

## 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

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 restrictions on a number of activities, including health care services delivered in the community.

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 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.

CMTBC’s 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 permit only prescreened, asymptomatic individuals – including themselves – into their practice environment.
- Effective communication is key; in-person contact cannot always be replaced by forms and automated protocols, even if automation eases clinicians’ workloads.
- 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.

RMTs must develop their own 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.

## **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 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,
- Ensure that communication 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 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.

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.

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](mailto:info@cmtbc.ca) to advise CMTBC.

## **Requirements for RMTs' return to practice in BC**

CMTBC's Interim Guidelines 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 of RMT services 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 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 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 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.
- Patients who are health care workers (HCW) 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, 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 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 run through the [BC COVID-19 Self-Assessment Tool](#) 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 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 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.
- 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 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 rubs 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. 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 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 or patients choose to wear masks, they must
  - Perform hand hygiene prior to donning and immediately following doffing of the mask.
  - 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 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 if an itch must be addressed.
- 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 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.
- 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 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 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); 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. Personal Protective Equipment (PPE)

*CMTBC does not mandate or require use of PPE, including mask use. The RMT may decide whether to wear a mask or to require mask use by a patient.*

### REQUIRED

- RMTs are reminded that, even if a decision is made to use masks or other PPE, all other protective measures (hand hygiene, enhanced cleaning) remain critically important and cannot be relaxed.
- The RMT must have 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, 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

- RMTs 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 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.
- 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 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.
  - 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.

- CMTBC’s Interim Guidelines for Return to Practice include 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. It is the duty of the RMT to screen all those who enter the practice environment, to ensure that only healthy people do so.
  - 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](#). 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](#)
- [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**

***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 \(PDF\)](#)