- Dizziness, confusion
- Abdominal pain
- Skin rashes or discoloration of fingers or toes

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[9] http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms

2.2 Transmission

In order to understand how to ***prevent*** the transmission of SARS-CoV2, it is important to understand how it is transmitted.

Health Canada[10] states that SARS-CoV-2, the virus that causes COVID-19:

- spreads from person-to person through ***respiratory droplets and aerosols*** created when an infected person coughs, sneezes, sings, shouts, or talks;
- may spread from a contaminated surface or object (fomite) when a person touches the object then touch their mouth, nose or eyes or another person with unwashed hands;
- is more frequently transmitted when infected people have close, prolonged contact with others;
- is mainly transmitted indoors, particularly in spaces with poor ventilation;
- is not currently believed to travel long distances through the air, e.g. through air ducts.

The BCCDC states in the "COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings' document that:

"COVID-19 is most commonly transmitted through large droplets produced when a person infected with COVID-19 coughs or sneezes. The virus in these droplets can enter through the eyes, nose or mouth of another person if they are in close contact with the person who coughed or sneezed. The virus can also enter a person's body from touching something with the virus on it and then touching one's eyes, mouth or nose with unwashed hands. Research in Covid-19 research is ongoing and information about its nature, characteristics, and mode of transmission is evolving."

Note: Registrants should also refer to the CTCMA Safety Program Handbook Section 2.1, 2.2 and 2.9 for information on the "Chain of Infection" and how to break it. Definitions for the following terms relevant to Covid-19 are also available in the Safety Handbook: droplets, airborne, contamination, cross-contamination, etc.

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[10] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html

The BCCDC, Health Canada, and World Health Organization (WHO) websites are resource websites to provide the latest information on the Covid-19 virus:

COVID-19 (bccdc.ca)
Coronavirus disease (COVID-19): Awareness resources - Canada.ca
Coronavirus disease (COVID-19) (who.int)

2.3 Testing for Covid-19 Virus

In British Columbia, testing is currently available for anyone who exhibits symptoms of COVID-19. See section 2.1 of this document for a list of symptoms. Testing for anyone with symptoms is performed at collection centers/testing sites designated by the BCCDC.

- Anyone unsure of whether or not they should be tested can use the BCCDC's self-assessment tool online, contact their primary health care provider or call 8-1-1 for guidance.
- Private test centers offer COVID-19 testing for a fee. This is applicable for "people who require asymptomatic testing for reasons that fall outside of B.C. public health recommendations, as outlined in the [BCCDC] testing guidelines, such as for travel or employment." A list of private testing centers is available on the BCCDC website.

Anyone exhibiting symptoms of COVID-19 who has been tested must self-isolate for 10 days from the date of onset of symptoms. Additional guidance on self-isolation is available in the BCCDC's If You Are Sick guide.

2.4 Current Information & Guideline Regarding Therapies for Covid-19 from BC Covid-19 Therapeutic Committee

The BC Ministry of Health established a British Columbia COVID-19 Therapeutics Committee (CTC) that meets weekly to discuss the most current research on the use of therapies in the management of COVID 19. The need for a weekly meeting reflects the fast-pace evolution of research and scientific discovery that is taking place during the COVID-19 pandemic. The committee evaluates evidence-based therapies, ideally those that have been through a clinical trial, and bases its recommended therapies on this analysis.

In its position statement, the CTC notes that:

"In the absence of research studies or definitive results, patients should be aware of the risks and benefits of novel therapies, and efficacy and safety data collected to inform the larger community."

At this time (December 1, 2020 Report), the CTC does not recommend "traditional Chinese medicines for treatment or prophylaxis of COVID-19 due to lack of data, lack of availability, or both."

Additional details and ongoing updates on the CTC's recommend therapies are available on the BCCDC's web page for health professionals.

The College has also published a practice guideline to aid registrants to communicate treatment claims, if any, in an objective and evidence-based approach:

Practice Guideline: Advertising and Marketing Claims Regarding COVID-19 (March 25, 2020).

Current Covid-19 vaccine for Canada information can be found on the Government of Canada's (Public Health Agency of Canada's) website:

Vaccines and treatments for COVID-19: Progress - Canada.ca

What you need to know about the COVID-19 vaccine for Canada - Canada.ca

Section 3: Infection Control & Prevention

General infection control guidance provided to registrants in the [CTCMA Safety Program Handbook](#) is relevant to the COVID-19 pandemic. It details foundational information and procedures that registrants must apply in critical and risky situations (including a pandemic situation involving a highly contagious virus).

"Infection prevention and control is an essential consideration for TCM practitioners when providing patients with safe health care services. Infection control is an ongoing process that focuses on minimizing the risks of spreading infections to patients, to staff, and to practitioners while performing required routines and procedures."

Infection control assumes that any person or surface may be a source (and therefore a vector) of infection. The Safety Handbook therefore includes routine procedures that must be adhered to for safe practice that apply *at all times and with all patients.*

Section 2.3 of the Safety Handbook details three routine procedures that facilitate infection control at all times, including during a pandemic:

Conducting Risk Assessment

Practitioners must assess how risks can be minimized before each interaction with patients, and as an overall strategy for clinical safety.

Risk assessment varies by clinical setting and individual patient interaction, so practitioners are expected to adapt their risk assessment according to their individual situation. *Every practitioner must assess their own clinical situation and design a safety plan that works for that specific situation.*

Special considerations must be incorporated into risk assessment in order to ensure safe clinical practice during the COVID-19 pandemic. See Sections 4 and 5 of this document for additional details.

Safety Handbook section 3.3 Risk Management: Site of Practice states:

"Traditional Chinese Medicine and Acupuncture is practiced in a variety of locations and settings including private clinics, hospitals, educational institutions, and multi-disciplinary health care settings. Each site must comply with the appropriate regulatory requirements and jurisdictional bylaws."

Hand Hygiene

- Hand hygiene is the most important infection control measure.
- Routine hand washing should be done:
    - before and after patient contact or acupuncture treatment;
    - before and after preparing, handling, or dispensing herbs or herbal remedies;
        - when hands are contaminated during the treatment;
        - immediately after inadvertent exposure to blood or body fluids;
        - when hands are visibly soiled;
        - after contact with environmental surfaces or equipment;
        - after removing gloves;
        - before preparing, handling, serving or eating food;
        - after handling money or other items that may be contaminated;
        - after answering the phone or using the computer or other electronic devices and returning to a patient;
        - after personal body functions.
    - Correct handwashing technique must be practiced in order for handwashing to be an effective infection control measure. Practitioners should follow the procedures detailed in the Safety Handbook as well as BCCDC Covid-19 Hand Washing Page & BCCDC guidelines for handwashing.

