



The College of Naturopaths of Ontario

Guidelines

COVID-19 Reopening

Note to Readers:

As of March 21, 2022 The College of Naturopaths of Ontario's COVID-19 Reopening Guideline is no longer in effect. This document is available for informational purposes only.

In the event of a discrepancy between this information and the directives of provincial public health authorities, the directives of the provincial public health authorities will prevail.

Introduction

On May 26, 2020, an updated Directive #2 for Health Care Providers was implemented allowing for the gradual restart of deferred and non-essential health services. The updated Directive allows for naturopaths to gradually resume the provision of deferred and non-essential services provided they comply with the requirements set out in the *COVID-19 Operational Requirements: Health Sector Restart*, and the guidelines in this document. Failure to follow these directives, requirements and guidelines may be considered professional misconduct and may be subject to the Complaints and Reports process outlined in the *Regulated Health Professions Act*.

As the COVID-19 outbreak is an evolving situation, it is the responsibility of Registrants to keep up to date with all College communications and updates issued by Ontario's Chief Medical Officer of Health (CMOH).

NDs must meet and have in place the measures outlined in the Ministry of Health's *COVID-19 Operational Requirements: Health Sector Restart* before providing any in-person health services.

Guiding Principles and Assumptions

- All naturopaths will follow the directives provided by the CMOH.
- There are no proven naturopathic treatments for COVID-19 .
- NDs must comply with the requirements set out in *COVID- 19 Operational Requirements: Health Sector Restart and the [MOH COVID-19 Guidance for the Health Sector](#)*.
- Services that can be safely and effectively provided via telepractice, should be.
- In-person services must only proceed when the benefits of such services outweigh the risks to the patient, the naturopath and their staff.
- The naturopath is accountable and is the person best positioned to determine the need for and the urgency and appropriateness of in-person services.
- Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person services. However, all naturopaths must also act to conserve PPE through its judicious use.
- Naturopaths are required, at all times, to be in compliance with all CONO Standards of Practice.

Sections

Page 3	1.0 – Workplace Health and Safety
Page 6	2.0 – Symptoms and Screening for COVID-19
Page 7	3.0 – Hygiene, Cleaning and Sanitisation Practices
Page 10	4.0 – General Physical Distancing and Occupancy Measures
Page 11	5.0 – Personal Protective Equipment (PPE) for Naturopaths
Page 13	6.0 – Considerations for In-Person Appointments
Page 15	Suggested Reading & Resources

1.0 – Workplace Health and Safety

Adapted from the Public Services Health & Safety Association Health, Safety Guidance During COVID-19 for Physician and Primary Care Provider Employers and Ministry of Health—Operational Requirements for Health Sector Restart and COVID-19 Integrated Testing & Case Contact and Outbreak Management Interim Guidance: Omicron Surge.

Naturopaths who employ staff must ensure adequate staffing levels to provide services, including ensuring adequate PPE for staff members based on the organisational risk assessment. The use of surgical/procedure masks is recommended for all staff working outside direct patient care areas.

Communication for staff and patients

1. Encourage staff to remain up to date with developments related to COVID-19.
2. Emphasize that anyone who is sick with new cold-like symptoms or worsened symptoms if associated with allergies, chronic or pre-existing conditions, **MUST NOT** be in the workplace.
3. Notify staff and patients of the steps being taken to prevent the risk of transmission of infection, the importance of their roles in these measures, and post this information in areas where staff members can refer to them and patients can read them.
4. Ensure that written measures and procedures for infection prevention and control are easily accessible.

