

Interim Guidelines for Return to Practice

Updated May 16, 2020, 5:55 p.m.

Changed from previous version:

- Section 6 (PPE) amended to clarify RMT's responsibility to initiate mask discussion with patient
- Section 7 (Professional Obligations) amended to remove statement that "cloth masks reduce transmission risk by discouraging face touching"; this may be true in some cases but may have the opposite effect in others;
- Section 7 (Professional Obligations): clarification for RMTs who practice in spas or in other environments shared with unregulated practitioners.
- Additional Resources: added links to new CMTBC FAQs page, new BC Centre for Disease Control infection control and prevention document, and new WorkSafeBC page on protocols for health professionals returning to operation .

- [Characteristics of return to practice for RMTs in Phase 2](#)
- [Your own restart plan](#)
- ["Does my plan have to be submitted to CMTBC for approval?"](#)

- [Requirements for RMTs' return to practice in BC](#)
- [1. Self-assess for symptoms and return when healthy: For patients, RMTs, and clinic staff](#)
- [2. Physical Distancing](#)
- [3. Hand Hygiene](#)
- [4. Face Touching Avoidance – e.g., avoid touching eyes, mouth, nose](#)
- [5. Enhanced Cleaning](#)
- [6. Personal Protective Equipment \(PPE\)](#)
- [7. Professional Obligations](#)
- [Additional Resources](#)

[BC's Restart Plan](#), released on May 6, 2020, allows for the resumption of services provided by regulated health professionals practicing in community settings, including Registered Massage Therapists (RMTs), under enhanced safety protocols in Phase 2 of the Plan.

Following this introduction, these interim guidelines include characteristics of return to practice for RMTs in Phase 2, information about your own restart plan, and detailed requirements for RMTs' return to practice. **RMTs must address the detailed requirements in their own plan for return to clinical practice.**

Please note that the interim guidelines contain many links to resources on external websites, which are being updated on a daily basis. CMTBC will make every effort to update links in the guidelines. If you encounter a broken link, please email info@cmtbc.ca to advise CMTBC.

Characteristics of return to practice for RMTs in Phase 2

- Clear guidelines, including safety protocols that are consistent with the [principles set out by BC’s Provincial Health Officer](#) and by [WorkSafeBC](#)
- Ongoing self-assessment for signs of COVID-19 related illness in the patient and therapist
- Physical distancing measures for all non-treatment interactions
- Hand hygiene and avoidance of face touching
- Enhanced cleaning protocols
- Appropriate use of personal protective equipment as decided by individual RMTs and their patient
- Meeting all professional obligations, particularly related to informed consent and liability insurance

Using the guidelines below, RMTs must develop a plan specific to resuming practice in their own practice setting, with the goal of reducing the risk of exposure to the virus that causes COVID-19.

Your plan must be in place before opening, and be communicated to patients, colleagues, and others who need to know the steps you are taking to minimize risk of exposure. Risk is reduced by meeting requirements outlined in this protocol. Your plan must identify actions you take to reduce the physical, non-treatment-related interactions amongst people in your practice environment, and measures you will take to safely provide massage therapy with minimal risk of viral transmission (details provided below). Clarify your safety protocols around hand hygiene, avoiding face-touching, and sanitization. Share the plan with co-workers and everyone who shares the practice environment with you. Schedule training to ensure you and your colleagues provide consistent messages and follow the same steps to keep your practice safe and minimize risk of transmission. Keep a record of the training you have provided, and refresh it as often as needed.

Creating a low-risk environment for massage therapy practice includes communication between RMTs and patients about steps taken to minimize risk of viral transmission. RMTs and their patients should communicate honestly with each other about what each needs to feel safe to return to massage therapy treatment.

These guidelines are called “Interim Guidelines” because they will be changed and updated as required to reflect new guidance being provided by relevant governmental authorities. CMTBC’s key touchpoints for guidance are the BC Centre for Disease Control (BCCDC), the Provincial Health Office (PHO), and WorkSafeBC. While CMTBC is aware of guidance and requirements in other jurisdictions, the imperative for BC RMTs is to follow protocols and procedures that align with public health guidance in British Columbia.

