

Interim Guidelines for Return to Practice

October 1, 2020: [confirmation that the May 20, 2020 updates are current and remain in effect.](#)

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The big picture

[November 2, 2020: CMTBC’S Interim Guidelines are updated in consultation with Iridia Medical Inc., Vancouver, and are consistent with current recommendations from BC’s Provincial Health Officer Dr. Bonnie Henry, and the BC Centre for Disease Control.](#)

[View useful summaries from the BC Government, BC COVID-19 provincial support, Phase 3](#)

[Flu shot \(November 2020\), RMTs and their patients can reduce the risk of co-morbidity of COVID-19 with seasonal influenza by getting a flu shot. This is consistent with guidance provided by BC’s public health authorities. It is not within RMTs’ scope of practice to recommend or require that their patients get a flu shot.](#)

THE BIG PICTURE

On May 6, 2020, Premier John Horgan announced [BC’s Restart Plan](#). ~~Signed both by the Premier and by Provincial Health Officer Dr. Bonnie Henry, BC’s Restart Plan provides for easing of, easing~~ restrictions on a number of activities, including health care services delivered in the community. [BC’s Restart Plan was signed both by the Premier and by Provincial Health Officer Dr. Bonnie Henry.](#)

[The province’s “careful, step-by-step” restart in Phase 2 is coordinated by guidance in BC’s Restart Plan.](#)

“For the different organizational sectors to move forward, they will be asked to develop enhanced protocols aligned with the Public Health and Safety Guidelines. A cross-ministry committee of deputy ministers will monitor the process and ensure overall alignment with Public Health and Safety Guidelines and WorkSafeBC. The Provincial Health Officer will continue to provide input and advice, as needed, throughout the review process.”

Registered massage therapy is included on page 14 of [BC’s Restart Plan](#), “Restoration of health services” under enhanced protocols. ~~In the context of COVID-19, in-person community care will look different compared to past practice.~~ Health professionals **RMTs** have an ongoing duty to deliver care in a way that minimizes the risk of spread of the virus that causes COVID-19.

CMTBC, as the authority that regulates the massage therapy profession in British Columbia, has developed **Interim Guidelines for Return to Practice** as the “enhanced protocols” under which RMTs are permitted to ~~return to practice~~ [in the context of COVID-19 in the community](#).

~~CMTBC’s interim guidelines~~ [The Interim Guidelines](#) are based on the following principles:

- The guidelines are consistent with public health and safety guidance provided by BC’s Provincial Health Officer, BC’s Centre for Disease Control and WorkSafeBC.
- RMTs ~~are required to will~~ permit only ~~prescreened, asymptomatic~~ [pre-screened, healthy](#) individuals – including themselves – into their practice environment.
- **Effective communication is key;** ~~indirect person-to-person~~ contact cannot always be replaced by forms and automated protocols, even if automation eases ~~clinicians’ workloads~~ [an RMT’s workload](#).
- RMTs will assess risk at the point of care, and this may result in cancellation of a booked appointment at the time of the appointment.
- ~~A gradual return to practice may mean a reduced caseload: RMTs are returning to practice with risk mitigation for COVID-19, not necessarily to work at pre-pandemic levels.~~
- ~~In restricting or limiting the extent of their practice, RMTs should apply clinical reasoning, and may prioritize treatment to those who will benefit most from the RMT’s care.~~
- Personal protective equipment (PPE), ~~including masks,~~ may be used but is not mandatory. If used, PPE does not replace or reduce the need for other protective measures: ~~prescreening, physical distancing (except for treatment), hand hygiene, avoidance of face touching, and frequent cleaning of all contact surfaces.~~
 - [pre-screening](#),
 - [physical distancing \(except for treatment\)](#),
 - [hand hygiene](#),
 - [avoid touching the face, and](#)
 - [frequent cleaning of all contact surfaces.](#)

YOUR SAFETY PLAN

RMTs must develop ~~their own~~ [a safety](#) plan for ~~return to~~ clinical practice, that addresses the requirements set out below. 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 [to the novel coronavirus](#).