Guidance for Symptomatic Individuals

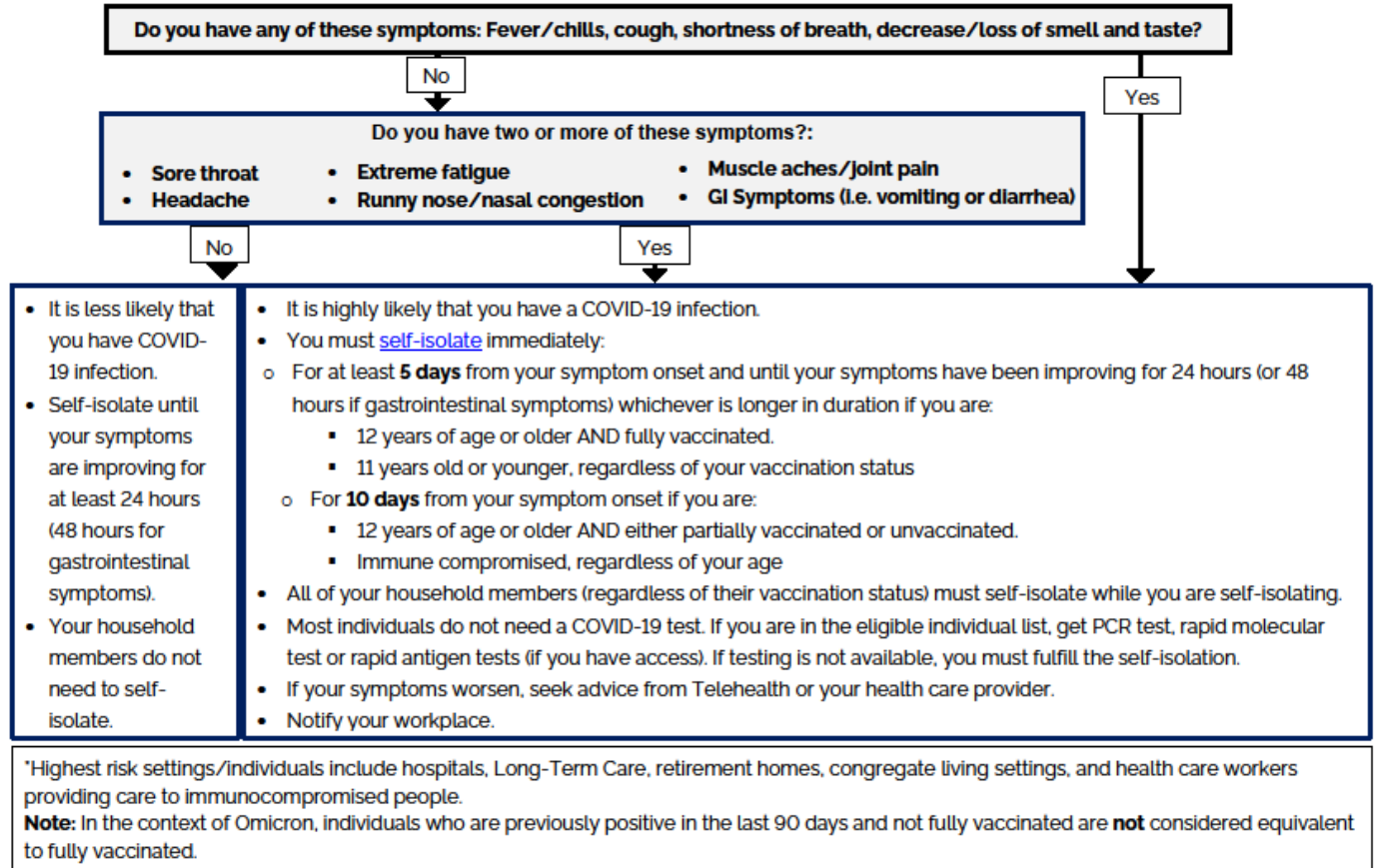
Due to the increase in cases as a result of the Omicron variant, molecular testing is being prioritized for those at increased risk of severe outcomes and those living and working in highest risk settings. As such, molecular testing is no longer being recommended for all individuals in the community with symptoms compatible with COVID-19.