Use of Personal Protective Equipment

- Practitioners may need to use personal protective equipment to protect themselves from potential infections. PPE can also protect the patient by preventing the practitioner from becoming the agent of transmission of infectious organism from patient-to-patient.
- Possible PPE used in TCM and acupuncture clinics may include gloves, protective clothing and masks.
    - As of November 19, 2020, masks are required for everyone in all public indoor settings and workplaces by order of the Provincial Health Office. Masks are required in all workplaces (including clinics) for shared work areas and areas where physical distancing cannot be maintained.11

Health Canada updates its mask policy as research on it evolves. See Sections 3.5 and 5 of this document for further guidance on mask use in TCM and acupuncture clinics.

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[11] https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/restrictions?utm_campaign=20201118_GCPE_AM_COVID_1_NOTIFICATION_BCGOV_BCGOV_EN_BC__NOTIFICATION#masks

3.1 Infection Control

The following documents published by the BCCDC and BC Health Regulators provide key infection prevention and control guidance for registrants. Registrants are expected to read the following documents in full and to be familiar with the details of requirements for safe clinical practice in the community during the COVID-19 pandemic. Important excerpts and quotes are extracted in the sections that follow to draw registrant's attention to key information.

BCCDC: [Covid-19 Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings (May 15, 2020)](#)

CTCMA: [Providing In-person Community Care in British Columbia During Covid-19 (May 15, 2020)](#)

Public Health Agency of Canada: [Ambulatory and outpatient care setting COVID-19 infection prevention and control: Interim guidance - Canada.ca](#)

Implementation of infection prevention and exposure control measures help create a safe environment for health care providers and patients/clients. A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce the transmission of COVID-19. A diagram of the "Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease" is available on page 3 of [COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf (bccdc.ca)](#).
Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

The [BCCDC](#) and [WorkSafeBC](#) describe a **hierarchy of infection controls** that includes the following measures:
- Public Health / Elimination Measures
- Environmental Measures / Engineered Controls
- Administrative Measures
- Personal Measures
- Personal Protective Equipment

Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

3.2 Public Health/Elimination Controls

Registrants must stay up to date on all orders and policies issued by the PHO as they are the key Public Health Controls in place in British Columbia.

Public Health and Elimination controls are the ***most effective*** means of infection control. Since SARS-CoV-2 is transmitted by airborne droplets or aerosols, the best means of preventing transmission is to eliminate or reduce prolonged contact between people.

As [WorkSafeBC](#) states:

"The risk of person-to-person transmission is increased the closer you come to other people, the amount of time you spend near them, and the number of people you come near. Physical distancing measures help mitigate this risk."

"The first and most important step to reduce the risk of COVID-19 transmission at any workplace is to implement policies to ensure that those who are sick are not entering in the workplace."

This can be done in a healthcare setting by:
- **Facilitating** case finding, contact tracing and outbreak management
    o Practitioners must record all staff and visitor information to the clinic and make this accessible to the BCCDC if requested.

- **Self-Isolation**
    o Practitioners, staff or visitors with common-cold, influenza, or COVID-19 like symptoms should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. They should not be permitted to enter the clinic. Pre-screening of patients and clinic policy to restrict those with symptoms to work or visit the clinic are effective measures.

- **Physical distancing** within the practice setting

    o As stated in the CTCMA's publication: [Providing in-person community care during COVID-19, Guidance for regulated health-care providers](#): "Wherever possible, physical distancing will be maintained during the delivery of care." This can be done by:

    o Limiting the number of people in the clinic (or in the same area of the clinic) at the same time

    o Scheduling to avoid overlap among clinic visitors, staff, and practitioners

    o Arranging workspaces to ensure that practitioners and staff remain at least 2 metres (6 feet) from co-workers, patients, and members of the public.

- Offering **tele-health** appointments as appropriate

    o The CTCMA's [Practice Standard on Tele-practice During the COVID-19 Pandemic](#) details the requirements for safe, legal and ethical practice of telemedicine.

- Adhering to the **Principles for Maintaining Safe Working Environments** detailed in Section 3.2.1 of the [CTCMA Safety Program Handbook](#), which states:

    o The premises used for the practice of Traditional Chinese Medicine and Acupuncture must be appropriate and suitable for the safe delivery of professional health care services.

    o The premises must allow for safe, clean, and sanitary practices.

    o The treatment room must allow for ease of movement and efficient cleaning.

    o The treatment room and work room procedures must reduce the risk of possible cross-contamination.

3.3   Engineered Controls

Engineered controls are the *second most effective* means of infection control. In TCM or acupuncture treatment setting, administrative controls include:

- Physical barriers (such as plexiglass) can be installed to separate people where physical distancing cannot be maintained.
- Clinic spaces should be decluttered to decrease the surface area of objects (fomites) are a potential source of transmission of SARS-CoV-2.

WorkSafeBC offers additional guidance on [designing effective barriers](#) for the workplace, including when to use them, possible materials, proper installation, cleaning and maintenance.

3.4   Administrative Controls

Rules and guidelines, or administrative controls, are the ***third most effective*** method of infection control.

As [WorkSafeBC](#) states:

"The risk of surface transmission is increased when many people contact same surface, and when those contacts happen in short intervals of time. Effective cleaning and hygiene practices help mitigate this risk."

In TCM or acupuncture treatment setting, administrative controls include:

- Infection control, especially droplet control
    - Adhering to the **infection control measures** detailed in the [CTCMA Safety Program Handbook](#), including (but not limited to) Section 2.4.1 Patient Management Droplet Transmission, which directs practitioners to:
        - Triage the patient from the waiting room as quickly as possible.
        - Use a mask and wear medical gloves while working within 2 metres of the patient and offer a mask and hand sanitizer to the patient.
        - At the end of the treatment, wipe all horizontal surfaces and utilized instruments with low-level disinfectant.

REMEMBER: During the COVID-19 pandemic, practitioners should treat all patients as a droplet transmission risk and abide by these guidelines.

- **Daily screening** of all practitioners, staff and visitors to the clinic for symptoms of COVID-19.
    - This can include temperature checks as well as verbal or written symptom questionnaires.

