



Although the COVID-19 situation is getting better, we have to keep practising some safety measures to avoid further progression of the disease. The following document lists the effective measures following the recommendations of CNESST, Public Health authorities and the government of Québec. All athletic therapists have to abide by these guidelines or they will be liable for negligence.

If you are being handed down another protocol from another organization (i.e. employer, sports association, school board) and that the guidelines are different, you must follow the more severe one of the two, using our guidelines as the minimal standard.

TELEHEALTH IS ALWAYS AN OPTION

Unauthorized In-person Patients

According to the current rules, there are no restrictions regarding the exclusion of patients unless expressly mentioned by Public Health authorities. However, we do not encourage athletic therapists to see in clinic patients that have symptoms akin to COVID19 or a positive test. Pushing back the appointment or a virtual consultation are both valid options in these scenarios.

Exclusion of Athletic Therapists

Athletic therapists need to follow the isolation guidelines specific to health care workers. The isolation duration will change according to one's immunologic status (fully protected, partially protected, or not protected) AND the situation (exposed, symptomatic, or tested positive).¹ In short, an athletic therapist is considered:

- fully protected: if they had a positive case of COVID-19 in the last 3 months* ;
- partially protected: if they are fully vaccinated (two full doses), if they had a positive case of COVID-19 in the last 3 to 6 months, or if they had a positive case of COVID-19 in the last 6 to 12 months AND are not fully vaccinated* ;
- not protected: all other cases*

It is important to understand that the isolation duration, or end of it, the calculation is made with 24-hour periods. For instance, a 10-day isolation period starting April 1st at 4pm would have ended on April 10, at 4pm.

* *Partial definition. Please refer yourself to the document cite here under, page 7, for the full criteria list.*

1. Recommendation from April 1, 2022, [SRAS-CoV-2 : Gestion des travailleurs de la santé en milieux de soins](#). (INSPQ)

To learn more about the proper protocol to follow, answer the following questions:

- If you do not work in a clinic, [click here](#). Otherwise, go to the next question.
- Did you get a COVID-19 positive test? If yes, [click here](#), otherwise go to the next question.
- Do you have COVID-19-related symptoms? If yes, [click here](#), otherwise go to the next question.
- Did someone you saw during an athletic therapy treatment (clinic, field) call you to let you know they tested positive for COVID-19? If yes, [click here](#), otherwise go to the next question.
- Did someone you saw outside of your workplace call you to let you know they tested positive for COVID-19? If yes, [click here](#), otherwise go to the next question.

Any other cases may refer to the guidelines received by health authorities.

Reduced in-clinic traffic

We want to avoid unnecessary contact between patients as much as possible, but there are no COVID-19-related restrictions regarding the number of patients allowed in a clinic or on a field. Patients shall come alone unless there are extenuating circumstances.

Preparation of an Indoor Space

It is not required anymore to put up physical barriers (i.e. plexiglass) between working stations if standard distancing is respected. However, if barriers are already put up, it is recommended to keep them.

Otherwise, one must keep a distance of 1 metre between themselves all the time, except for the therapist and its patient during treatment.

Preventive measures posters to be displayed in the clinic (*French only*)

- Hand hygiene using [soap](#) or [antiseptic gel](#)
- Rules for [respiratory hygiene](#)

PROCEDURES FOR ATHLETIC THERAPISTS

AT WORK

The athletic therapist must respect the following rules:

- Mandatory wear a procedure mask when in some clinical situation (see here under)
 - Clinicians can wear their clean mask for 4 hours maximum : do not use the same mask more than once
 - Use clean (washed daily) or brand new equipment at the start of the working day
 - The use of protective visor or glasses is suggested, but not mandatory
- If contaminated with saliva, blood or mucus, the therapist must change the procedure mask, lab coat or gown after the consultation and disinfect the glasses