Your own restart plan

Your plan will:

- Ensure that only healthy people will be permitted in the practice environment (including the RMT and clinic staff).
- Describe pre-screening processes ~~to~~[that](#) protect patients, therapists and staff,
- Describe physical distancing measures that have been implemented outside the treatment room (2 metres / 6' wherever possible),
- Detail hand hygiene and cleaning protocols,
- ~~Provide for a smaller caseload than pre-pandemic levels—care should be prioritized on the basis of need,~~
- [Describe how you are providing fresh air in your practice environment; e.g., if you have an HVAC system, don't shut it off, keep air circulation flowing, consistent with recommendations from WorkSafeBC.](#)
- Ensure that ~~communication~~[communications](#) to patients and colleagues are clear, shared by all, and consistent,
- Be shared with co-workers and everyone who shares the practice environment with you,
- Adapt as needs emerge and new information is available, and
- Minimize risk to all.

These guidelines are called “Interim Guidelines” because they are updated as required, to reflect new guidance provided by relevant governmental authorities. CMTBC’s key touchpoints for guidance are:

- ~~BC Centre for Disease Control (BCCDC),~~
- [BC’s Provincial Health Office \(PHO\),](#)
- ~~BC Centre for Disease Control (BCCDC),~~
- [BC COVID-19 Self-Assessment Tool,](#)
- CMTBC’s [Standards of Practice](#) and [Code of Ethics](#), and
- [WorkSafeBC.](#)

~~While CMTBC is aware of guidance and requirements in other jurisdictions, the imperative for BC’s RMTs is to follow protocols and procedures that align with public health and safety guidance in British Columbia. These are translated for RMTs by CMTBC. The following guidelines must be in place when an RMT resumes practice and must continue to be adhered to until the requirements are removed by CMTBC. Where there is room for discretion, or a guideline is recommended instead of required, this is indicated.~~

“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; providing a copy of your safety plan will facilitate that process.~~

CMTBC's Interim Guidelines for Return to Practice were developed in consultation with [Iridia Medical Inc.](#) (team led by Dr. Allan Holmes, MD, FRCP), and a panel of RMTs. [Iridia Medical continues to provide guidance and support as required with updates and revisions to the guidelines.](#)

Please note that ~~CMTBC's interim guidelines~~ [the Interim Guidelines](#) contain ~~many~~ links to resources on external websites which are frequently updated. **If you encounter a broken link,** please email info@cmtbc.ca to advise CMTBC.

Requirements for ~~RMTs' return to~~RMT practice in BC - COVID-19

CMTBC's Interim Guidelines [represent best practices that](#) must be followed by RMTs, to minimize risk of transmission of the COVID-19 virus.

Your professional judgment and choices will determine whether and how you implement additional measures specific to your practice setting, your professional insurance requirements, and ~~specific to~~ your patients' needs.

~~The resumption~~ [Provision](#) of RMT services [in the context of COVID-19](#) requires **clear and thoughtful communication that is based on trust between an RMT and a patient.** ~~Well-informed explanations for your clinical choices will help create an environment where patients can receive massage therapy.~~

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~~ [safety](#) procedures you've implemented, before or at the time of booking an appointment. Clear information must be included in all your communication tools – website, online booking system, phone message, and auto-responses to email enquiries.
- Informing your patients includes advising ~~them~~ prior to arrival at your practice about options for use of personal protective equipment including masks ([PPE, see #6, below](#)),

and your rationale. ~~If they wish to use a mask and have one, ask them to bring a clean mask with them and wear it~~Public health authorities expect everyone to wear a mask in all indoor public spaces (e.g., clinic area prior to entering the treatment room); patients should be advised to wear a mask when they arrive.