Your own restart plan

Your plan will:

- Describe pre-screening processes to protect patients and therapists who will come into close contact during treatment delivery,

- Outline the physical space of your practice setting, including distancing measures (2 metres / 6' wherever possible),
- Detail your hand hygiene and cleaning protocols,
- Ensure that communications to patients and colleagues are clear, shared by all, and consistent,
- Adapt as needs emerge and new information is available, and
- Minimize risk to all.

“Does my plan have to be submitted to CMTBC for approval?”

- No, however it must be available to patients and colleagues, and to CMTBC on request. It is also possible that WorkSafeBC may conduct an inspection, should they receive a complaint.

Requirements for RMTs’ return to practice in BC

The following protocol, if carefully followed, minimizes risk of transmission of the virus that causes COVID-19.

Your professional judgment and personal choices will determine whether and how you implement additional measures specific to your practice setting, and specific to your patients’ needs.

The restoration of RMT services requires clear and thoughtful communication that is based on trust between an RMT and a patient. Trust, honesty, clear communication, listening with your head and your heart – plus well-informed explanations for your clinical choices, will help create an environment where patients can safely receive massage therapy because the risk of transmission of the virus that causes COVID-19 is minimized.

1. Self-assess for symptoms and return when healthy: For patients, RMTs, and clinic staff

REQUIRED

PRE-SCREENING – PRIOR TO ARRIVAL

- Patients must be informed about the new procedures you’ve implemented, before or at the time of booking an appointment. Clear information should be included in all your communication tools – website, online booking system, phone message, and auto-responses to email enquiries.
- At the outset, it is your responsibility to advise your patient that **informed consent is required**. This includes ensuring that your patient understands that while you’ve taken measures to minimize risk of viral transmission, the nature of massage therapy means that physical distancing is not possible in the treatment room. Your professional ethics, honesty and clear communication underpin the informed consent discussion. Consistent

with CMTBC's [Consent Standard of Practice](#), it is your responsibility to explain both the risks and the potential benefits of treatment, and to make decisions in your patient's best interests.

- Advise your patient prior to arrival at your practice about provisions you've made for personal protective equipment (PPE, see below), and your rationale. If they have a mask, ask them to bring it with them and wear it when they arrive.
- Thorough and honest pre-screening for [symptoms of COVID-19](#) must be completed, including information about recent travel.
- Patients must confirm they have not travelled outside British Columbia in the previous 14 days.
- One day prior to patient's appointment, call to connect personally with your patient to ask them to complete the [BC COVID-19 Symptom Self-Assessment](#). Tell your patient to stay home if experiencing any [symptoms of COVID-19](#), including fever, chills, cough, shortness of breath, sore throat, loss of sense of smell. If patients are experiencing these symptoms and have not been tested for COVID-19, you should recommend that they do so; they start by calling 8-1-1.
- RMT and clinic staff must use the [BC COVID-19 self-assessment tool](#) daily, and stay home/cancel appointments if experiencing COVID-19 symptoms.
- Patients at greater risk: take additional precautions, discuss alternatives for care, postpone treatment – explore options. RMTs may provide massage therapy when the patient and therapist agree that the benefits of care delivery outweigh the risk to the patient.
- Your cancellation policy should be relaxed to ensure honesty and compliance with pre-screening questions.

SCREENING UPON ARRIVAL

- Ensure that all practitioners who share the practice environment have a common understanding of new operating procedures and that all practitioners consistently apply the procedures. Upon arrival, the RMT and patient should run through self-assessment outcomes again – confirm safety and trust in moving forward.
- The RMT should cancel treatment if patient doesn't meet the pre-screening criteria on physical presentation at the practice environment.
- Pre- and during clinic visit: Ensure patient feels empowered to make their own decision on what they need to feel safe in order to receive treatment.
- Patients at greater risk: if pre-screen results indicate “go ahead”, assess necessary precautions on arrival when RMT sees the patient's presentation.

