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BC Association of Kinesiologists Infection Prevention and Control (IPC) Guidelines

Notices:

1) These guidelines incorporate enhanced procedures applicable during the Covid-19 Pandemic
2) This is a working document and subject to change without notice, should there be updates to Provincial Health orders/policies and/or WorkSafe BC regulations &policies.
3) Professional (Practicing) members of the BCAK should maintain up to date knowledge of the guidelines, their purpose(s) and implement appropriate strategies, policies and procedures to prevent and limit the spread of infectious agents whenever possible.

Table of Contents

Introduction

As recognized healthcare professionals, kinesiologists must ensure they have the knowledge, skills and take appropriate action to reduce the risk of disease transmission or other infectious agents in the performance of their professional activities and services to the public. This applies to all work settings, including private clinics, gyms, public recreation centers, homecare, or other setting.

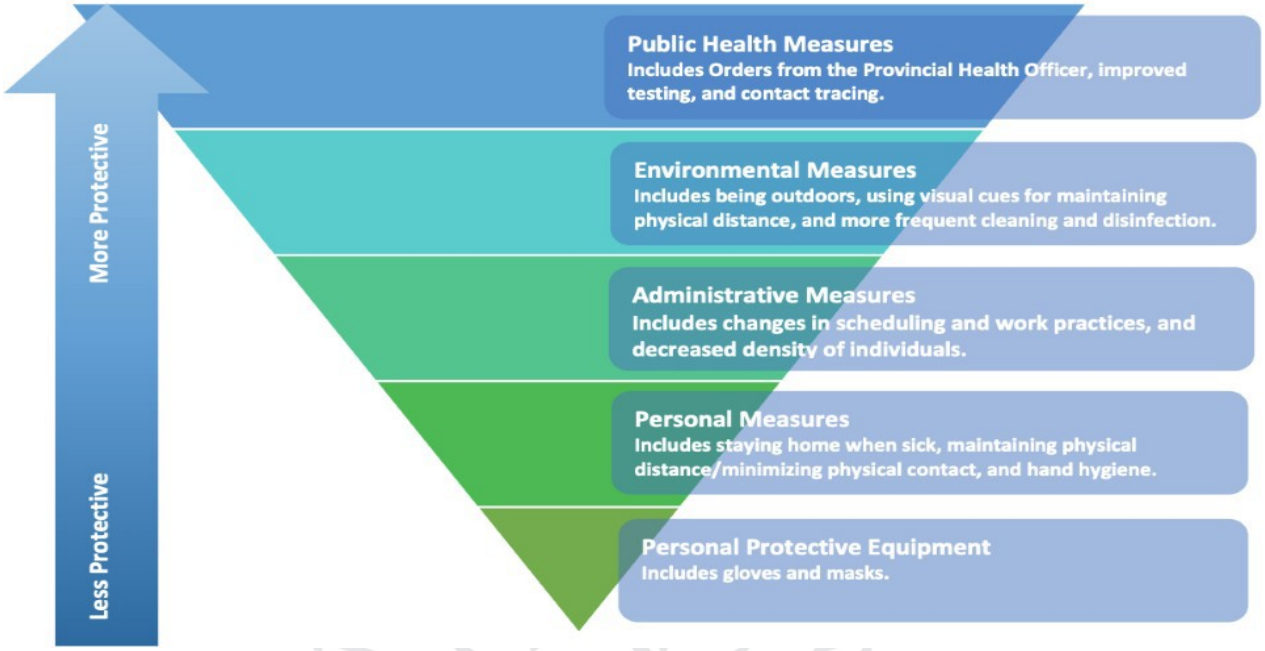
This resource has been prepared to assist kinesiologists in accessing and utilizing competent information sources and to respond appropriately when faced with a client or workplace setting suspected or identified as contaminated with a communicable disease. Infection Control (IPC) Guidelines and the literature which informs them are regularly updated by government and related health organizations. Rather than exclusively provide members with specific practice information which may become quickly outdated after publication, these guidelines reference acceptable sources for proper IPC information and procedures in addition to providing basic protocols for assessment and screening of clients and work environments.