- **Correct hand hygiene**
    - "Correct" means appropriate handwashing frequency, duration and technique.
    - Practitioners must follow routine hand hygiene procedures detailed in the [CTCMA Safety Program Handbook](#), Section 2.3.
    - Treatment premises must have hand-washing facilities, as stated in the [CTCMA Safety Program Handbook](#), Section 3.2.1
    - BCCDC [Hand Washing guidelines](#)

- Following face covering/**mask rules**
    - As of November 19, 2020, masks are required for everyone in all public indoor

settings and workplaces by order of the Provincial Health Office. People who cannot put on or remove a mask on their own are exempt. Masks for children under the age of 2 are not recommended.

- Employers are expected to inform customers and employees of the mandatory mask policy
- A customer can be refused entry or service if they do not wear a mask
- Masks are required in all workplaces (including clinics) for shared work areas and areas where physical distancing cannot be maintained. This includes:
  - Elevators
  - Kitchens
  - Hallways
  - Customer counters
  - Break rooms

REMEMBER: rules and guidelines only work if they are followed. Documentation (e.g. checklists) of daily screening and cleaning can facilitate adherence to administrative controls.

Public Health Agency of Canada has many useful information on non-medical mask or face covering:

[COVID-19: Non-medical masks and face coverings - Canada.ca](#)

[COVID-19: How to wear a non-medical mask or face covering properly (video) - Canada.ca](#)

3.5   Personal Protective Equipment

PPE alone is ***not*** the most effective means of infection control. It should be used as an added layer of protection if elimination, engineering and administrative controls are not enough to mitigate the risk of transmission of SARS-CoV-2.

In a community healthcare setting, face coverings, eye protection and clinic-specific clothing can be used as additional methods of infection control. Gloves should also be considered when appropriate. Practitioners should refer to the [CTCMA Safety Program Handbook](#), section 2.3.3 Use of Personal Protective Equipment (PPE) when making decisions on the use of PPE in the practice of TCM and acupuncture.

- As noted above, masks are now mandatory in all public indoor spaces, including workplaces (clinics).

Physical distance or barriers are not always possible, especially when treating patients, in a TCM or acupuncture clinic. As stated in the CTCMA's publication: [Providing in-person community care during COVID-19; Guidance for regulated health-care providers](#):

- Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person services

REMEMBER: PPE is only effective if it is selected, donned (put on), doffed (taken off) and cared for correctly.

The BCCDC provides information and guidance on [selection and use of PPE by healthcare workers](#).

Patients should refer to the BCCDC's information on masks for the general public for [guidance on mask use and selection](#).

Public Health Agency of Canada also has a specific page on: [COVID-19 personal protective equipment (PPE) - Canada.ca](#)

Section 4: Risk Management

4.1   Providing Health Services During the Pandemic

Guiding Principles and Assumptions

Practitioners should refer to the CTCMA's publication: [Providing in-person community care during COVID-19; Guidance for regulated health-care providers](#) for full details of the guiding principles and assumptions on providing healthcare services in the context of COVID-19.

Key principles and assumptions include:

- All registrants will follow the guidance, expectations, and direction provided by the PHO.
- Registrants employed by hospitals, health authorities, and long-term care facilities should refer to guidance provided by their employers and the PHO.
- The direction in this document pertains to the delivery of care outside of these settings. These include, but are not limited to, private practice clinics, private mobile or community-based practices, and school-based practices.
- Some services can be safely and effectively provided virtually. Other services require in-person visits including direct patient care. College standards apply, regardless of whether services are provided virtually or in-person.
- Wherever possible, physical distancing will be maintained during the delivery of care.
- In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient and the health care provided.

- The registrant 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 registrants must also act to conserve PPE through its judicious use.
- Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.
- Registrants must not recommend unproven therapies for treating COVID-19.
- Registrants must not prescribe or offer any COVID-19 treatments or therapies if infectious diseases are not within their scope of practice.
- Registrants are accountable to provide clear, honest, transparent communication regarding their policies and procedures related to COVID-19.

CTCMA Safety Program Handbook as a Foundational Infection Control Reference

The CTCMA Safety Program Handbook contains specific guidance and procedures for infection control that apply to both regular clinical practice and enhanced infection control procedures critical situations like the COVID-19 pandemic.

TCM and acupuncture practitioners are obligated to follow the procedures laid out in the Safety Handbook and:

- Know and apply the current infection control guidelines to their practice
- Train others under their supervision
- Ensure the ongoing quality of their infection control practices
- Monitor changes to infection control practices and make adjustments to your practice as needed
- Refer or report patients with suspected infectious diseases (including COVID-19) to the appropriate health care professional or facility
    - All patients with symptoms of COVID-19 must be directed by practitioners to use the BCCDC's self-assessment tool online, contact their primary health care provider or call 8-1-1 for guidance.

Prioritization of Patient Care Services

As stated in the CTCMA's publication: [Providing in-person community care during COVID-19; Guidance for regulated health-care providers](#):

- In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient and the health care provided.
- The registrant is accountable and is the person best positioned to determine the need for, urgency and appropriateness of in-person services.
- Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.

Ongoing Pandemic Best Practices

COVID-19 pandemic is a new and evolving disease. The health authorities' understanding of COVID-19 continues to grow and change, and with that comes frequent adjustments to their policies and guidance. All registrants are expected to follow the guidance, expectations, and direction provided by the PHO and remain up to date on changes to policy or orders from the PHO and other health authorities.

Best practices during the COVID-19 pandemic may also evolve as the disease progresses and abates, but the fundamental procedures for infection control documented in the [CTCMA Safety Program Handbook](#) remain in place at all times. ***Practitioners should refer to the Safety Handbook for basic information on best practices on infection control. Specific Covid-19 protocols are built on the general infection control measures.***

4.2 Covid-19 Safety Plan

All workplaces under the regulatory authority of WorkSafe BC are required by order of the Provincial Health Officer to [COVID-19 Safety Plan](#) for their workplace. Other workplaces are advised to do the same, including all TCM and acupuncture practices with a physical or mobile location.

The safety plan must outline the policies, guidelines, and procedures an employer has put in place to reduce the risk of COVID-19 transmission. It is not only meant to protect employers, employees and visitors to the workplace and is a tool for communicating the expectations and guidelines for a health and safe working environment.

WorkSafeBC provides the following tools and resources for the development of a COVID-19 safety plan:

- [Guidelines for health professions](), including developing a COVID-19 safety plan, understanding the risk of COVID-19 transmission, selecting protocols for your workplace and specific protocols for health professions
- A [COVID Safety Plan Template]() in fillable PDF form
- A [COVID Safety Plan App]() that can be used to complete a safety plan

REMEMBER: A safety plan is only useful if it is followed. The Safety Plan puts the practice guiding principles and standards into an operational plan. All employees, contractors or other workers must adhere to it.