RECOMMENDED

PRE-SCREENING – PRIOR TO ARRIVAL

- It is at the RMT's discretion to include screening questions for patients' contacts, e.g., has the patient isolated within a restricted “bubble” and if so, for how long? Has he or she had extensive contact with individuals outside his/her immediate family, pod, or unit (other than service workers at grocery stores, banks, other)? Is the patient aware of

anyone in their contacts who has COVID-19 symptoms? The RMT should be prepared to share this information about themselves, as well.

SCREENING UPON ARRIVAL

- Patient: self-assessment questionnaire on arrival.

RESOURCES

1. [BC COVID-19 Symptom Self-Assessment tool](#)
2. [BC Centre for Disease Control, Symptoms](#)
3. [CMTBC, Consent Standard of Practice](#)
4. [BC Centre for Disease Control, Coronavirus Prevention poster](#)
5. [BC Centre for Disease Control, Travel](#)

2. Physical Distancing

REQUIRED

RECEPTION / entry

- Clearly-understood distancing protocols – staff, RMT and patient must maintain 2 metres / 6 feet of distance in clinic areas other than the treatment room, as best as possible within the practice setting.
- Remove all clutter, fabric furnishings and decorations that cannot be sanitized after touch.
- Reduce traffic through staggered appointment start- and end- times.
- Consider creating floor/counter/wall markings showing 2 metres/6 feet of distance, and create one-way traffic flow wherever possible.
- Patient must arrive unaccompanied unless patient is a minor who requires parent/guardian, or infirm and needs assistance (see recommended protocol, below).
- Patient is required to wait outside (in their car, or an area suggested by RMT or clinic staff) and not in reception – call or text when it's time to enter.
- Greet patient and open the door for them / or, door is open for easy entry to clinic and RMT greets patient at entry.
- At end of treatment, accompany patient to the exit and open the door for them (using a hand towel or other sanitized barrier).
- Make use of alternate entries/exits in practice environment to assist with distancing.

THERAPISTS' SHARED AREAS, multi-practitioner setting, e.g., kitchen, lockers, charting stations

- Have separate, distanced workstations; or require therapists to use personal devices to access scheduling and accounting programs. Minimize the use of shared equipment including computers and phones.
- Storage/meals/coats, extra clothes, etc., will be specific to each practice setting.

TREATMENT ROOM

- It is not possible to maintain physical distancing in the treatment room.
- Pre-screening, physical distancing, hand hygiene, and enhanced cleaning help reduce the risk of transmission, and enable return to practice while minimizing risk of harm.

WASHROOM FOR PATIENT USE

- Physical distancing in washroom for patient use will be specific to practice setting. Hygiene, sanitation, and distancing must all be considered, and clear instructions shared with patients in advance of arriving at the practice environment.

ELEVATORS/STAIRS/OTHER, IF USED TO ACCESS CLINIC

- Will be specific to practice setting, similar to washroom for patient use. Be aware of opportunities for incidental contact that violates physical distancing requirements, and place appropriate signage.

RECOMMENDED

RECEPTION / entry

- Consider a gradual re-entry to practice, to test that distancing measures put in place are sufficient, before increasing the number of patients/practitioners in the workplace at any one time. Example: If five practitioners are usually in a clinic at any one time, consider starting with two to ensure physical distancing measures can be adhered to, and increase numbers once you have determined that you can do so while maintaining physical distancing.
- Are chairs needed? Consider why anyone would need to wait; rearrange appointment process to prevent or at least minimize in-clinic waiting.
- Patients who are infirm and require a companion present special challenges with regard to physical distancing from entry through treatment and departure. Confirm that massage therapy is essential at this time; postpone or refer to alternate care if possible. If treatment goes ahead, RMT will help patient and companion navigate every step of the way.

