



## **Guidelines on Providing In-Person Service During COVID-19**

On April 30, 2020, the Government of NL introduced their plan, “A Foundation for Living with COVID-19”. As the Government of Newfoundland & Labrador moves into phase 3 for COVID-19, it is critical that public health measures are followed to reduce the risk of further waves of COVID-19 to the public and to progress towards a ‘new normal’. In-person service will look different compared to past practice in ways of delivering care, conducting business, and attending to the physical work environment.

As regulated health professionals, dietitians are required to:

1. Follow all mandates and recommendations from Government of Newfoundland & Labrador & the Chief Medical Office of Health regarding your personal and professional conduct. As a regulated health professional, you have a responsibility to follow all orders that originate from any level of government.
2. Read and adhere to all communication, policies, and practice documents from the NLCD.

The NLCD continues to consult with external stakeholders, including the Department of Health and Community Services (DHCS) and will adapt this document based on expert recommendations. The NLCD exists to protect the interest of the public with respect to the practice of dietetics in NL and this document is created to ensure the health and safety of both the public and dietitian while instilling patient confidence that they can safely access dietetic care at this time.

This document reflects the best evidence available and will change to reflect updates provided at the direction of the Government of Newfoundland & Labrador and the Chief Medical Officer of Health (CMOH). Where there is discrepancy between this document and guidance from the CMOH, defer to the directive of the CMOH.

Follow the Government of Newfoundland & Labrador webpage [NL COVID-19](#) for general information, resources, information for individuals & households and business & employees. In addition, the Public Health Agency of Canada provides information on their website: [What Health Professionals Need to Know](#)



Dietitians employed by the Regional Health Authorities should refer to guidance provided by their employers and the CMOH. The direction in this document pertains to the delivery of care outside this setting, including but are not limited to private practice clinics, community-based practices, business, and industry.

## **COVID-19 Plan**

According to the Government of Newfoundland & Labrador, in phase 3, which is expected on June 8, private health care clinics can reopen in accordance with guidelines indicated in this document.

The purpose of this document is to ensure members have a framework to help mitigate risks in the return to work setting and have considered and included the following in their COVID-19 Operational Plan when and if they return to a workplace setting.

## **Scheduling Appointments**

- Consider continuing virtual care when services can be safely and effectively provided virtually. Some services require in-person visits and should only proceed when the anticipated benefits of such services outweigh the risks to the patient/client and the dietitian. Consult the following documents on virtual practice guidelines: **NLCD Virtual & Electronic Communication During a Pandemic** and **Guidelines for Virtual Dietetic Practice** (these were sent in a previous emails and are also posted on the public side of the website).
- Limit initial patient/client bookings to maintain necessary public health safety measures and prioritize by urgency. The dietitian is accountable for prioritizing access to in-person services based on clinical judgment and with consideration given to the patient/client perspective and the referral source. When determining priority for in-person care, dietitians should reflect upon the following considerations:
  - Acuity of the patient's/client's condition;
  - Functional impairment or impact of the condition on health/related quality of life;
  - Impact of not receiving services;
  - Appropriateness of service provision via virtual care;
  - Necessity of services which can only be provided in-person;
  - Duration of patient/client wait times for care.



- Ensure that booking practices (duration of treatment visits and number of patients/clients in the practice in any given time) comply with ongoing directives on group gatherings, enable physical distancing between patients/clients during treatment sessions and provide adequate time to clean and disinfect clinic equipment and high-touched surfaces between patients/clients.
- Pre-screen patients/clients over the phone before scheduling appointments for any relevant symptoms and travel history. Use the [Self Assessment Screening Tool](#)
- Inform patients/clients who are displaying symptoms, or who are in contact with a person displaying symptoms, or who have been outside the province in the last 14 days, that their in-person appointment cannot take place. Offer virtual care if possible. Refusing to see such patients/clients, with appropriate explanation, would not in itself be a breach of standard of care.

### **Before In-Person Sessions**

- Consider alternative solutions to waiting in the office, such as asking people to wait in vehicles and text messaging or calling when appointments are ready.
- Reconsider (and communicate) appointment rescheduling and cancelling policies until such time as risk is substantially lowered (e.g. waiving cancellation fees).
- Make sure your patients/clients understand and consent to your operational plan before attending a in-person session.