These guidelines constitute a comprehensive, but not exhaustive broad variety of resources, the majority of which may be utilized in practice to ensure the kinesiologists' infection prevention and control practices reflects the current accepted standards, including sanitation best practices. The implementation of these best practices may be neither realistic nor appropriate for all work environments, treatment methods or goals of the kinesiologist.
Kinesiologists must, however, endeavor to comply with current standards to prevent and reduce the transmission of communicable disease(s) whenever possible. Where compliance is not possible, kinesiologists must critically assess their practice to determine if the treatment benefits outweigh the risks of disease spread. This assessment must be based on the current 'live' reality of British Columbians and should not be distorted for the purpose generating income, cutting costs, or maintaining a defunct status quo.

SPECIAL NOTE: During the Current Covid-19 pandemic, routine practice requirements must be enhanced to prevent the spread of the SARS-CoV-2 (Covid-19) virus. Kinesiologists are reminded to follow all relevant orders issued by the government or their authorized personnel, including BC's Office of the Provincial Health Officer, the BCCDC and WorkSafe BC during this time. This is a working document and new information will be added as it becomes available, however it may not always contain the most up to date information as there may be a delay between release of information and incorporation into the guide. Once the pandemic has resolved, COVID-19 specific guidance will be incorporated based on current best-practices.

Hierarchy of Controls

Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



(Hierarchy for Infection Prevention and Exposure Control Measures for Communicable disease [Figure]. (2020). BC Centre for Disease Control. Retrieved from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf on 2020/05/19.)

Public Health Measures

These measures are not implemented by the kinesiologist. Please refer to the above figure for examples of these kinds of measures.

Environmental Measures

Some environments are less conducive to disease spread then others. Kinesiologists must ensure:

1. Initial client intake and screening are completed via the lowest risk method (telehealth when possible) and always before the first in person session (refer to BCAK Telehealth Position Statement and COVID-19 Screening form).
2. Surfaces, tools and equipment are regularly cleaned and disinfected (see BCCDC poster on Environmental Cleaning and Disinfectants for Clinic Settings for guidelines).
3. Physical distancing measures are being observed by clients and staff (see BCCDC Poster on Physical Distancing). Tape off areas or use other markers to make it clear where clients can be.
4. Physical barriers can be erected to shield client and staff from respiratory droplets. Material used for this purpose must:
   a. Be installed securely (to reduce the likelihood of injury)

b. Be conducive to effective communication between client and staff (i.e. should be translucent but not necessarily sealed or pressurized)
c. Be sanitized regularly and therefore must be able to withstand the use of common disinfectants
d. Not prevent air flow through a space or completely prevent human movement through a space if otherwise necessary (e.g. physical barriers cannot block fire escapes or be placed in such a way as to prevent escape from a burning building)
e. Be maintained and, if damaged, should be promptly replaced. When safe and appropriate to do so, sessions may be conducted outside. Consider how you will protect client privacy and ensure that consent to proceed with an outdoor session is obtained prior to session start.

Administrative Measures

Each clinic/business is responsible for implementing appropriate administrative measures based on their operations. Kinesiologists in a position to influence these decisions must ensure that:

1. The clinic is appropriately staffed to ensure that sanitation measures, individual client needs, and other measures can be implemented safely and maintained throughout a regular work week.
2. Client appointments are staggered in such a way to allow for maintenance of appropriate client and staff density (including physical distancing) and sanitation requirements.
3. When possible, a qualified staff member should be appointed as the COVID-19 practice lead whose responsibilities would include developing and overseeing a clinic-specific plan and disseminating relevant practice information to the team as it is made available.
4. Staff are provided with clear instructions on any expectations and changes to workflow.
5. Clients are provided with clear instructions on how to prepare for their session, including what to do before, during and after the session takes place.

Personal Measures

Kinesiologists who are not directly involved in clinic management will have the most control over the personal measures they employ. Kinesiologists are advised to:

1. Use their professional judgement when determining whether treatment can be done safely and while determining how best to proceed with direct client care, weighing the risks and benefits of each approach and clearly articulating this rationale to their clients and supervisors.
2. Self-isolate when ill. This may involve handing off clients to other co-workers or in some cases providing a referral or obtaining permission from the client and payer to defer care.

Important Reminder: if experiencing symptoms of respiratory disease, it is prudent to complete the COVID- 19 Self-Assessment Tool and potentially undergo testing for SARS-CoV-2. If infection is confirmed, the kinesiologist must follow self-isolation guidelines (see BCCDC BC Health Care Worker Return to Work Decision Tree).

3. Maintain appropriate physical distance and use appropriate PPE when unable to do so.
4. Engage in frequent and regular hand hygiene and ensure clients and coworkers do the same.
5. Recognize potential hazards and take appropriate action to mediate them.
6. Practice respiratory etiquette by covering your mouth and nose with the inside of your elbow or a tissue when you cough or sneeze.
7. Not contribute to the spread of misinformation.