THERAPISTS' SHARED AREAS, e.g., kitchen, lockers, charting stations

- Implement staggered arrival, departure, and break times. Minimize the chances of incidental contact.
- Avoid socializing in person in the practice environment.
- Do not use shared clinic devices (computers, tablets, phones).

RESOURCES

1. [BC Centre for Disease Control, Physical Distancing](#)

2. [BC Centre for Disease Control, Physical Distancing poster](#) (available in several languages)

3. Hand Hygiene

REQUIRED

RECEPTION / ENTRY

- Patient washes hands upon entry with soap and water for at least 20 seconds, followed by thorough drying – must be done on arrival into and departure from the clinic, and before touching door/s.
- If soap and water are not available, provide sanitation station with alcohol-based hand rubs for patient's use on arrival and prior to departure.
- If hands are visibly soiled, patient must use a wipe, then alcohol-based hand rub prior to moving to the treatment room.
- RMT must wash hands often, using soap and water for a minimum of 20 seconds each time.
- Hand-washing protocols are posted visibly in reception area and at sinks (including bathroom for patient's use if applicable).
- If payment occurs in the reception area, a wireless point of sale system with tap feature may be used or arrange e-transfer for payment. Receipt is emailed to patient. Cash is not preferred but may be handled provided that anyone doing so washes their hands immediately afterwards.

IN THE TREATMENT ROOM

- RMT opens the door to the treatment room and allows patient to enter; RMT opens/closes door before, during, and after treatment as required, using hand towel/sanitized barrier as needed, and washing hands as appropriate.
- Hand washing/drying and sanitization options should be available for RMT and patient.
- Hand washing should occur before and after treatment (both RMT and patient).
- If payment occurs in the treatment room, a wireless point of sale system with tap feature may be used or arrange e-transfer for payment. Receipt is emailed to patient. Cash is not preferred but may be handled provided that anyone doing so washes their hands immediately afterwards.
- Attach safety posters from BC Centre for Disease Control next to sink, setting out proper handwashing guidelines (soap and water, 20 seconds washing, and dry hands thoroughly).

RECOMMENDED

- Patient should be able to see/hear RMT washing and drying hands before and after treatment. If sink is outside the treatment room, RMT must sanitize hands and confirm verbally that hands were washed before and after treatment, to maintain trust.

RESOURCES

1. [BC Centre for Disease Control, Hand washing](#)
2. [BC Centre for Disease Control, Hand Hygiene poster](#)
3. [BC Centre for Disease Control, Common questions about COVID-19](#)

4. Face Touching Avoidance – e.g., avoid touching eyes, mouth, nose

REQUIRED

- Share information about the reason for ‘no face touching’; coronavirus can be spread by touch if a person has used their hand/s to cover a cough or a sneeze.
- Suggest patients use a tissue if an itch must be addressed.
- Tissues must be available for patient’s use in reception, treatment room, washroom.
- Masks must be made available for patient and for RMT, because masks are useful to avoid touching face.
- RMT makes use of hand towel or tissue to touch or scratch face, or to sneeze into.

RECOMMENDED

- If RMT is accustomed to sweating during her or his work, a head band should be used, or a hand towel should be available to wipe the forehead and face as required to avoid sweat from dripping into eyes necessitating touch.

RESOURCES

1. [BC Centre for Disease Control, Hand washing](#)

5. Enhanced Cleaning

REQUIRED

- Training for therapists and staff in sanitation processes.
- Clean visibly soiled surfaces followed by disinfection.
- Clean and disinfect all high-touch surfaces in between patients, regardless of appearance.
- Linens (including blankets) must be single use only, then laundered in hot soapy water.
- Frequently clean and disinfect common areas and high touch surfaces, at least twice a day, e.g. light switches, window coverings, cell phones, tablets, chairs, stools, table surfaces.
- Frequently clean and disinfect (at least three times per day, more if possible):
 - handles: doors, cabinets, faucets, fridge, microwave, etc.
 - electronic device keyboards and mice, phones,
 - arm rests of chairs,
 - desk and table surfaces,
 - water cooler.
- Clean in view of patients so patients see the steps taken for safety.