1. **Symptomatic individuals or those that tested positive (PCR, rapid molecular or rapid antigen) who are fully vaccinated** are advised to self-isolate as soon as possible after symptom onset, for at least 5 days from onset AND until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms), whichever is longer in duration.
2. **Symptomatic individuals or those that tested positive (PCR, rapid molecular or rapid antigen) who are not fully vaccinated** are advised to self-isolate as soon as possible after symptom onset, for at least 10 days from onset AND until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and they are afebrile, whichever is longer in duration.

NOTE: Positive Rapid Antigen Tests do NOT need to be reported to the public health unit.

You have symptoms and are concerned you may have COVID-19. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*



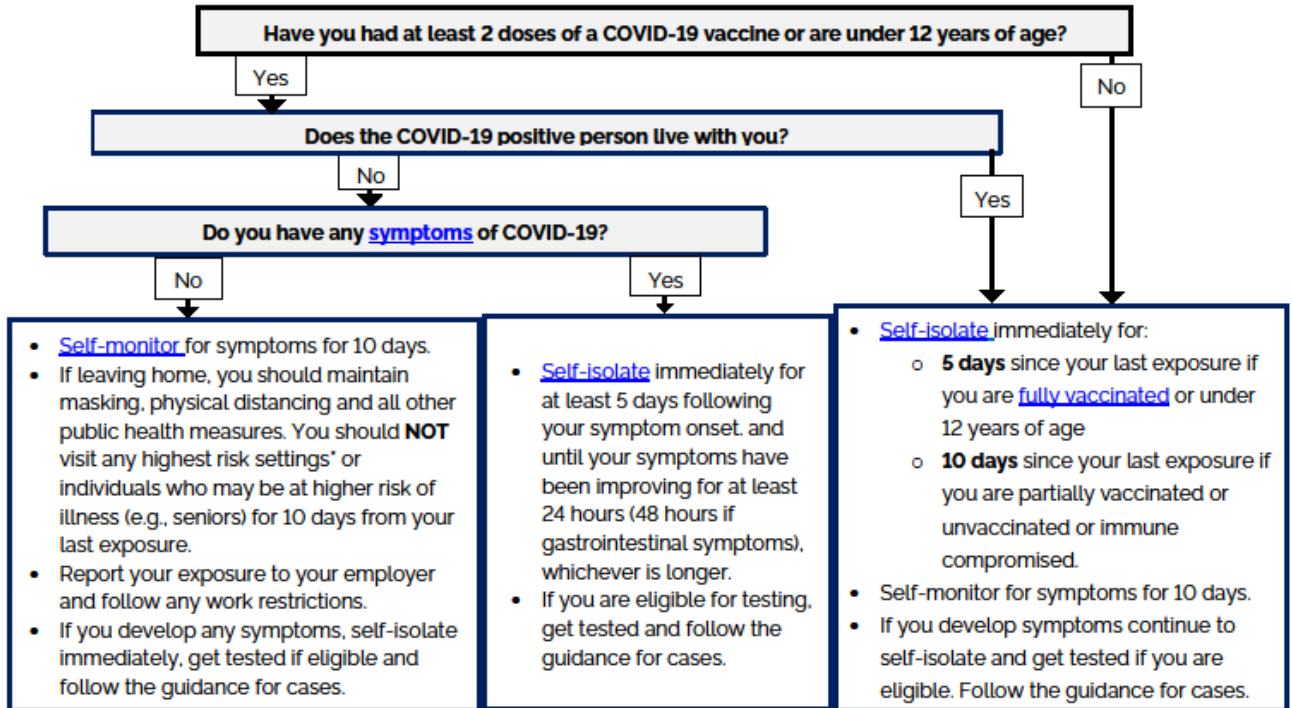
Guidance if a staff member does come to work with symptoms or has tested positive for COVID-19 (PCR, rapid molecular, rapid antigen)

- a. Staff who appear to have acute respiratory illness symptoms (e.g., cough, shortness of breath) on arrival to the workplace, or who become sick while at the workplace, should be sent home immediately and asked to maintain at least two meters of distance from other staff and patients while exiting the workplace.
- b. Sick individuals must follow hand hygiene and respiratory etiquette, as necessary, as they are exiting the workplace.
- c. Arrangements should be made for transport home where needed. Public transportation like buses, taxis or ride sharing should be avoided.
- d. Once a sick individual has left the workplace, clean and disinfect all surfaces and areas that they may have come into contact with.