Personal Protective Equipment

Personal protective equipment (PPE) constitutes the last line of defense and is considered the least effective measure in the hierarchy of control. PPE is used after conducting an appropriate point of care risk assessment to determine the risk of infection to yourself, based on client presentation (or other relevant information) and based on the necessity of breaching the physical distance measures to employ the technique indicated. PPE must be put on (donned) and taken off (doffed) properly in order to be effective (see BCCDC – Personal Protective Equipment). Keep in mind these three principles.

1. Kinesiologists who can provide appropriate levels of care while observing physical distancing requirements, are not required to wear PPE unless otherwise indicated.
2. Kinesiologists are not to misuse or waste PPE. This requires kinesiologists to be trained in the use of PPE, including proper donning and doffing procedures. A record of this training must be kept by the employer or by the kinesiologist.
3. When PPE is required; kinesiologists, along with all health professionals, will wear surgical masks, eye protection and gowns to protect themselves and clients.

More information on masks can be found on the BCCDC website.

Point of Care Risk Assessment (PCRA)

Kinesiologists must be able to identify risks to client or therapist safety in all settings where kinesiology services are provided. It is during this point of care risk assessment that a kinesiologist determines which controls are necessary to ensure client and therapist safety. Questions kinesiologists can ask themselves during a PCRA include, but are not limited to:

1. What controls are already in place?
2. What is the risk of injury or disease to the client or other clients?
3. What is the risk of injury or disease to the therapist or other clinic staff?
4. What modifications to treatment or the environment could decrease the risk of injury or disease for the clients and staff on site and do the benefits of an alternative approach outweigh the risks?
5. Which controls would need to be implemented for safe care to be provided and how feasible is the implementation of those controls?
6. Am I able to provide safe care right now or does this task/technique/session need to be deferred to another place or time or should this client be referred to another qualified health professional?

PPE must be donned and doffed properly to be effective.

Putting on (Donning) PPE:

From BCCDC The 5 steps to Don (put on) Personal protective equipment (PPE) poster

1. Hand hygiene – Clean all surfaces of hands and wrists.
2. Gown – Cover torso and wrap around back, fasten at back of neck and waist.
3. Surgical/procedure mask – Secure ties in middle of head and neck, fit nose band to your nose and pull on bottom down to completely cover chin.
4. Eye protection – Place goggles or face shield over face and eyes and adjust to fit.
5. Gloves – Extend to cover wrist of gown.

Taking off (Doffing) PPE:

From BCCDC The 9 steps to Doff (take off) Personal Protective Equipment (PPE) poster

1. Gloves – Remember, the outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand inside glove on other hand at wrist and peel off. Discard in regular waste.
2. Perform hand hygiene – Clean all surfaces of hands and wrists.
3. Gown – Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Discard in regular garbage.
4. Perform hand hygiene – Clean all surfaces of hands and wrists.
5. Goggles or face shield – Do NOT touch the front of them. Discard in regular garbage or put in receptacle for reprocessing.
6. Perform hand hygiene – Clean all surfaces of hands and wrists.
7. Surgical/procedure mask – Grasp ties or elastics at back and remove WITHOUT touching the front. Discard in regular garbage.

8. Perform hand hygiene – Clean all surfaces of hands and wrists.
9. Exit room – AFTER cleaning all surfaces of hands to mid forearm, exit room.

Comment: Donning and Doffing procedures for full PPE is not likely to be required by kinesiologists in the normal clinic or mobile setting, however this will depend on individual circumstances, the infectious agent in question, the type of treatment interventions/the extent of treatment the kinesiologist is engaging in, and the comfort/familiarity with the kinesiologist's use of PPE. Do not treat clients who require infection control measures you are not comfortable with or equipped to provide.

Supplies

The following supplies should always be available for immediate use by the kinesiologist.