### **During and After In-Person Sessions**

- Maintain physical distancing between yourself and the patient/client during an in-person session. Dietitians who have direct contact with or are unable to maintain a safe physical distance of at least two meters from patients/clients must use personal protective equipment (PPE). The patient/client should be asked to wear a face mask when physical distancing is not possible. For more information, consult [Guidelines of Personal Protective Equipment for Employers](#) and [Cleaning and Disinfecting for Public Settings](#)
- Review with patients/clients upon arrival for appointments the checklist for symptoms and travel history and reschedule when necessary.
- Ask patients/clients and others to wash their hands or to utilize a hand sanitizing station when coming into and exiting the office.
- Practice effective hand hygiene after each client – washing your hands with soap and water or a minimum 60% alcohol-based hand sanitizer.



- Ensure high-touch surfaces such as clinic equipment, visual nutrition teaching aids, desks, tables and chairs are cleaned with a disinfectant between patient/client appointments.
- Use electronic payment devices when possible. Disinfect pin pads used to process payments between each patient/use. If you must handle money, always ensure regular handwashing and have minimum 60% alcohol-based hand sanitizer readily available. Do not touch your face after handling money. Ensure that hand hygiene supplies are available for both the patient/client and staff at the point of purchase.

## **Workplace Environments**

- Employers should review [Risk Informed Decision Making Guidance for Employers During COVID-19](#)
- Post signage on proper hand hygiene, respiratory hygiene and physical distancing throughout your workplace. How this is applied will vary depending on your workplace, but signage is required. At a minimum, signage should be placed at all common entrances and in the waiting area. For public health signage, see the [Information Sheet for Workplaces](#)
- Reconfigure offices and waiting areas to ensure physical distancing is maintained (1) among patients/clients, (2) between patients/clients and staff when not engaged in direct patient care, and (3) among staff. Seating in waiting areas should be spaced to maintain a minimum physical distance of two metres.
- Place visual cues for areas where patients/clients are required to queue and establish a directional flow through the facility.
- Have staff and patients/clients wear a non-medical mask (community face mask) when unable to maintain physical distancing in the office and waiting room. Businesses are required to have signage on the door that is clear and visible.
- Clean and disinfect twice daily or more often as required all common areas and other high-touched surfaces and objects as the COVID-19 virus can survive for several days on different surfaces and objects. Examples include door knobs, light switches, phones, touch screens/mobile devices, keyboards, counter tops, hand rails and washrooms. For more information, consult the [Cleaning and Disinfecting for Public Settings](#)
- Remove non-essential items from the client waiting areas, including magazines, toys and remote controls.



- Develop collaborative plans with other users to enable physical distancing when seeing patients/clients in a shared workplace.
- Enable handwashing stations by providing clean water, soap, paper towel and a disposal bin. In the absence of this, minimum 60% alcohol-based hand sanitizer should be made available if possible. Handwashing signs must be posted.
- Establish clear responsibilities and accountabilities for staff involved in cleaning and disinfecting activities. Allocate PPE (gloves and masks) for use during cleaning and disinfecting activities, according to product specifications, to protect workers engaging in these activities.

## Personal Guidance

- Follow guidance from the CMOH on actions you can take to stay healthy and protect the people around you (handwashing, coughing/sneezing etiquette, etc.). For more information, see the [NL Life with COVID-19](#)
- If you are exhibiting signs of COVID-19, you must not provide in-person care and should not attend clinics or other practice settings where other staff and patients/clients are present. Dietitians may be required to provide patient/client information for contact tracing and this should be disclosed when obtaining consent or providing notice otherwise to patients.

## References:

1. Government of Newfoundland & Labrador (Spring 2020). <https://www.gov.nl.ca/covid-19/>
2. The Newfoundland & Labrador Chiropractic Board. *NLCB COVID-19 Pandemic Practice Directive May 11, 2020.*
3. GOVERNMENT OF NEW BRUNSWICK (Spring 2020). *Public health measures for businesses, educational institutions, organizations and service providers.*
4. GOVERNMENT OF NEW BRUNSWICK (Spring 2020). *Guidance Document of General Public Health Measures During COVID-19 Recovery.*
5. BRITISH COLUMBIA HEALTH REGULATORS (May 2020). *Guidance for Regulated Health Professionals – Providing In-Person Community Care During COVID-19.*
6. GOVERNMENT OF SASKATCHEWAN (Spring 2020). *Medical Professionals Guideline, Saskatchewan COVID-19 Re-Open Plan.*