Key components of the health and safety plan that affect clinic visitors (e.g. face covering policies, physical distancing markers, hand hygiene requirements and procedures) must be displayed clearly and prominently so that they can be referenced and adhered to.

The Covid-19 Safety Plan incorporates the concepts of risk assessment and management and hierarchy of infection prevention and control measures discussed foremost in this document. While the terms used in the hierarchy in the Safety Plan are a bit different, the overall concept of using a combination of measures especially the ones that are higher in the hierarchy is of paramount importance.

At this time, WorkSafeBC does not require TCM and acupuncture clinics or practice settings to seek approval for their safety plan. However, WorkSafeBC may inspect a workplace that is under its regulation at any time and may take action if a COVID Safety Plan is not documented, implemented or adhered to. The College requires that registrants follow this WorkSafeBC requirement. As part of encouraging registrants to setup, review and update their Covid-19 Safety Plan during the pandemic, registrants can include this work in their CE hours reported by April 2021. Please see College website for the most updated information.

4.3 Risk Management: Use of PPE

Key concepts to keep in mind when using PPE in TCM and acupuncture clinics include:

- The BCCDC's [Covid-19 Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings (May 15, 2020).](), notes:
  - Personal Protective Equipment is the last and least effective of the infection prevention and exposure control measures and should only be considered after exploring all other measures.
  - PPE is not effective as a stand-alone preventive measure.
  - PPE must be suited to the task and must be worn and disposed of properly.

As stated in the CTCMA's publication: [Providing in-person community care during COVID-19; Guidance for regulated health-care providers](#):

Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person services; however, all registrants must also act to conserve PPE through its judicious use.

4.4 Risk Management: Patients and Their Records

In addition to maintaining thorough patient records that comply with the standards detailed in the [CTCMA Safety Program Handbook](#) Section 3.7 and [Practice Standard: Clinical Record Keeping](#), practitioners are advised to record patient information specific to COVID-19 infection control measures. This includes:

- A body temperature log for all patients visiting the treatment premises (if temperature screening is performed)
- Confirmation that verbal and/or written COVID-19 symptom screening was completed for each visit
- Documentation on non-compliance with the clinic or treatment premises' COVID-19 Safety Plan, e.g. face covering or hand hygiene policies
- Documentation of the procedures followed if a patient presents with any symptoms of COVID-19
- Clear documentation of patient appointments and visits can be helpful if contact tracing is required.
- Tele-practice: Make sure detailed records are kept. If a virtual visit session is provided, the information should be available in the patient record as well as other documentation of the session (e.g. treatment receipts).

4.5 Risk Management: Other Considerations
Code of Ethics & Standards of Practice

Practitioners are required to adhere to Schedule A, Code of Ethics, and Schedule B, Standards of Practice, detailed in the [CTCMA bylaws](#). Exceptions will not be made to accommodate the COVID-19 pandemic; and actually, calls for better self-reflection and assessment to better follow the general principles.

Registrants should pay attention to make sure they are practice within their own limits. They are charging reasonable fees for their service and do not take advantage of the vulnerability of patients at difficult time. Registrants should consult the "[Quality Practice](#)" section of the College's website for updated practice standards and guidance information.

Career-Span Competencies – Relevancy for Clinical Practice During Covid-19

It is critical that practitioners honestly examine their own competencies and ensure they are practicing in compliance with the Career Span Competencies laid out by the CTCMA. During the COVID-19 pandemic, this means:

- Acting with professional integrity:
    o Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.
    o Registrants must not recommend unproven therapies for treating COVID-19.
    o Registrants must not prescribe or offer any COVID-19 treatments or therapies if infectious diseases are not within their scope of practice.
- Communicating effectively
    o Registrants must provide clear, honest, transparent communication regarding their policies and procedures related to COVID-19 to all colleagues, staff and visitors to the clinic or treatment setting.
- Complying with legal requirements
    o All registrants are expected to follow the guidance, expectations, and direction provided by the PHO and remain up to date on changes to policy or orders from the PHO and other health authorities.
- Functioning in a client-centered manner
    o Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.
    o Registrants must require that anyone with COVID-19 symptoms does not enter the clinic or treatment setting.
- Work within areas of personal knowledge and skills
    o Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.
    o Registrants must not recommend unproven therapies for treating COVID-19.
    o Registrants must not prescribe or offer any COVID-19 treatments or therapies if infectious diseases are not within their scope of practice.
- Maintain a safe work environment
    o Registrants must abide by CTCMA Safety Program Handbook procedures and guidelines and enhance health and safety protocols that mitigate the risk of transmission of COVID-19.
    o Clinic owners or other employers under the regulatory authority of WorkSafeBC are required to prepare and implement a COVID-19 Safety Plan. It is recommended that practitioners not under WorkSafeBC's regulatory authority complete and follow a COVID-19 Safety Plan.

- Maintain comprehensive records
    - Practitioners are advised to record patient information specific to COVID-19 infection control measures as outlined in Section 4.4 of this document.
- Maintain personal wellness consistent with the needs of practice
    - Registrants should adhere to the orders and guidelines of the PHO and BCCDC on COVID-19 public safety and infection control.
    - Registrants must not enter the clinic or treatment space if they exhibit any symptoms of COVID-19.
    - Any registrant who exhibits symptoms of COVID-19 should follow the guidelines of the PHO and BCCDC on testing, self-isolation and self-care.
    - The COVID-19 pandemic is a source of emotional and physical strain for many people. Practitioners are reminded to seek supports for their emotional and physical wellbeing as best they can during the COVID-19 pandemic.
- Manage time and resources effectively
    - Clinic owners or practitioners should implement a schedule that eliminates unsafe contact among practitioners, clinic staff and clinic visitors.
    - Registrants should make use of resources, e.g. signs and posters to inform patients of important public health information and clinic safety plan.
- Treat others respectfully
    - Registrants may find that their colleagues and their patients are experiencing various negative emotions as a result of the psychological, social and economic impacts of COVID-19. As health care professionals, it is critical to maintain a respectful and non-judgmental attitude towards colleagues and patients and provide equal care to all without discrimination or prejudice.
- Practice in a manner consistent with current developments in the profession
    - Registrants must continue to engage in professional development and earn CEUs.
    - During the pandemic, there might be new areas of learning needs that a registrant discovers. Implement a plan to stay up-to-date and make evidence-based objective decisions.
    - The CTCMA recognizes the limitations of in-person CEU courses during the COVID-19 pandemic and there are many online and virtual CE activities available to registrants. Please consult the Continuing Education section of the College website to familiarize yourself with program requirements as well as any updates to accommodate in-person CE activity requirements.
- Use an evidence-informed approach in your work
    - Registrants must not recommend unproven therapies for treating COVID-19.
    - Registrants should make sure to gather a wide perspective of information on a topic from reputable sources in order to make informed decisions
- Interact effectively with other professionals

- o Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.
- Practice in a self-reflective manner
  - o Registrants should continually evaluate their practice and implementation of infection control measures to ensure that they meet or exceed the most current guidance or orders from the PHO and other health authorities.