- Liquid or Foam hand-soap (Antibacterial hand-soap is not required)
- Disposable paper towel (cloth towels are not recommended)
- Alcohol-based hand sanitizer
- Disinfectants mixed according to instructions on the label, such as:
  - Bleach (sodium hypochlorite 5.25%),
  - Accelerated Hydrogen Peroxide (0.5%)
  - Quaternary Ammonium Compounds (QUATs)

Kinesiologists who provide treatment which necessitates direct client contact are advised to maintain a supply of and appropriately utilize the following additional items:

- Disposable gloves (Nitrile, Latex or Vinyl depending on staff and client sensitivity) *
- Surgical (paper or cloth) Masks*

Kinesiologists who under the request and guidance of a physician or nurse practitioner have been directed to provide essential or necessary medical care to protect the life of clients with a communicable disease or acquired immunodeficiency may be required to maintain a supply of, and appropriately utilize, the following additional items:

- Goggles or Face shield**
- Disposable gowns**
- Disposable shoe covers**
- N95 (Respirator) Masks**

Routine Practices

"Hand Hygiene is the simplest most effective measure for preventing health-care associated infections. Failure to perform appropriate hand hygiene is considered the leading cause of health-care-associated infections and spread of antibiotic resistant organisms and has been recognized as a substantial contributor to outbreaks"

- From page 2 of the Fraser Health Authority, Infection Prevention & Control Manual 1st edition, 2008

Kinesiologists are advised to engage in regular hand hygiene before, during (when indicated), and after treatment sessions. Hand hygiene should take place after the kinesiologist arrives at the office; before a session; after a session; before eating, drinking or touching one's face; and whenever hand contact is made with a client's skin or sweat stained clothing, the floor of high traffic areas and surfaces, as well as after touching shared equipment, door knobs/latches, computer keyboards and mice.

Hand Washing Procedure

From BCCDC Hand Washing Poster

1. Wet hands with warm (not hot or cold) running water
2. Apply liquid or foam soap
3. Lather soap covering all surfaces of hands for 20-30 seconds
4. Rinse thoroughly under running water
5. Pat hands dry thoroughly with paper towel
6. Use paper towel to turn off tap

Hand Sanitizer Procedure

From BCCDC Handwashing Poster

1. Ensure hands are visibly clean (if soiled, follow hand washing steps)
2. Apply about a Loonie-sized amount to your hands
3. Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

Sanitation Procedures

From BCCDC Infection Control Website

1. **Bleach: sodium hypochlorite (5.25%)**
    a. 550 ppm (10mL bleach to 990mL water) - Used for disinfecting surfaces and medical equipment (e.g. counters, doorknobs, stethoscope, BP cuff). Allow surface to air dry naturally.

b. 1000 ppm (20mL bleach to 980mL water) - Used for disinfecting surfaces contaminated with bodily fluids and waste (e.g. vomit, diarrhea, mucus, feces) after cleaning with soap and water first. Allow surface to air dry naturally.

2. **Accelerated hydrogen peroxide (0.5%)** - Used for cleaning and disinfecting surfaces and medical equipment.
3. **Quaternary Ammonium Compounds (QUATs)** - Used for cleaning and disinfecting of surfaces (e.g. floors, walls, furnishings).

*Kinesiologists are to complete proper WHIMIS training, follow the equipment and chemical manufacturer's specifications on proper sanitation procedures to avoid damaging equipment or clothing and potentially causing chemical burns or poisoning to staff or clients.

Exercise Equipment

Kinesiologists who provide the use of exercise equipment to their clients should determine in advance if the equipment can be appropriately sanitized for use by others or if other risk management processes are required.

Non-Sharable/Single Person Equipment

Includes equipment made of porous materials which cannot easily be sanitized without altering the characteristic elasticity integrity or without contamination of the material, potentially damaging clothing or causing allergic reaction/skin irritation for the user. Equipment of this type must be used exclusively by a single client and the client must be provided the equipment and be responsible for transporting the equipment between their home (for home exercises) and back to the clinic (for treatment sessions). If the client leaves this equipment at the clinic, the kinesiologist has two options:

1. Store the equipment if:
    a. the container in which it will be stored can be sanitized, and
    b. there is no risk of the band or tubing being reused by another client or therapist.
2. Otherwise, dispose of the equipment in accordance with manufacturer specifications and local laws.

These guidelines apply for: Stretch Tubing/Bands Water Bottles, Therapeutic Putties, Exercise Gloves, and any specialized rehabilitation equipment that comes in direct contact with the client's skin and cannot be sanitized due to the characteristics of the material**.**

Shared Equipment

It is preferable from an IPC standpoint, but not always feasible, that clients whose exercise programs require the use of larger and more costly equipment which cannot be easily sanitized, be provided with their own equipment for individual use. When this is not possible, warm soap and water may be used, recognizing this may not sufficiently disinfect the surface of the equipment.