- 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.
- Thorough and honest pre-screening for [symptoms of COVID-19](#) must be completed, ~~including information about recent travel.~~
- Patients ~~must confirm~~will be asked if they have ~~not~~ travelled outside British Columbia in the previous 14 days. This provides an opportunity for the RMT to learn about the patient's risk mitigation while travelling, and to consult 8-1-1 as necessary for information and support.
- ~~One day~~Two days 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.
- If you delegate pre-screening duties to staff, colleagues, or if you have automated the screening process, you remain responsible for the quality and completeness of pre-screening, and for reviewing the information provided by patients.
- RMT and clinic staff must use the [BC COVID-19 self-assessment tool](#) ~~daily~~, and must 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.
- Patients who are health care workers ([HCW/HCWs](#)) who have been exposed to patients with COVID-19: RMTs ~~have the discretion of providing treatment to health care workers who may have been exposed to COVID-19. In making the determination to treat or not, can~~ consult the risk assessment tool offered here: [BCCDC's Exposures and return to work for health care workers](#). If the HCW falls into the ~~No Risk category, treatment can be provided. If the HCW falls into the~~ Low Risk category, treatment can be provided; ~~but~~; ask ~~them~~the patient to wear a surgical mask.
- 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~~ operational procedures and that all practitioners will apply them consistently.
- Upon patient’s arrival, the RMT and patient ~~should~~will run through the [BC COVID-19 Self-Assessment Tool](#) outcomes again – confirm mutual safety and trust in moving forward.
- The RMT should cancel treatment if the 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~~For 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 the extent of a patient’s 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, work 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.~~

RESOURCES

1. [BC COVID-19 Symptom Self-Assessment tool](#)
2. [BC Centre for Disease Control, Symptoms](#)
3. [BC Centre for Disease Control, Clinicians should consult with their local Medical Health Officer for guidance related to suspected cases](#)
4. [CMTBC, Consent Standard of Practice](#)
5. [BC Centre for Disease Control, Travel](#)
6. [BC Centre for Disease Control, Exposures and return to work for health care workers](#)
7. [BC Centre for Disease Control, BC Health Care Worker Exposures Risk Assessment Tool](#)

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.
- Reduce traffic ~~through staggered~~; ~~stagger~~ appointment start- and end- times. Are chairs needed? Rearrange appointment process to prevent or minimize in-clinic waiting.
- 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~~, until it's time to enter.
- 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~~work-stations; 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 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? Rearrange appointment process to prevent or 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.
- If soap and water are not available, provide ~~sanitation station with~~ alcohol-based hand ~~rub~~sanitizer for patient's use on arrival and prior to departure.
- If hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand ~~rub~~sanitizer. 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, ~~in the treatment room~~, 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~~should 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 sanitizes their hands immediately afterwards.

IN THE TREATMENT ROOM

- ~~RMT opens the door to the treatment room and allows patient to enter, using hand towel/sanitized barrier as needed, and washing hands as appropriate.~~
- Door opening and closing during- and at the end of treatment ~~as needed~~, RMT attends to hand sanitization as needed for self and/or patient.
- 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 ~~asymptomatic health professionals~~ RMTs or patients choose to wear masks, they must
 - ~~Perform hand hygiene~~ Clean their hands prior to donning and immediately ~~following doffing of~~ after removing the mask, ~~and~~
 - Avoid touching or adjusting the mask while in use.
- If payment occurs in the treatment room, a wireless point of sale system with tap feature may should 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 sanitizes 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~~ Provide tissues if an itch must be addressed.
- Tissues; tissues must be available ~~for patient’s use~~ in reception, treatment room, washroom.
- RMT must discuss use of masks by RMT and/or by patient, as well as the need to sanitize hands before and after touching a mask, if used.
- ~~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](#)
2. [BC Centre for Disease Control, Masks](#)