Consent to Treatment

Rules on obtaining and documenting consent to treatment detailed in section 2A of the CTCMA Jurisprudence Handbook must be followed at all times, including during the COVID-19 pandemic.

It is recommended that practitioners obtain additional and specific consent to treatment during the COVID-19 pandemic. Consent must be specific and informed to ensure that patients understand the risks of receiving treatment during a global pandemic. A request for consent can include that while the clinic or treatment setting is taking additional health and safety measures to mitigate the risk of COVID-19 transmission, but that there is no guarantee a patient will not come into contact with the SARS-CoV-2 virus while in a practitioner's care. Patient's consent can change when the pandemic condition is changed. Make sure to check in with patients to ensure mutual understanding.

Advertising and Marketing Standards

Advertising and Marketing Standards detailed in section 2B of the CTCMA Jurisprudence Handbook must be followed at all times, including during the COVID-19 pandemic.

Registrants must not engage in false advertising of unproven treatments for COVID-19. They may not make claim to "cure" COVID-19 through acupuncture or herbal remedies.

The College has also published a practice guidance on "Advertising and Marketing Claims Regarding COVID-19".

Billing

Rules on billing detailed in section 2B of the CTCMA Jurisprudence Handbook must be followed at all times, including during the COVID-19 pandemic.

Practitioners must not levy an excessive or fraudulent surcharge on treatment fees due to the COVID-19 pandemic. This would be considered exploitative.

Section 5: Covid-19 Considerations for TCM and Acupuncture Practice

TCM and acupuncture practitioners must develop and implement Covid-19 Safety Plan in their clinical settings and follow all PHO and BCCDC orders and guidance. There can still be a few situations that practitioners have practical concerns how to deal with in their Acupuncture / TCM practices.

5.1 General Advice

Here is some general advice for common situations:

Be prepared:

What types of questions you might get from patients? Which topics are within your expertise and allow you to give information? On which topics should you refer patients to reliable information sources?

Make sure you have reliable sources lined up for purchasing PPE and cleaning supplies.

Conduct risk assessment based on your clinical situations, e.g. patient population, clinic setting, treatment modalities commonly used

Allow time to prepare & implement safety plan

- Be flexible and be prepared to adapt to evolving situation

- Be prepared to face clinical "dilemma" – clinical situations are not black or white. Professional clinical decisions are always called for in uncertain and challenging situations.

- Can be overwhelming and put on additional stress to practitioners and staff

- Know that the same basic infection controls which can effectively prevent spread of virus can do well for Covid-19 as well: physical distancing, hand hygiene, cleaning & infection control, screening, stay home when sick…. It is a marathon and not a sprint.

- Review and plan periodically: access & re-access – make small effective manageable changes that can be followed well

- Staff training & patient education can help with controlling expectation and enhancing mutual understanding. Section 3.6.2 of the Safety Program Manual has conflict resolution information on managing patients/visitors that may be affected by stress and anxiety and have a tendency to be negative towards practitioners and/or staff or other people at this difficult time.

Dr Bonnie Henry, Provincial Public Health Officer, "Be Kind, Be Calm, Be Safe."

Dr. Teresa Tam, Chief Public Health Officer of Canada, "The COVID-19 pandemic in Canada is serious. We must continue to practice all public health measures. Follow local guidelines for gatherings, maintain physical distancing, wash your hands, wear a mask, and download the COVID Alert app. If you have symptoms, even mild ones, stay home. Protect yourself and others, we've come too far to stop now." (Source: COVID-19:

[Practise all public health measures and download COVID Alert app - YouTube](#))
Re: The federal Covid-Alert App is not currently in use in BC (as of December 1st, 2020).

Practitioners Supporting Practitioners:

Practitioners can help each other out during this time. Ask your professional association for guidance if needed, and use their resources. For example, the ATCMA has published a document on "Recommended Safe Work Practices for TCM and Acupuncture Practitioners During the COVID-19 Pandemic" to provide profession-specific information.

Participate in professional discussion groups – we all are learning to adapt to the emerging situation.   Clinic meetings, staff meetings and peer discussions can be useful for mutual support and collective planning to set up effective measures and tackle new challenges. Registrants should be flexible and adapt to changes in public health orders during this evolving situation.

5.2 Inquiries and Concerns for Specific Clinical Situations

A collection of common inquiries and concerns that registrants raised has been complied to form a FAQ section.

What should TCM and Acupuncture practitioners do if...:

A patient shows up with COVID-19 symptoms but says it's just allergies or a cold
- Advise them that they are not permitted to enter the clinic with any COVID-19 symptoms per BCCDC guidelines.
- Provide resources and guidance on next steps:
    - Advise the patient to use the online [BCCDC self-assessment tool](#) to determine whether or not they should undergo COVID-19 testing, or;
    - advise the patient to call their GP or primary care provider for guidance, or;
    - advise the patient to call [Health Link BC on 8-1-1](#) for guidance
- Offer to reschedule them once they have tested negative for COVID-19 and/or they are symptom free.

A patient shows up to your clinic without an appointment.
- Explain that to ensure health and safety, walk-ins are not permitted at this time
- Refer patient to your documented policy (website, posting in clinic etc.)
- Offer to schedule an appointment for them at another time, ideally as soon as an opening is available

A patient shows up to the clinic without a mask.
- Offer them a mask.

- o Clinics may charge the patient a nominal fee to recover only the cost of the mask.
- Remind them to bring a mask next time.