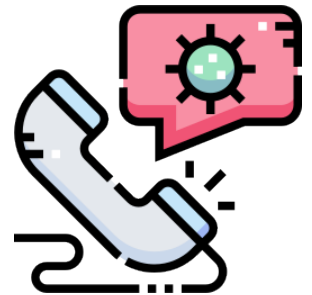


- Wash your hands for at least 20 seconds with an alcohol-based disinfectant or with soap and water **BEFORE** and **AFTER** each consultation
- Ensure that all instruments are cleaned **REGULARLY** with a surface disinfectant, ideally between each treatment
- For other guidelines, please refer to CNESST's document [Ajustements des mesures sanitaires en milieu de travail \(hors milieu de soins\)](#)



CLINIC MANAGEMENT PROCEDURES

- A screening shall be done by phone call to ensure patient in-clinic presence eligibility
 - Assess the possibility of doing a virtual consultation
 - If the in-clinic appointment is kept, screen for risk factors, or COVID-19 related/other respiratory tract infections symptoms before the patient arrives
- Limit the number of people in the waiting room
- Limit the waiting time of patients
- Keep a constant 1 metre distance between patients and non-clinical personnel (*social distancing*)
- Meet the criteria of prevention measures and infection control protocols
 - Ask patients to wash their hand for 20 seconds with an alcohol-based gel or soap and water upon arrival and before departure
 - Spread throughout the clinic antiseptic gel pumps for ease of access. Prioritize access of gel pumps at the front desk and wherever patients are most likely to touch different surfaces or objects (i.e. station for form's signature)
- Meet the criteria of prevention measures and infection control protocols for employees
 - Clean up regularly and disinfect daily the common area such as the lunch room and bathroom

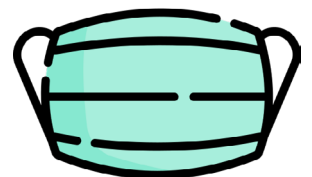


MASK²

Athletic therapists are **REQUIRED** to wear a mask at work when :

- working in a work site that has a practising physician, nurse or nursing assistant

However, **we strongly suggest wearing a mask** in a preventive manner, especially when the two (2) meters distance cannot be maintained between the therapist and any individuals.



EQUIPMENT AND ENVIRONMENT CLEANING AND DISINFECTING PROTOCOLS

TO KEEP IN MIND

- * Clean the cleanest spot first and then go toward the more soiled areas
- * **PRIOR** to disinfecting with a bleach-based solution or another valid product, clean the surfaces with soap and water to get rid of dirt
 - ✘ A dual-use product for cleaning and disinfecting can be used in both steps of the cleaning procedure.
 - ✘ Disinfect with a hospital-approved product proven efficient (virucidal for coronavirus) and Health Canada certified ([visit governmental website](#)).
 - ✘ For a bleach-based solution, mix 10 ml of 5.25% bleach to 990 ml of water (550 ppm). This mix shall be redone every 24 hours.
 - ✘ Carefully follow the usage instructions of the chosen product to allow sufficient time for the product to have full desired effect.
- * If a surface is already clean, you may disinfect immediately.

AFTER EACH TREATMENT

Disinfect everything touched by the patient/therapist with a towelette or cleaning rag soaked with a disinfecting solution (i.e. exam table, exercise props, desk)

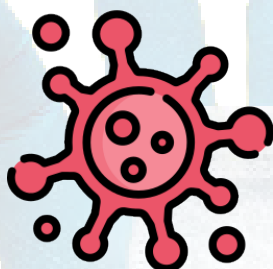
Disinfect therapeutic equipment according to its appropriate protocol as outlined on the [Université de Montréal's](#) website. *(French only)*

Direct links :

- Electrodes
- Sponges
- Heat pads

WAITING ROOM

Disinfect any surfaces regularly touched (i.e. doorknobs, chairs), according to traffic and at a predetermined frequency (i.e. every hour, or every other hour).



For the end of the day cleaning and disinfecting protocol, [click here](#) and go on page 3. *(French only)*

What should I do if I provide in-home treatments?

The INSPQ published [home treatment specific measures](#) *(French only)*.

Source

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