5. Enhanced Cleaning

REQUIRED

- ~~Training for~~All therapists and staff ~~in sanitation processes~~ will practice consistent cleaning protocols.
- Clean visibly soiled surfaces, followed by disinfection.
- Clean and disinfect all high-touch surfaces in between ~~patients~~patient treatments, 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.
- Remove all clutter, fabric furnishings and decorations that cannot be sanitized after touch.
- 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.
- ~~Schedule additional time~~Ensure the treatment room is thoroughly cleaned between patients ~~to thoroughly clean treatment room.:~~
 - Sanitize the treatment table and table adjustment levers after each treatment.
 - Clean equipment and supplies (table levers, lotion bottles, etc.) immediately after each patient.
- ~~Cease~~Adapt use of thermophores ~~(reconsider all, other thermal agents,~~ hydrotherapy supplies, and ~~discontinue use of thermal agent~~tools, to ensure that ~~cannot~~objects that are in direct contact with the patient can be thoroughly sanitized); ~~(e.g., thermophore/table warmers/other must be covered).~~
- Attach [Cleaning and Disinfectants for Clinic Settings poster](#) from the BC Centre for Disease Control in reception area, washroom for patient use, treatment room.
- Post a schedule of cleaning and disinfecting routine (area, last completed, initials); demonstrate that equipment touched by patient is cleaned prior to use.

- Air purifier / filter in the treatment room may be helpful if room has no windows or external air exchange. Use of an air purifier / filter is at the RMT's personal preference and discretion. View WorkSafeBC resources about ventilation and air circulation.

WASHROOM FOR PATIENT USE

- All contact areas must be cleaned and disinfected several times a day. Ensure that soap is available for hand washing, that clean material is provided for drying hands, and that wipes (or paper towels, tissues) are available for contact with 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); demonstrate that equipment touched by patient is cleaned prior to use.~~
- ~~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. [BC Centre for Disease Control, COVID-19 Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#)
3. [Government of Canada, Hard-surface disinfectants and hand sanitizers](#)
4. [BC Centre for Disease Control, Wildfires and concern about air quality](#)
5. [BC Centre for Disease Control information for patients, Cleaning and Disinfecting the home](#)
6. [WorkSafeBC, ventilation and air circulation](#)

6. Personal Protective Equipment (PPE) and mask use

CMTBC does not mandate ~~or require~~ the use of PPE, ~~including mask use.~~ The RMT may decide whether to use personal protective equipment for themselves and/or for their patient/s.

October 2020: Public health authorities expect everyone to wear a mask ~~or to require mask use by a patient in shared indoor spaces (e.g., clinic area, washrooms).~~

REQUIRED

- RMTs are reminded that ~~even if a decision is made to use masks or other PPE, all other protective measures (such as hand hygiene, enhanced cleaning) remain, and avoidance of face touching are~~ critically important and cannot be relaxed even if masks are worn.
- The RMT must have additional cloth or paper/disposable masks available for patient's use if requested, and for RMT's use if patient requests it. ~~Alternatively, the patient may bring their own clean cloth mask.~~
- If a patient chooses to wear a mask in the treatment room, RMT must accommodate that choice and adjust treatment positioning as appropriate if needed.
- The RMT may require patients to wear masks, and may refuse to treat patients who will not wear a mask provided that (1) this is communicated to the patient in advance of the appointment; and (2) the RMT considers accommodations or provides alternatives for patients who are unable to wear masks.
 - ~~Cloth masks must be laundered following each use.~~
 - ~~Disposable masks must be discarded following use.~~
 - ~~Donning and doffing mask: wash hands with soap and water or sanitize using an alcohol-based hand rub 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

- It is the RMT's responsibility to use and clean or replace their mask correctly. There are many kinds of masks in use and CMTBC cannot be prescriptive about protocols; please follow BCCDC recommendations.
- RMTs may use their professional judgment to decide whether to use gloves, protective goggles, and other commercially available PPE.

RESOURCES

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

7. Professional Obligations

- ~~Health professionals~~RMTs are reminded that if they are exhibiting signs of respiratory illness, including cough, runny nose or fever, they **must not** provide in-person care and should not be in attendance at clinics or other practice settings where other staff and patients are present.
- CMTBC regulates massage therapists, and not clinics. CMTBC's guidelines apply to RMTs and RMT-practice; it is an RMT's responsibility to clarify the guidelines in their practice, rather than rely upon clinic owners to do so.