A patient refuses to wear a mask.
- Explain that as of November 19, 2020, masks are mandatory in all public indoor spaces, which includes all of the shared spaces in your clinic.
- If patient has medical reason that they are not able to wear a mask, ask them to wear a face shield as an alternative.
    - o Provide face shield if required.
    - o Clinics may charge the patient a nominal fee to recover only the cost of the face shield.
    - o Remind your patient to bring and wear a face shield to subsequent appointments.
- Adjust your treatment to minimize the duration of close proximity to the patient so that you can minimize the likelihood that droplets and aerosols will be transmitted between you. Explain to the patient that you are adjusting treatment to ensure the health and safety of both you and your patient.
- If the patient does not have a medical reason they are not able to wear a mask but prefers not to wear a mask, explain that you are unable to treat them but may be able to refer them to a practitioner that may be willing to treat them without a mask. They will still be required to wear a mask in all public indoor spaces, regardless of whether an individual practitioner allows them to be mask-free during treatment in a private treatment room.

A patient says they have already washed hands before entering the clinic, but you did not see them clean their hands.
- Explain that per BCCDC guidelines, everyone must clean their hands upon entering the clinic, and that you need to see them do it so that you can document it properly.
- If they refuse, ask them to re-sanitize hands prior to you palpating their arms/hands or treating them.

A patient cancels after the official window permitted by your cancellation policy.
- If patient cancels because they have symptoms of COVID-19, consider relaxing the cancellation policy as they are cancelling in the interest of public health and safety.
- If a patient cancels because they are travelling from another health region:
    - o Explain that travel for medical appointments is permitted as of November 19, 2020.
    - o If the patient is not comfortable travelling and does not need urgent care, offer to reschedule their appointment for them. Use your discretion on relaxing your cancellation policy as they are cancelling in the interest of public

health and safety.

A reporter/patient/random stranger calls the clinic to ask if you have any herbal formulas that cure COVID.

- Explain that no TCM herbal formulas have been approved for use in the treatment of patients with active COVID-19.
- Refer them to the [BC Ministry of Health's British Columbia COVID-19 Therapeutics Committee (CTC)](#) for more information.

A patient wants a herbal prescription refill over the phone but you believe that you need to see them in person to confirm/change diagnosis via tongue examination and pulse taking.

- Explain that although telemedicine is permitted at this time, based on their current health condition you believe that you need to see them in person so that you can take their pulse and properly view their tongue in order to complete your diagnosis.

Common Questions

Can a practitioner terminate a patient during the pandemic?

- The usual rules for "terminating" a practitioner-patient relationship apply. Please consult the [CTCMA Safety Program Handbook](#) Section 3.7.3 for "Terminating the Practitioner-Patient Relationship". A practitioner should not abandon a patient and has to make sure that all patients are respected. There might be ways to accommodate a patient's request. However, a practitioner is also responsible for managing risks for themselves, staff, and the public. Dr. Henry has said in her news conference before that while there might be people who have medical reasons not to follow some rules (e.g. wearing a mask), the public should not expect a business to bend the rules for them. Focus should be on "bending the curve" with the intent of the health orders.

Do insurance companies reimburse "tele-practice" sessions?

- Insurance companies decide the level (dollar amount) of coverage and what types of services are eligible for coverage.
- If you offer direct billing, you can look on the insurance provider's website and/or contact the insurance provider directly to understand general coverage policies. Your professional association may also be able to provide this information.
    - o NOTE insurance coverage varies by plan, so the general coverage policies may not apply to your individual patient. Your patient may have to contact their insurance provider directly to understand the coverage included in their policy.
- Patients must be informed of fee information and agree to this fee before the tele-practice session begins.

Can a practitioner perform a technique near the face?

- While it is not expressly banned, performing techniques near the face are discouraged if it requires prolonged face-to-face contact and a physical barrier is not established between the patient and practitioner.

- To decide whether or not you should perform a technique, do the following:

  1. Perform a risk assessment - Is it medically necessary? What is the current PHO and guidance?

  2. Make a clinical judgement that balances expectations from public health officials to prevent the spread of your virus with your patient's therapeutic needs. Are there alternate treatments that can benefit your patients similarly but with less risks?

Can a practitioner update their fee schedule during the pandemic?

- The College does not regulate the amount a practitioner can bill the patient unless the fee is excessive or fraudulent. Billing must be open, transparent and honest. Patients must be told the amount of the practitioner's fees before the service is provided.

Who can close businesses or enforce public health orders e.g. restrictions of opening hours, types of services provided during a pandemic?

- The Provincial Health Officer and regional health officers can set public health orders under the Public Health Act.

  o The Public Health Act supports dealing with current and emerging public health issues including communicable disease prevention and control, health promotion and health protection, chronic disease and injury prevention, poisonings and bioterrorism threats.

  o The Public Health Act provides the Minister of Health, public health officials, regional health authorities, local governments, and others with important tools such as up-to-date information gathering abilities, modern inspection and ordering abilities and measures necessary to respond to public health emergencies. It works in concert with two other key public health statutes, the Drinking Water Protection Act and Food Safety Act. The Public Health Act deals more specifically with communicable diseases and environmental health hazards that are not covered by these other Acts. Health officials may also use the Public Health Act to complement their powers under these other Acts.

    Source: Public Health Act - Province of British Columbia (gov.bc.ca)

- The College (CTCMA) can recommend that registrants close their practices based on public interest, but it does not have the authority to order such closure. However, a registrant who does not follow public health orders, could be in violation of the

public health act as well as deemed to conduct their practices unprofessionally and sub-standardly by not meeting safety guidelines and recommendations with no justifiable rationales.

Can a registrant treat COVID-19 patients? Can one provide treatment to COVID-19 patients by herbal prescription?

- The College's position is that our registrants are NOT infectious disease medical experts nor public health experts and should practise within their own limits.
- While herbs might ease some symptoms, practitioners need to be very careful of making sure patients understand that NO research has concluded a particular TCM treatment "can treat Covid-19" and recommended for therapeutic use. Claiming to provide such a treatment is a violation of the College's professional standards.

A potential patient just returned from abroad (including the United States) or another province. Does that person need to be in self-isolation for a period of time before visiting my clinic?

- At present, all travelers entering Canada from an international location (including the United States) must self-isolate. Details on travel restrictions, exemptions, and advice can be found in this Government of Canada's webpage: [Coronavirus disease (COVID-19): Travel restrictions, exemptions and advice - Canada.ca](#)

- Regional Public Health Offices might also be able to assist in determining the rules on travel. This Government of BC page provides updated information of self-quarantine on return to B.C. [https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/self-isolation-on-return](#)

Section 6: Safe Acupuncture/TCM Practice During Covid-19 - Knowledge Self-Assessment

6.1 Self-Assessment Quiz (20 Questions)

1. Where in the BCCDC website to download posters (e.g. PPE, visitor restrictions in effect notice, physical distancing, hand washing) to put in clinic?

