

Clinical impression of Covid-19 Pandemic for massage therapy practice

Clinical impression of Covid-19

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Initial Clinical Impressions of COVID-19


- A classic “fever, malaise, fatigue, cough” presentation has been described in Chinese and Italian accounts;
- The observed spectrum of COVID-19 presentation in the United States has been surprisingly protean: Chest pain, headaches, altered mental status, and gastrointestinal symptoms (including nausea, abdominal pain, vomiting, and diarrhea);
- Due to the presence of the SARS CoV-2 virus in stool, gastrointestinal symptoms may represent a nosocomial infection risk.

Mode of Transmission for COVID-19

- The mode of transmission of COVID-19 is through direct contact and respiratory droplets
- The majority of cases have been linked to person-to-person transmission
- People shed the most virus just before their symptoms appear
- Respiratory droplets can be propelled up to 2 metres(m) but occasionally have been found up to 4 m away
- Transmission through the ocular surface (eye) is also considered a possible route of transmission

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19– what we know so far about... routes of transmission [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2020 [cited 2020 Jun 22]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/wwksf-routes-transmission-mar-06-2020.pdf?la=en>

- With the COVID-19 pandemic, there are some measures in addition to Routine Practices

Routine Practices	 COVID-19 Measures
Risk Assessment	Universal/Full-shift Masking
Hand Hygiene	Signage and Screening
Personal Protective Equipment (PPE)	Enhanced Environmental Cleaning
Environmental Controls (e.g., cleaning equipment and environment)	Occupational Health – Self-monitoring, self-isolation
Administrative Controls (e.g. staff education, Occupational Health)	Physical Distancing and Waiting Room Set-up

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>

- CMTO has developed the following guidance for Massage Therapists (RMTs) to follow during the COVID-19 pandemic.
- Regulated health professionals, including RMTs, are now providing healthcare services that were deferred because of government restrictions during the COVID-19 pandemic. RMTs may only provide healthcare services in accordance with Ontario Chief Medical Officer of Health's Directive #2.

<https://www.cmtto.com/covid-19/>

RMT must follow directions provided by:

- Ontario's Chief Medical Officer of Health (CMOH),
- Ontario Ministry of Health (MOH)'s guidance for the health sector,
- MOH's COVID-19 Operational Requirements: Health Sector Restart, and,
- Public Services Health & Safety Association's sector-specific workplace safety guidelines.

COVID-19 Pandemic – Practice Guidance for Massage Therapists Principles

- RMTs employed by hospitals and long-term care and retirement homes must comply with the directions of their employers and the CMOH.
- The guidance in this document pertains to the delivery of care outside of the settings noted above (e.g., in private practice clinics, home-based practices etc.).
- **In-person Massage therapy treatment should only be provided when the anticipated benefits of treatment outweigh the risks to the client and the RMT.**

3. Practice for Massage Therapists. Updates

Following a review of recent changes to Ministry of Health resources, as well as questions from RMTs, CMTO has updated the COVID-19 Pandemic:

- Hand sanitizer alcohol concentration now 70%-90% (as a result of updated government guidance), and more information on providing tissues and lined garbage bins for use by staff and clients.
- Requirement to provide a surgical/procedure mask if clients screen positive at practice setting.
- Clarification on client screening - clients must be screened twice i.e. once before arriving for their appointment, and again upon arrival.
- Clarification on RMT mask use - all levels of surgical/procedure masks are acceptable; it is best practice to change masks after each client but must change when wet, soiled or damaged.

CMTO guidance is categorized as follows:

1. Hand Hygiene
2. Cleaning and Disinfecting
3. Preparing Your Practice
4. Booking Appointments
5. The Appointment
6. After the Appointment
7. Personal Protective Equipment (PPE)
8. Other Considerations
9. Self-monitoring
10. For Employers

1. Hand Hygiene

- RMTs must thoroughly wash their hands (including forearms and elbows) with soap and water between clients.
- RMTs must encourage frequent and proper hand hygiene for all people present in the practice environment. RMTs should:
- Set up hand washing and sanitization stations
- Post signage instructing on proper hand washing techniques
- **Require everyone, including staff, clients and visitors to wash their hands or sanitize upon arrival**

1. Hand Hygiene

- Ensure there are enough supplies within the practice environment for proper hand hygiene, including pump liquid soap in a dispenser, running water, and paper towels.
- Alcohol based hand sanitizer approved by Health Canada with 70%-90% alcohol may be used by others in the clinic if soap and water are not available to all.
- Gloves are not a substitute for proper hand washing.