- Schedule additional time between patients to thoroughly clean treatment room.
- Sanitize the treatment table and table adjustment levers after each treatment.
- Clean the face cradle (one more time) and arm rests (if used) in front of the patient, to maintain trust.
- Clean equipment and supplies (table levers, lotion bottles, etc.) immediately after each patient.
- Cease use of thermophores (reconsider all hydrotherapy supplies and discontinue use of thermal agents that cannot be sanitized).
- Attach [Cleaning and Disinfectants for Clinic Settings poster](#) from the BC Centre for Disease Control in reception area, washroom for patient use, treatment room.

WASHROOM FOR PATIENT USE

- All contact areas must be cleaned and disinfected several times a day. Ensure that soap is available for hand washing, clean material for drying, and wipes (or paper towels, tissues) are available for doors and touch-surfaces.

ELEVATORS/STAIRS/OTHER IF USED TO ACCESS CLINIC

- All contact areas must be cleaned several times a day, e.g. doors, elevator buttons.
- Provide wipes if available.
- If wipes are unavailable, provide paper towels or tissues for patients to use as a barrier when contacting high-touch surfaces.

RECOMMENDED

- Post a schedule of cleaning and disinfecting routine (area, last completed, initials).
- Air purifier / filter in the treatment room may be helpful if room has no windows or external air exchange. Good air flow is always important. In a low-risk environment created by pre-screening of RMTs' and patients' health, supported by good hand hygiene and cleaning protocols, there is minimal evidence that aerosolization of the virus increases the rate of transmission. Therefore, use of an air purifier / filter is at the RMT's personal preference and discretion.

RESOURCES

1. [BC Centre for Disease Control, Cleaning and Disinfectants for Clinic Settings, Poster](#)
2. [Government of Canada, Hard-surface disinfectants and hand sanitizers](#)
3. [BC Centre for Disease Control, Wildfires and concern about air quality](#)
4. [BC Centre for Disease Control information for patients, Cleaning and Disinfecting the home](#)

6. Personal Protective Equipment (PPE)

REQUIRED

- RMT must address the issue of mask use with patient (by RMT, by patient, or both)
- Mask use is not mandatory, but RMT must have cloth or paper/disposable (surgical) masks available for patient's use if requested, and for RMT's use if patient requests it. Cloth masks must be laundered after each use.
- Respect a patient's individual personal boundaries and support their requests for PPE to be worn by either individual.
- If a cloth mask is offered to a patient, it must be evident that the mask is clean and has not been worn by others.
- If either party feels that additional risk mitigation is necessary, a decision to wear a mask at that point is one way forward.
- Donning and doffing mask: wash hands with soap and water prior to putting on a mask, prior to taking off a mask, and after disposing of a mask in the laundry or garbage (cloth or paper/disposable).

RECOMMENDED

- RMT should have gloves, protective goggles and other commercially available PPE items available if patient requests their use, or if RMT chooses to use PPE.
- Paper or disposable masks should be available for patient use rather than laundered cloth masks, to instill trust.

RESOURCES

1. [BC Centre for Disease Control, Masks](#)

7. Professional Obligations

- RMTs returning to practice at multiple locations, including mobile, must be particularly conscientious about others' safety protocols while also maintaining their own protocol.
- Professional liability insurance:
 - RMTs in practice are required by CMTBC's Bylaws to carry [professional liability insurance](#).
 - The coverage terms of policies can vary.
 - RMTs are advised to contact their insurer to determine whether or not they are covered for claims related to COVID-19, e.g. alleged transmission of the virus.
- No duty or obligation to return to practice:
 - A return to practice protocol does not *require* RMTs to engage in practice if they individually assess the risk of practice as one they are not prepared to take.
 - The decision to return to practice is a matter of individual judgment and requires following the guidance of CMTBC and governmental authorities
- RMTs who are employees of a clinic, spa, or who have employment contracts:
 - RMTs in this work setting must clarify their relationship with their employer.
 - An RMT should consult legal counsel if needed, as CMTBC does not provide legal advice; or, alternatively, if the RMT is a member of a professional association, the association may provide advice and/or support.