2. Where on the BC Government website can I find out what professions are named as essential workers during the pandemic?

3. What is the suggested frequency to clean shared equipment surface by BCCDC? Frequently touched surfaces? General cleaning of procedure / exam rooms?

4. What is a disinfectant agent effective for cleaning surfaces and what is the working concentration known to be effective against coronaviruses?

5. Do both the registrant and their patient need to be in BC when conducting a Tele-practice session according to the Practice Standard on Tele-Practice During the Coronavirus (COVID-19) Pandemic?

6. What is "self-isolation"? What is "quarantine"? Are they different? What is the current requirement in BC?

7. Can some people transmit COVID-19 even though they do not show any symptoms?

8. What is the website address for the BC COVID-19 Self-Screening App or the online Covid-19 Self-Assessment Tool?

9. The BC Government has a help line for non-health related information and services including travel restrictions, business and funding support. What is the telephone number?

10. What is the recommended hand-washing procedure to wash all surfaces of your hands?

11. BC Regulators has published a "Providing in-person community care during Covid-19 Guidance for regulated health-care providers (May 15 ,2020)" document. In it, guiding principles and assumptions have been identified as foundational for reintroducing health-care services in the context of COVID-19. Do you know them and where to refer to them?

12. Why is it important to keep good patient records in the context of Covid-19?

13. Which agency has made poster(s) for workplaces to remind employees/workers *not* to enter a workplace if they are sick?

14. The College has published a practice guidance on "Advertising and Marketing Claims Regarding COVID-19". Where can one find that Practice Guideline?

15. WorkSafeBC has published specific Safety Protocols for Phases 2 & 3 of BC's Restart Plan. This includes the requirement to develop a COVID-19 Safety Plan at workplaces and businesses and offers protocols to provide guidance to regulated health professions in community-based clinic settings as well as unregulated health occupations. Where can I access this important information?

16. Is loss of smell or taste a symptom of COVID-19?

17. Give examples of effective infection control for each level of protection:

- Elimination
- Engineering Controls
- Administrative Controls
- Personal Controls – Use of PPE

18. Who is the Provincial Health Officer?

19. What does the BC COVID-19 Self-Assessment Tool recommend a person who has the symptom of "inability to lie down because of difficult breathing" to do?

20. In the BCCDC's Covid-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings document, what does **PCRA** mean?

6.2   Self-Assessment Quiz - Answer Key

1. [Signage & posters (bccdc.ca)](#)

2. [List of COVID-19 Essential Services - Province of British Columbia (gov.bc.ca)](#)

3. The [Environmental Cleaning and Disinfectants for Clinic Settings guidance document](#) by BCCDC provides such information. Remember that all visibly soiled surfaces should be cleaned before disinfection. Environmental cleaning for COVID-19 virus is the same as for other common viruses.
   - Shared equipment: In between patients
   - Frequently touched surfaces: At least twice a day
   - General cleaning of procedure /exam rooms: At least twice a day

4. 1:100 dilution chlorine: household bleach – sodium hypochlorite (5.25%) – It is 10ml bleach mixes with 990 ml water. This can be used for disinfecting surfaces (e.g. hand railings, garb handles, doorknobs, cupboard handles.) Make fresh daily and allow surface to air dry naturally. (Source: http://www.bccdc.ca/health-info-site/documents/cleaningdisinfecting_publicsettings.pdf) In some conditions, 1:50 concentration should be used. Other disinfecting agents: hydrogen peroxide 0.5%, QUATs.

   Health Canada has published guidance on disinfecting public spaces too: [cleaning-disinfecting-public-spaces-english.pdf (canada.ca)](#)

   [CTCMA Safety Program Handbook](#) also has lots of information for general cleaning and disinfection, in particular Sections 2.4 & 2.5.

5. Yes, [tele-practice-during-the-coronavirus-covid-19-pandemic.pdf (ctcma.bc.ca)](#) – See opening paragraph

6. Quarantine or self-isolation are required after international travelling (outside of Canada), close contact with someone who has or is suspected to have COVID-19 or being told by public health of possible exposure. It is required by law to self-quarantine for 14 days and complete the federal ArriveCAN application prior to return to Canada for international travelers: [Self-quarantine on return to B.C. - Province of British Columbia (gov.bc.ca)](#)

   Government of Canada has published information in many languages here:

   [COVID-19: How to quarantine (self-isolate) at home when you may have been exposed and have no symptoms - Canada.ca](#)

   [COVID-19: How to quarantine (self-isolate) at home when you may have been exposed and have no symptoms - Canada.ca](#)

   [covid-19-how-to-isolate-at-home-eng.pdf (canada.ca)](#)

BCCDC has published a self-quarantine guidance: covid-19-pho-guidance-self-isolation-multi-generational-households.pdf (gov.bc.ca)

7. Yes, from what scientists know so far. The virus can be spread to others from someone who's infected but not showing symptoms. This includes people who:

    -   haven't yet developed symptoms (pre-symptomatic)
    -   never develop symptoms (asymptomatic)
    -   This kind of spread is known to happen among those who are in close contact or are in enclosed or crowded settings.
    (Source: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html#s)

    This is part of the reasons why non-medical mask or face covering is advised to be worn in indoor public settings, especially when physical distancing cannot be kept at all times.

8. https://bc.thrive.health/ - The tool is available in 9 different languages (as of November 2020, and if one need help or guidance in another language, one can call 8-1-1 which provides translation services in 130 languages.

9. 1-888-COVID19

    Source: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support

10. BCCDC has detailed information on handwashing. Handwashing is one of the key measures to prevent virus spread. Do it often and do it well. Information can be found here: Hand washing (bccdc.ca). Infographic can be posted near hand washing facilities to remind staff and patients to properly wash their hands: COVID19_MOH_BCCDC_Handwashing Poster_a1

    covid-19-handwashing-eng.pdf (canada.ca)

11. Guiding principles and assumptions mentioned in the "Providing in-person community care during Covid-19 Guidance for regulated health-care providers (May 15 ,2020)" document are as follows:

    ### Guiding principles and assumptions

    The following guiding principles and assumptions have been identified as foundational for reintroducing health-care services in the context of COVID-19:

    • All registrants will follow the guidance, expectations, and direction provided by the PHO.

    • Registrants employed by hospitals, health authorities, and long-term care facilities

should refer to guidance provided by their employers and the PHO.