2. Cleaning and Disinfecting

- Cleaning removes visible soiling, while disinfecting uses chemicals to kill germs once a surface is cleaned. A “wipe-twice” method (wipe once to clean, wipe again to disinfect) must be used to both clean and disinfect surfaces.
- Only use products approved by Health Canada by cross-referencing the Drug Identification Number (DIN) on the product container.
- In addition to routine practices, high-touch surfaces should be cleaned and disinfected at least twice per day, and when visibly soiled. High touch surfaces include: doorknobs, light switches, washrooms including toilet handles, counters, handrails, armrests, and electronics.

2. Cleaning and Disinfecting

The treatment room and its equipment must be cleaned and disinfected after each use and between clients.

- All equipment must be in good condition (no tears or rips) to allow for proper cleaning and disinfecting.
- Pay special attention to the container of topical products (e.g. oil bottle), stool and the massage table.
- Clean and disinfect the face cradle after each client.
- Change any face cradle cover after each client.

2. Cleaning and Disinfecting

- Items that are frequently shared, difficult to clean (e.g. upholstered furniture), and/or not necessary to achieving treatment outcomes should be removed. Some examples may include: magazines and other entertainment items; water service, tea service and snacks; product samples or testers; complimentary phone chargers or electronics; and re-usable hand towels.
- Consider altering the space as much as possible to discourage touching shared surfaces.
- Items in the treatment room that cannot be cleaned and disinfected between clients should be removed. Some examples include table warmers/pads and holsters to hold topical products.

2. Cleaning and Disinfecting

- Linens, blankets and pillows must be changed between clients, and washed and dried in the highest heat possible. Linens used by clients should be stored in a closed bag or container with a lid until they are washed.
- As RMTs are responsible for additional cleaning and disinfecting between clients, clinics may need to allow more time between clients.
- RMTs must create and maintain records of general infection prevention and control practices they have implemented. These records should reflect the date of and frequency with which the measures were applied. RMTs may choose to retain the infection prevention and control records within their existing equipment record (log), or as a separate record.

3. Preparing your Practice

- Display clear, visible signage at all entrances and within the practice environment that outline the signs and symptoms of COVID-19, what to do if one is at risk, and how to limit transmission (i.e. hand hygiene, physical distancing and safely covering coughs and sneezes). The Ontario government has provided signage for both patients/clients and visitors that can be posted on entrances, and a poster for within your setting. Several Public Health Units also have similar resources.
- Signage should be posted at the entrance and at reception areas requiring all clients and visitors to wear a mask, perform hand hygiene and then report to reception to identify themselves.

3. Preparing your Practice

- Redesign physical settings and interactions to minimize contact between individuals where possible (e.g. separate seats in waiting areas by at least two (2) metres to ensure physical distancing of non-household members; consider traffic flow for common spaces; consider installing plexiglass barrier at reception).
- Provide tissues and lined garbage bins for use by staff and patients. No-touch garbage cans (such as garbage cans with a foot pedal) are preferred.
- Develop a process for clients to safely and hygienically provide written consent for treatment of sensitive areas, should the need arise. Plan to disinfect any equipment used during this process (e.g. pens, tablets).
- Document all new procedures, including but not limited to cleaning and disinfecting schedules and responsibilities.

4. Booking Appointments

- Clients must be screened for risk of COVID-19 before the client comes for their appointment, following the MOH's COVID-19 Patient Screening Document Guidance and the COVID-19 Reference Document for Symptoms. If the client does not pass this basic COVID-19 screening, the RMT cannot provide treatment, regardless of the rationale for Massage Therapy treatment. Advise the client that they should self-isolate and complete the online self-assessment tool before calling their primary care provider or Telehealth Ontario at 1-866-797-0000. This information should be documented in the client health record and the RMT should not treat the client for at least 14 days, until the client is asymptomatic, and has been cleared by their primary care provider or Telehealth Ontario of any concern of COVID-19.

