



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

POLICY AND GUIDELINES:

PANDEMIC ALERT 4

February 2021

Associated Policy Documents

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

Revision Schedule

| Version | Date Approved | Updates |
|---------|---------------|--|
| One | April 2020 | |
| Two | February 2021 | Updated definition of acute and emergency care |
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GUIDELINES FOR CHIROPRACTIC SERVICES AT COVID-19 ALERT LEVEL 4

Chiropractors have a duty of care to support their patients during the national COVID-19 crisis and to reduce community spread, including to yourself, your staff, and your patients.

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

CRITERIA FOR SEEING A PATIENT FACE-TO-FACE

Appointments are to be mainly provided via telehealth. Under Alert Level 4 some face-to-face appointments may be provided for **urgent care** appointments, but only so long as you can take appropriate measure to manage public health risks. We expect you to use a high level of clinical judgement when considering whether a patient meets the strict “urgent” criteria for a face-to-face consultation.

The Ministry of Health has stated the following criteria for seeing an urgent care patient face-to-face:

“**Urgent care**” for community allied health professionals is defined by the Ministry of Health as:

- a condition which is life or limb threatening; **OR**
- treatment required to maintain the basic necessities of life; **OR**
- treatment that cannot be delayed or carried out remotely without risk of significant harm or permanent and/or significant disability;

AND

- which cannot be delivered by a service which is currently operating or by health professionals that are already in contact with the patient.

The key principles which should be followed include working cooperatively to keep people safe, practise in line with the best available evidence and recognise and work within the limits of your competence.

The Board expects you to exercise your professional and clinical judgement to deliver safe care informed by the [Competency Based Professional Standards](#), [Code of Ethics](#) and all other relevant standards including the [Ministry of Health and updates on Covid-19](#).

THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Due to the high threshold required to see a patient face-to-face during Alert Level 4, there should not be the need to order large amounts of PPE. Please refer to the Ministry of Health website for all PPE requirements and questions: [Ministry of Health up-to-date PPE recommendations](#)

Please note:

- The [COVID-19: Advice for community allied health, scientific and technical providers](#) has the latest information on infection prevention control and PPE.
- It is not the responsibility of the Board to train, source or supply you with PPE.

- All questions regarding PPE should be directed to the Ministry of Health.

WHO CAN BE SEEN?

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

- are not COVID-positive
- do not exhibit any of the following symptoms:
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38°C)
- are not a suspected case nor are a close contact of a suspected case
- have not travelled internationally or been in contact with someone who has travelled internationally in the last 14 days
- answer “no” to the below screening questions in ‘Steps in assessing a patient for urgent care’.

STEPS IN ASSESSING PATIENTS FOR URGENT CARE OR EMERGENCIES

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

OVERARCHING REQUIREMENTS

You must:

1. deliver services via telehealth unless the criteria within the flowchart for face-to-face clinic, community or home visits are met;
2. where possible, undertake an initial telehealth consultation to establish the need for a face-to-face consultation;
3. consider your safety and bubble as well as your patient’s safety;
4. screen patients for COVID-19 signs or symptoms when making the appointment and again on arrival;
5. carefully consider the risks and benefits of a face-to-face consultation if patients are 70 years of age or over or have significant co-morbidities;

6. know and understand relevant Health and Safety procedures and latest advice from Ministry of Health including [‘advice for all health professionals’](#);
7. carry out a risk assessment and have a plan in place for the location of the treatment;
8. adapt your practise to allow enough time between appointments to rebook patients, clean equipment and surfaces before another patient is brought into the clinic;
9. keep staffing numbers within the clinic to a **minimum**. This includes a minimal number of support staff, if any; and
10. establish a plan of how to minimise contacts with multiple patients especially if working at different clinics.