• The direction in this document pertains to the delivery of care outside of these settings. These include, but are not limited to, private practice clinics, private mobile or community-based practices, and school-based practices.

• Some services can be safely and effectively provided virtually. Other services require in-person visits including direct patient care. College standards apply, regardless of whether services are provided virtually or in-person.

• Wherever possible, physical distancing will be maintained during the delivery of care.

• In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient and the health care provided.

• The registrant 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 registrants must also act to conserve PPE through its judicious use.

• Registrants must consider if they are the most appropriate health-care provider to address the patient's needs, referring patients to other members of the health-care team when in the patient's interest.

• Registrants must not recommend unproven therapies for treating COVID-19.

• Registrants must not prescribe or offer any COVID-19 treatments or therapies if infectious diseases are not within their scope of practice.

• Registrants are accountable to provide clear, honest, transparent communication regarding their policies and procedures related to COVID-19.

12. In Section 4.4 Risk Management: Patients and Their Records of this document, this topic is discussed. Please refer to [that section](#) for full details.

13. WorkSafeBC has made such poster and it can be accessed here:

    https://www.worksafebc.com/en/resources/health-safety/posters/help-prevent-spread-covid-19-entry-check-workers?lang=en

    If displaying symptoms consistent with COVID-19, call Health Link BC at 8-1-1.

14. This particular practice guideline can be found here:
    https://ctcma.bc.ca/media/1860/2020-03-25-practice-guideline-advertising-and-

marketing-claims-regarding-covid-19.pdf

Communications regarding Coronavirus Covid-19 from the College are all available here: https://ctcma.bc.ca/about/announcements/2020-03-10-communication-to-registrants-regarding-coronavirus-covid-19/

This communication contains the relevant orders and guidance from the Provincial Health Officer, guidance from the College, and additional useful resources and links.

There is also a separate page to provide relevant information to the public.

15. https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals

16. Yes, on this Public Health Agency of Canada webpage, Coronavirus disease (COVID-19): Symptoms and treatment - Canada.ca, new loss of smell or taste is listed as a commonly reported symptom.

    The BCCDC also lists loss of sense of smell or taste as a common symptom of COVID-19: http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms

Symptoms of Covid-19 infection are also listed on page 9 (Section 2.1) of this document.

17. Some examples of infection control measures:
    a. Elimination
        - work from home arrangements
        - stop non-essential travel
        - establish occupancy limits
        - reschedule work tasks
        - rearrange workspaces to ensure 2m from co-workers, customers, and public
        - establish core social bubble
        - public order restrictions on travel and gatherings
        - rearrange appointment scheduling
        - policy to enforce to keep both staff and visitors from entry when sick
        - No touch payment system or online payment
        - Self-quarantine after travel / possible close contact with an infected or suspected to be infected person
    b. Engineering Controls
        - plexiglass barriers
        - remove some furniture at waiting area and place them facing away from each other
        - better ventilation and air exchange
        - visual cures for maintaining physical distance
        - other physical barriers e.g. long table with sitting at opposite long ends

c. Administrative Controls
   - cleaning and disinfection protocols
   - using posters, signs, markings for one-way traffic & wait spots
   - staff documentation and training
   - staggered appointments and allow time for cleaning
   - use virtual health where appropriate
d. Personal Controls
   - masks, face-shields, other PPEs
   - coughing etiquette i.e. coughing into elbows
   - wash hands frequently
   - stay at home when sick
   - reduce frequency of non-essential trips outside home

18. Dr. Bonnie Henry

19. According to the BC COVID-19 Self-Assessment Tool, the person should:

Call 8-1-1 anytime to talk to a nurse at Health Link BC and get advice about how you are feeling and what to do next. Pay attention to how you are feeling. If it becomes harder to breathe, you can't drink anything or feel much worse, seek urgent medical care at an urgent care clinic or emergency department.

20. PCRA stands for Point-of-care risk assessment. It is mentioned on page 9 of the [Covid-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#) document.

   Excerpts from the document, page 9
   Prior to any patient interaction, all health care providers have a responsibility to assess the infectious risks posed to themselves, other health care workers, other patients and visitors from a patient, situation or procedure. The PCRA is based on the health care provider's professional judgment about the clinical situation, as well as up-to-date information on how the specific health care facility has designed and implemented physical (engineering) and administrative controls, and the use and availability of PPE. Performing a PCRA to determine whether PPE is necessary is also important to avoid over-reliance on PPE, misuse or waste.

   Always follow routine practices and conduct a PCRA prior to any patient interaction

Thank you! This is the end of the Self-Assessment.

Appendix - Resources and References

Please check the resource websites for the most updated information as the pandemic is a fast-evolving situation. Information presented in the document can be current as of published date and subject to change based on new orders and guidance from federal and provincial health authorities, and emerging research efforts.

Appendix 1: CTCMA & BCHR Communications and Resources

CTCMA Communication to Registrants Regarding Coronavirus (COVID-19):
https://www.ctcma.bc.ca/about/announcements/2020-03-10-communication-to-registrants-regarding-coronavirus-covid-19/

CTCMA Safety Program Handbook:
https://www.ctcma.bc.ca/quality-practice/safety-program-handbook/

Appendix 2: Government of BC COVID-19 Response and PHO Orders

Government of BC main COVID-19 page: B.C.'s response to COVID-19
https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support?utm_campaign=20200506_GCPE_AM_COVID_9_NOTIFICATION_BCGOV_BCGOV_EN_BC__NOTIFICATION&bcgovtm=20201118_GCPE_AM_COVID_1_NOTIFICATION_BCGOV_BCGOV_EN_BC__NOTIFICATION

BC Restart Plan
https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs_restart_plan_web.pdf

Appendix 3: BCCDC links

COVID-19 Self-Assessment Tool:
https://bc.thrive.health/

Health Professionals - Clinical Resources:
http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care

> *We suggest checking the "New Today" page daily as it contains the latest guidance documents and updates to the website for health professionals.*
> http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/new-today

COVID-19 information for the public:
http://www.bccdc.ca/health-info/diseases-conditions/covid-19

> *We suggest checking the "Current Situation" page daily s it contains the latest information that is pertinent to the public, including your patients.*
> http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/current-situation

Signage and Posters:
http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

Appendix 4: WorkSafeBC links

WorkSafeBC COVID-19 Information and Resources:
https://www.worksafebc.com/en/about-us/covid-19-updates

Health professions: Protocols for returning to operation:
https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals

COVID-19 Safety Plan Information and Template:
https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan?lang=en