4. Booking Appointments

- RMTs must use their professional judgement when deciding whether to provide care outside of an environment they can control, such as providing home visits. For information on requirements when entering a client's environment, please review the [MOH's COVID-19 Guidance: Home and Community Care Providers](#).
- Inform clients of any public health measures that have been implemented in advance of the appointment.
- RMTs must instruct the client to come to the appointment wearing a clean disposable or reusable mask that can be worn throughout the treatment. If the client cannot wear a mask (e.g. due to a health condition), RMTs must use their professional judgement to assess the risk of providing or continuing treatment.

4. Booking Appointments

- Ask clients to arrive alone (where possible) and as close to their appointment time as possible. If a client is unable to arrive alone, advise the client that the person accompanying them will be screened at arrival to the appointment and will be asked to provide their name and number upon arrival for contact tracing purposes. The person accompanying the client should also be instructed to arrive at the appointment wearing a clean disposable or reusable mask.
- Schedule appointments in a way that allows enough time between clients to implement new cleaning and disinfecting protocol.

5. The Appointment

- Develop a system to have clients wait outside or in their vehicle if possible. For example, ask the client if they would like to receive a phone call or text message when they can enter the clinic.
- Maintain a roster of all people entering the space (including their name and phone number) to assist with contact tracing if required, ensuring client confidentiality is maintained. In addition to clients, this may include couriers, guardians and support people/workers. Explain to visitors that this information will be used for contact tracing only, should someone who visited the setting later be diagnosed with COVID-19, and that visitors can refuse to provide their name and telephone number.

5. The Appointment

- Ensure the client washes or sanitizes their hands upon arrival and after treatment.
- RMTs must thoroughly wash their hands (including forearms and elbows) with soap and water before each treatment.
- Immediately prior to treatment, the client must be screened for risk of COVID-19, and the RMT must screen themselves. The RMT is responsible for ensuring the screening is documented in the client's health record.

If immediately before treatment, the client or RMT does not pass screening, the RMT must not provide treatment.

5. The Appointment

If the RMT encounters a client who has gone through the screening process and enters the setting, yet exhibits signs and symptoms consistent with COVID-19, the RMT must:

- establish and maintain a safe physical distance of two (2) metres;
- have the client complete hand hygiene;
- if the client is not wearing a mask, provide the client with a new surgical/procedure mask;
- segregate the client from others in the clinic;
- explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment;

- advise the client that they should self-isolate and complete the online self-assessment tool before calling their primary care provider or Telehealth Ontario at 1-866-797-0000;
- clean and disinfect the practice area and anywhere the client is likely to have touched immediately; and,
- ensure a record is kept of all close contacts of the symptomatic client and other visitors and staff in the clinic at the time of the visit. This information will be necessary for contact tracing if the client later tests positive symptomatic for COVID-19.

6. After the Appointment

- RMTs must thoroughly wash their hands (including forearms and elbows) with soap and water after each treatment, and before and after disinfecting.
- Clean and disinfect anything used during the appointment.
- Document all new procedures related to the client in the client health record, including but not limited to screening dates and results, PPE used during treatment and any modifications to treatment.

7. Personal Protective Equipment (PPE)

- RMTs must obtain appropriate training on safely using and disposing of PPE, related to droplet and contact precautions (including at minimum by completing the resources offered by Public Health Ontario's "Infection Prevention and Control Fundamentals". If you encounter technical difficulties, please refer to Public Health Ontario's Online Learning - How Do I Guide)
- RMTs must wear a surgical/procedure mask (not cloth) during treatment and whenever within two (2) metres of clients. There are three classifications of surgical/procedure masks under American Society for Testing and Materials (ASTM) International Standards (level 1, 2, and 3). Approved surgical/procedure masks of all levels and number of layers are acceptable for use by RMTs.

7. Personal Protective Equipment (PPE)

- It is best practice for RMTs to change their mask after every client. Masks must be changed whenever wet, damaged or soiled. If an RMT is reusing the same mask between clients, they must ensure the mask is not wet, damaged or soiled. RMTs must wash their hands before and after touching, adjusting, putting on or removing their mask.
- Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, it is recommended that RMTs and all other staff wear surgical/procedure masks for the full duration of shifts. Some local authorities have mandated the use of masks indoors; RMTs must be aware of and follow local public health or municipal direction.