- RMTs are bound by their obligation and duty to CMTBC, their regulatory body as a health professional, irrespective of employment agreements.
- Patient alleges they caught COVID-19 from RMT:
 - The RMT must immediately call public health at 8-1-1 and report the alleged transmission, providing both the RMT's name and the name and contact information of the patient.
 - The RMT must not provide any further massage therapy treatment to anyone until public health has investigated and has provided direction.
 - The RMT must immediately self-isolate until the matter has been investigated and public health direction has been provided.
 - If the RMT is working in a team setting, it is the RMT's duty to immediately inform his or her colleagues of transmission risk.
- What about asymptomatic spreaders?
 - This is an unavoidable risk of practice until there is either an effective treatment or an effective vaccine against COVID-19.
 - RMTs' return to practice protocol has elements that mitigate risk:
 - screening – An RMT can screen not only for symptoms, but for contacts, e.g., has the patient isolated within a restricted “bubble”, and if so for how long? Has he or she had extensive contact with individuals outside his/her immediate family, pod or unit (other than service workers at grocery stores, banks, other)? Is the patient aware of anyone in their contacts who has COVID-19 symptoms? The RMT should be prepared to share this information about themselves, as well.
 - related is the question of trust – how well does the RMT know the patient – and trust the patient to have been prudent and cautious? Ethical practice requires that RMTs honour patients' trust in their RMT – the trust relationship goes both ways.
 - very strict adherence to hand hygiene, by RMT and by patient
 - The risk remains which is why the informed consent discussion at the outset of treatment is critically important.
- Can an RMT limit their liability for potential COVID-19 transmission by having the patient sign a waiver?
 - This is a legal question and CMTBC does not provide legal advice to registrants.
 - RMTs have a professional obligation to obtain informed consent to treatment, consistent with CMTBC's [Consent Standard of Practice](#).
 - In the current environment of COVID-19 risk, informed consent requires that the patient is informed that:
 - any massage therapy treatment involves some risk of COVID-19 transmission;
 - the RMT is following a protocol to reduce or mitigate risk, but that risk cannot be reduced to zero;
 - the patient consents to treatment despite some risk; and
 - the RMT documents the patient's consent.
 - This is not a new requirement, but the appropriate negotiation of consent is significant in the context of COVID-19. Proper adherence to consent procedures

may have also have the incidental effect of reducing the chances for RMT liability, although that is not their purpose.

- RMTs practicing in personal services businesses such as spas or other environments shared with unregulated practitioners:
 - RMTs may resume practice during Phase 2 by following the above protocol, provided that no other activities take place in violation of the government's [Restart guidelines](#) (PDF). The RMT must communicate his/her plan to (1) the person(s) in control of the environment, e.g. owner or manager; and (2) any non-regulated practitioners with whom space is shared, and obtain the understanding and agreement of both to abide by common safe-practice protocols.

Additional Resources

- Questions about your health, or reporting COVID-19 infection, call 8-1-1 at any time
- [Help and Advice in Other Languages, BC Government](#), call 1-888-268-4319
- [BC COVID-19 Symptom Self-Assessment Tool](#)
- [BC's Restart Plan](#) (PDF)
- [BC Centre for Disease Control | BC Ministry of Health, COVID-19 Ethical Decision-Making Framework, March 28, 2020](#) (PDF)
- [BC Centre for Disease Control, Resources at a glance](#)
- [BC Centre for Disease Control, Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings dated May 15, 2020](#) (PDF)
- Workers and employers with questions or concerns about workplace exposure to the virus that causes COVID-19 can call WorkSafeBC's Prevention Information Line at 604.276.3100 in the Lower Mainland (toll-free within B.C. at 1.888.621.SAFE).
- [CMTBC FAQs about Interim Guidelines](#)
- [WorkSafeBC, Health professionals: Protocols for returning to operation](#)