When utilizing this type of equipment, advise clients to avoid touching their face during and immediately after use and to promptly wash their hands. Structure exercise programs in such a way, where the clients rest phase can be used for this purpose.

These guidelines apply for: Exercise Balls (Swiss Ball), Medicine Balls, Rubber Rollers, Balance Boards, Belts, Straps, Mats, Blocks, Massage Sticks, Massage Balls, Skipping Ropes, as well as some heart rate monitors and other wearable devices. Additionally, any equipment with porous contact surfaces where the material is not designed for exposure to disinfectant chemicals or cannot be disinfected and would not generally be provided to clients free of charge.

Metal or Coated Metal Weights and Most Exercise Machines can be disinfected in accordance with manufacturer specifications and do not need to be provided for each individual client.

These guidelines also apply to most large exercise stations and machines including, but not limited to, Exercise Bikes, Treadmills, Squat Racks, Exercise and Treatment Benches/Tables/Beds, Rowing machines and Ellipticals and other similar devices.

*Some infectious diseases require additional sanitation procedure. Kinesiologists responsible for treating individuals with a known communicable infectious disease must refer to disease specific guidelines from their health authority or the BCCDC to determine what (if any) enhanced sanitation procedures are required.

Client Intake

Preliminary: In addition to having appropriate IPC procedures in place, a publicly available WorkSafe BC Covid-19 safety plan and PPE supplies, the client must also be well enough to proceed with kinesiology treatment. It is inappropriate to have the client attend for treatment or to attempt to initiate a session if the session cannot be conducted due to poor health.

Screening

All clients must be screened or complete and pass a self-screen prior to the initiation of each session, utilizing the most appropriate means which minimizes personal contact. Preferred methods include telephone, video conference, email, with text messaging used as a last resort.

Clients with known infection or who exhibit typical symptoms of infection or disease, which are new or otherwise atypical and not confirmed related to a pre-existing health condition or comorbidity, are to be declined treatment.

Triage: There are four standard precaution categories. Clients are to be assessed and sorted based on the possible means of infection transmission identifying one or a combination of categories.

This determination needs to be provided by the referring physician or nurse practitioner and is **NOT** to be made by the kinesiologist.

1. **No precautions - i.e. routine practice**
2. **Contact Precaution - Disease transmission through contact with client's unbroken skin.**
3. **Droplet Precaution - Disease transmission through contact with client's respiratory droplets.**
4. **Airborne Precaution - Disease transmission through exposure to suspended airborne particles.**

Note: Kinesiologists must obtain medical clearance to treat clients who fall into the airborne precaution's category. These clients must be referred to a physician or nurse practitioner and advised to self-isolate until they are cleared by the referring medical professional to resume community-based care.

New Symptoms: Clients who have previously been cleared through screening prior to a session, but upon arrival present with respiratory symptoms or fever, must be rescreened and triaged accordingly. Ideally, the client should not be allowed to enter the facility, however, if the client has entered the facility they are to be asked to leave and escorted out through an access point where they will not contact other persons. Any surfaces the client came in to contact with must be immediately sanitized. Subsequently, the client is to be rescreened and triaged accordingly prior to any future session. Measures should exist which prevent a client such as this from being in prolonged close contact with other clinic staff or clients.

Clients who present with a rash, lesion, sore, open wound, complaints of diarrhea or vomiting or any other signs of skin or gastrointestinal infection must cover the affected are when possible and appropriate, wash their hands and don a medical mask (if they have not done so already). It is at the discretion of the therapist or clinic manager to determine whether treatment can proceed. If the client is well enough to proceed. they are then to be escorted to the treatment area. The area needs to be marked as occupied and surfaces with which the client has come into contact, must be sanitized according to current best practices.

Kinesiologists need to be cautious when assessing a client for an unknown infectious disease and refrain from inadvertently or unintentionally making a diagnosis or implying that any combination of symptoms is characteristic of a specific disease. Making and or delivering a diagnosis to a person is a restricted act and is not within the scope of practice for kinesiologists. If an infectious disease is suspected, refer to an appropriate health professional who can legally render a diagnosis.