7. Personal Protective Equipment (PPE)

- The RMT must instruct the client to come to the appointment wearing a clean disposable or reusable mask to be worn throughout the treatment. If a client arrives and is not wearing a mask, the RMT should provide the client with a new surgical/procedure mask to wear for the duration of the appointment. In either case, the RMT should advise the client how to properly put on and take off the mask to limit possible transmission of COVID-19. If the client cannot wear a mask (e.g. due to a health condition), the RMT must use their professional judgement to assess the risk of providing or continuing treatment.

7. Personal Protective Equipment (PPE)

- Ensure clients and visitors do not leave their masks in waiting or common areas.
- Single use gloves may be used but are not required for most treatments. Gloves do not preclude the need for proper hand hygiene. If used, gloves must be disposed of and changed between each client. Be aware of potential interaction with gloves and topical products; if gloves are used, CMTO recommends using nitrile gloves with oil- or water- based products or latex gloves (unless the RMT or client has latex allergy) with water-based products. Vinyl gloves are not recommended as they may not be durable enough for manual work. Monitor glove use with client feedback and consider client preferences.

7. Personal Protective Equipment (PPE)

- To determine if additional PPE is warranted (e.g. face shields, goggles), RMTs should conduct a risk assessment as outlined in
- Public Health Ontario's Routine Practices and Additional Precautions in All Health Care Settings (Appendix B) pp. 57-58 and use their professional judgment.
- RMTs may consider taking precautions regarding their own clothing, such as wearing disposable coverings or changing their personal clothing between clients. Clothing should be washed and dried regularly and carefully on as high a heat setting as possible.

8. Other Considerations

- Though needed for draping, a cloth sheet is likely not sufficiently thick or layered to be an effective transmission barrier for COVID-19.
- Remember that barriers become less effective at preventing transmission when dampened or moistened. Since all fabrics present during treatment (masks, linens, pillows) may become dampened or moistened by the topical product(s) used during treatment, RMTs should be aware of the elevated risk of transmission and take relevant precautions.
- RMTs working in multi-unit buildings (e.g., mixed use offices/medical buildings), should engage with landlords to ensure that the building is following best practices of cleaning in common spaces (e.g. elevators).

8. Other Considerations

- Please note, this guidance details three additional documentation requirements:
- a general infection prevention and control record/log for the practice,
- a notation of COVID-19 infection precautions taken for each client in the client health record, including outcome of screening and related decisions; and a roster of all people entering the space for contact tracing purposes.

Documentation should be kept for 10 years.

- If there are any confirmed cases of COVID-19 in a provider, staff, client or visitor of the practice, the RMT should promptly report it to their local public health unit for advice on their potential exposure and implications for continuation of work.

9. Self-monitoring

- In addition to self-screening at point of care, RMTs should continuously monitor themselves for COVID-19 symptoms and not come to work if they:
- are feeling ill; or think they were exposed to COVID-19 (for example, by contact with a person or by travel within Canada); or have returned from travel outside of Canada within the last 14 days.
- In these cases, the RMT should complete the online self-assessment tool and follow the instructions provided.
- If an RMT begins to experience symptoms while at work, the RMT must immediately put on a surgical/procedure mask (if they are not already wearing one), stop providing care, leave work, complete the online self-assessment tool and follow the instructions provided.

10. For Employers

- Employers have a legal duty under Ontario's Occupational Health and Safety Act to take every reasonable action to protect the health and safety of workers. This duty is particularly important in the context of COVID-19, where there is a need to protect workers and the public from contracting the virus.
- Employers should carefully review the sector specific guidelines listed below and make reasonable efforts to implement the recommended actions. Otherwise, employers could face charges and prosecution under the Occupational Health and Safety Act; and employees have the right to refuse work if employers do not take the recommended precautions.

Questions and Answers

1. List clinical signs and symptoms of Covid-19?
2. Explain the mode of transmission for COVID-19.
3. Explain how to apply Personal Protective Equipment (PPE) in your practice.
4. What is the most effective disinfection procedure after a massage treatment appointment?
5. Clients must be screened for risk of COVID-19 before arriving to their appointment. Explain the Screening Process.
6. Based on the COVID-19 Pandemic Practice Guidance for Massage Therapists, describe how to prepare for practice?