- RMTs who 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.
 - RMTs are advised to follow the guidelines or requirements of their insurance provider as long as the insurer's guidelines do not conflict with or contradict CMTBC's guidelines.
- No duty or obligation to return to practice:
 - The existence of CMTBC's Interim Guidelines for Return to Practice should not be interpreted as *requiring* 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 that RMTs follow the guidance of CMTBC and governmental authorities, including public health authorities.
- RMTs who are employees of a clinic, spa, or who have employment contracts:
 - RMTs are bound by their obligation and duty to CMTBC, their regulatory body as a health professional, irrespective of employment agreements.
 - 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 [reports COVID-19 following treatment and/or](#) 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 and follow the RMT's name and the name and contact information guidance 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 authorities.~~
 - 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.
 - The RMT must report to their insurer in accordance with the requirements of their insurance policy.

• ~~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.~~

- 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](#)
- [BC COVID-19 provincial support, Phase 3](#)
- [BC Centre for Disease Control | BC Ministry of Health, COVID-19 Ethical Decision-Making Framework, March 28, 2020](#)
- [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](#)
- [BC Centre for Disease Control, Contact Tracing](#)
- 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).
- [WorkSafeBC, Health professionals: Protocols for returning to operation](#)

[CMTBC FAQs about Interim Guidelines](#)

[CMTBC's Interim Guidelines for Return to Practice](#) *Updated May 29, 2020, 10:30 am*

Changed from previous version:

~~Introduction ("The big picture") changed to clarify basis of decisions: BC's Restart Plan (Government of BC and Dr. Bonnie Henry), BC Centre for Disease Control, BC's Provincial Health Officer, CMTBC's authority to regulate and provide guidelines for massage therapy profession~~

~~Introduction ("The big picture") updated to clarify that RMTs will have a smaller caseload at this time to address urgent care requirements~~

~~Section 1, pre-screening item added, patient who is a health care worker exposed to patients with COVID-19~~

~~Section 1, additional resources added, pre-screening of health care workers exposed to COVID-19 virus~~

~~Section 2, "Remove all clutter, fabric furnishings..." moved to Section 5, Enhanced Cleaning~~

~~Section 2, removed requirement to greet patient at the door and depart with patient; hand hygiene and enhanced cleaning address the need for safer entry/exit~~

~~Section 3, in first requirement about patient’s hand hygiene, removed the words “and before touching door/s”—patient may need to touch a door to enter the practice environment~~

~~Section 3, hand hygiene, changed to “If hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.”~~

~~Section 3, hand hygiene in the treatment room; change: door opening and closing is mindful, with RMT’s attention to hand sanitization (for self and/or patient)~~

~~Section 4, replaced requirement to offer masks to avoid face touching, with requirement to share information about hand hygiene before and after touching a mask, if used~~

~~Section 5, moved requirements to clean in front of patient to recommendation, and modified language, to clarify intention is to demonstrate equipment touched by patient is cleaned prior to use~~

~~Section 6, added “or sanitize using an alcohol-based hand rub” to hand washing instructions related to donning and doffing of masks when they are used~~

~~Section 6, updated requirements for use of PPE including masks~~

~~Section 7, added that health professionals exhibiting signs of respiratory illness including cough, a runny nose or fever must not attend practice settings where others are present~~

~~Section 7, added that RMT should follow guidelines of insurance provider.~~

~~***Updated May 16, 2020, 5:55 pm***~~

~~**Changed from version published on May 15, 2020, 12:01 am:**~~

~~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.~~

~~[May 16, 2020 version of Interim Guidelines for Return to Practice \(PDF\)](#)~~

were developed in consultation with Iridia Medical Inc. (team led by Dr. Allan Holmes, MD, FRCP), and a panel of RMTs.

Please note that CMTBC's interim guidelines contain many links to resources on external websites which are frequently updated. If you encounter a broken link, please email info@cmtbc.ca to advise CMTBC.