FURTHER RESOURCES FROM THE MINISTRY OF HEALTH

- [Personal Protective Equipment \(PPE\) requirements](#)
- [Donning and removing PPE](#)
- [Advice for all health professionals](#)
- [General cleaning information following a suspected, probable or confirmed case of COVID-19](#)
- [General hand hygiene-scroll to bottom of link page](#)

APPENDIX 1: GUIDANCE FOR THE FIVE STAGES OF FACE-TO-FACE CONTACT APPOINTMENTS

This guidance applies once you have established via the flowchart that an appointment is for urgent care and a face-to-face consultation is necessary.

The key requirements are to have strict hygiene measures and physical distancing measures in place and to use personal protective equipment (PPE) when required.

PRE-PREPARATION

- Have knowledge and understanding of relevant and current Health and Safety procedures and advice from Ministry of Health including [‘advice for all health professionals’](#)
- Carry out a risk assessment and have a plan in place for your premises e.g. identifying which door patients will enter and leave from
- [Select PPE as recommended](#) by Ministry of Health, source PPE via DHBs, and train staff on its use, including [donning, removing and disposing of PPE](#)
- Have cleaning materials and PPE sourced and in stock at the clinic
- Cleaning plan developed and implemented
- All chiropractors and support staff trained in new clinic procedures and all procedures provided to them
- Plan in place for how appointments will be handled if there is more than one patient to be seen in a session e.g. one patient in / one out, time between appointments or staggered times if there is more than one practitioner working in the clinic
- Ensuring no patient to patient contact; patients wait outside clinic and are contacted by phone to come in (i.e. no waiting area patients)
- Set up a register of who has been in the clinic with current contact details confirmed (including staff members) in case contact tracing is later required.

PREPARATION

- Patient is screened for COVID-19 signs or symptoms by phone or telehealth prior to offering a face-to-face consultation in the clinic
- Determine if the patient requires input from any other service such as A&E or urgent care/radiology, prior to coming into the clinic
- When making the appointment give clear instructions to patients regarding where to come, what to expect when they arrive, and how things may differ from their usual visits
- Register all face-to-face consultations with the Board
- Ensure appropriate PPE is in place ready to be used (all staff to be trained as above)
- Only have one chiropractor using each room (no sharing on other days)
- Limit points of entry to the clinic – preferably patients can enter one door and leave from another
- All unnecessary items should be removed from the waiting room and surfaces kept clear and clean, including excessive furniture, wall hangings/posters, waste bins, water coolers etc.
- Areas of known contamination should be cleaned and disinfected
- Make it clear at the entrances that no walk-in appointments off the street are available.

DURING CLINIC VISIT

- Patient again screened for any COVID-19 signs or symptoms prior to entering the clinic
- Require patient, and others, to 'hand sanitise' on arrival and departure from the clinic
- Fill out any paperwork and forms for the patient (sign with cleaned pen)
- Allow only the patient to be present in the clinic; a carer or guardian may be allowed to accompany the patient in appropriate circumstances so long as they are screened first and are free from COVID-19 signs or symptoms
- Confirm contact details for the patient and each person accompanying the patient and inform them that these details may be used for contact tracing, if required
- Maintain 2 metre separation where possible, for instance, during the subjective examination
- Follow PPE protocol as advised by the Ministry of Health
- Minimise contact time closer than 2 metres
- Follow all hand and hygiene practices
- Keep doors open (to the clinic, treatment doors if possible ajar)
- Close the clinic toilet to patients, and advise patients when making the appointment
- Minimise the use of equipment such as pillows for instance, which are not easy to clean or replace.

POST CLINIC VISIT

- Clean all equipment, pillows and equipment after each patient contact.
- Carry out [correct steps for safe removal and disposal of PPE](#)
- Follow cleaning protocol - wiping down all hard surfaces with detergent and water and then use a disinfectant
- Appropriate PPE should be worn for cleaning the room
- PPE and waste should be disposed in a closed clinical waste bin and in accordance with clinical waste requirements

AFTER CLINIC FINISHED

- Showers, changes clothes and shoes at clinic
- Leave the clinic through different doors if possible (the clean side of clinic)
- Alternatively, shower at home, clean the shower before contacting anyone in your home bubble and hot washes your clothes and towels etc.