Additional Precautions

For treatment necessitating the use of contact or droplet precautions to proceed, the following must be true:

1. The client has a diagnosed communicable disease but is stable enough for treatment and has been cleared for treatment by a physician who has also provided, or agrees to sign off on, clear guidelines on appropriate precautions to be taken by the facility, client and therapist.
2. Where said treatment for the underlying condition is indicated and must be administered in a timely manner for best outcomes (i.e. the client's condition will deteriorate in the absence of treatment).
3. Where additional precautions are necessary to reduce the risk of disease transmission and maintain the safety of other clients, therapists and clinic staff and those precautions are understood, feasible and can be realistically maintained by all parties during treatment
4. The treating kinesiologist has adequate training on proper IPC procedures and equipment necessary to comply with the required precautions.

Steps to Provide Care When Additional Precautions are Indicated

1. Refer to disease-specific guidelines to determine extent of additional precautions.
2. Obtain or develop an IPC plan (not to be confused with the WorkSafe BC Covid-19 safety plan) for the client and have it signed off on by the client's physician or an onsite medical director.
3. Communicate expectations ahead of time to clinic staff and the client.
4. Prepare facilities for client session and don appropriate PPE before the client arrives.
5. Escort client to the treatment area and ensure that client contact with high traffic surfaces is eliminated or, at the very least, minimized. Keep a record of any surfaces that the client contacts unexpectedly and sanitize immediately if possible.
6. Proceed with the session as planned and make note of any events not accounted for by the IPC plan.
7. Escort client out of treatment area and disinfect all surfaces in accordance with disease-specific guidelines.
8. After treatment and reception areas are disinfected, properly doff, and dispose of used PPE.
9. Complete any additional paperwork required and debrief the session with a supervisor (if possible).
10. While debriefing, identify any issues with the application of the IPC plan and find ways to address them.
11. Prepare for the next session and repeat as needed.

Components of an effective individualized IPC plan:

1. A list of indicated PPE and sanitation procedures (determined from disease specific guidelines) based on the treatment approach and equipment used.
2. Discussion of how infectious disease influences treatment plan for underlying condition and how this will be addressed.
3. A step by step plan on the implementation of IPC procedures before, during and after the session.

Resources

BC Center for Disease Control (CDC)

Communicable Disease Control Guidelines BCCDC. These are disease-specific guidelines which are updated regularly with new information. They provide background information on specific communicable diseases and measures which can be taken to reduce the risk of transmission or eliminate spread.

COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings

- Gloves are not a substitute for proper hand washing.
- Gloves are not required for routine client care activities in which contact is limited to a client's intact skin. This does not apply to cases where a client is confirmed to be infected with a transmissible disease or if a kinesiologist's PCRA indicates a higher level of precaution is warranted. In those cases, refer to the disease-specific guidelines for infection control.

WorkSafe BC:

- **Health Professions: Protocols for returning to operation**
- **Safety Plan Template**

Key Takeaway - All clinics and independent contractors must have a publicly available safety plan in place prior to reopening.

Informational videos by the US CDC and Public Health Ontario

These short informative videos provide basic information about a range of infection prevention and control procedures and topics.

- Corona Virus Disease (Covid-19)

- Recommendations on Use of a Respirator (Face Mask) for General Public
- General Instruction for Use and Fitting of Disposable N95 Respirators (Face Mask)
- What You Need to Know About Hand Washing
- How to Safely Put on PPE, Selected Equipment: N95 and Gown
- How to Safely Take off PPE, Selected Equipment: N95 and Coverall
- Putting on full PPE
- Taking off Full PPE

IPC Guidelines and Manuals

The additional resources provided below may appear over and above the situational requirement, however they can provide you with important information on how other health practitioners act in similar situations.

British Columbia

- Provincial Infection Control Network of British Columbia (PICNET)
- BCAK members have access to online modules for Infection control practices and proper PPE use through SafeCare BC.

A list of guidelines and tools for infection control resources in BC. Many of the guidelines found on this website will be linked in this document.

Health Authorities

- Fraser Health Infection Prevention & Control Manual
- Interior Health Infection Prevention & Control Manual

Federal Resources

- Health Canada - Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health care Settings
- Health Canada – Guidance Document on Disinfectant Drugs (2018)

Other Provinces

- Public Health Ontario

See:

- "Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings" provides a thorough overview of cleaning protocols for different surfaces in addition to information on outpatient settings.
- "Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings" provides advanced IPC information related to novel respiratory infections.

Outside of Canada

- UNC IPC Manual for Rehabilitation Centre

An example of IPC policy and procedures in the rehabilitation setting adopted by the University of North Carolina Health Care. Members are reminded that this document was not authored in Canada and is for information purposes only.