You've been exposed to someone who has tested positive for COVID-19 on PCR, rapid molecular, or rapid antigen test. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*



*Highest risk settings include hospitals, Long-Term Care, retirement homes, health care workers providing care to immunocompromised, congregate living settings

Note: In the context of Omicron, individuals who are previously positive in the last 90 days and not fully vaccinated are **not** considered equivalent to fully vaccinated.

2.0 – Symptoms and Screening for COVID-19

Adapted from the Ministry of Health: COVID-19 Guidance: Primary Care Providers in a Community Setting and Government of Ontario Case Definition—Novel Coronavirus (COVID-19)

Symptoms and screening for the naturopath and staff

NDs and all office/clinic staff must actively screen themselves daily before coming to the office/clinic.

NDs and all office/clinic staff should use the COVID-19 worker and employee screening tool (<https://covid-19.ontario.ca/screening/worker/>).

There should be an individual responsible for ensuring that all staff entering the office/clinic have passed daily screening.

Symptoms and screening for the patient

NDs should post information on the clinic website or send information to all patients on screening requirements at the clinic and advise them to call prior to coming to the clinic where possible.

NDs should undertake active and passive screening of patients as described below.

Active and passive screening

All naturopaths should undertake both active and passive screening.

1. Active screening over the phone before scheduling appointments and upon entry to the clinic. Staff conducting the screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect staff from sneezing/coughing patients. Naturopaths should use the [Ministry of Health COVID-19 Patient Screening Guidance Document](#) as a tool to screen individuals.
2. Passive screening includes posting signage at points of entry to the facility and at reception, requiring all patients to wear face covering and perform hand hygiene. Signage should be accessible and accommodating to patients. Sample signage can be found on the [Ministry of Health Guidance for Health Sector webpage](#).

All patients (and those accompanying them, if applicable) regardless of screening, should wear a mask and perform hand hygiene while at the clinic.

All patients who screen positive must wear a surgical/procedure mask, be advised to perform hand hygiene and referred to public health, their medical physician or telehealth for further assessment and testing guidance. See Page 11 for PPE requirements for NDs.

3.0 – Hygiene, Cleaning and Sanitisation Practices

Adapted from Public Health Ontario Best Practices for Hand Hygiene in all Health Care Settings; Public Health Ontario Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings; and Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in all Health Care Settings.

Hygiene for staff and patients

1. NDs must promote and have sufficient means for frequent and proper hand hygiene for staff and patients. This can be done using sinks supplied with soap and water, or with alcohol-based hand sanitizers (greater than 60% alcohol content).
2. Glove use alone is not a substitute for hand hygiene. Hands must be cleaned after removing gloves.
3. Patients should perform hand hygiene before entry and upon leaving the clinic and/or treatment room.

Hand hygiene

1. Hand hygiene is performed:
 - a. before and after each patient contact,
 - b. before and after performing an invasive procedure,
 - c. before preparing, handling or eating food,
 - d. after care involving body fluids and before moving to another activity,
 - e. before putting on and after taking off gloves and other PPE,
 - f. after personal body functions (e.g., blowing one's nose),
 - g. whenever hands come into contact with secretions, excretions, blood and body fluids,
 - h. after contact with items from a patient, and
 - i. whenever there is doubt about the necessity for doing so.

Cleaning and sanitisation guidance for common workplace spaces

1. Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.
2. Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.
3. Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.
4. Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses). Alternatively, use a bleach-water solution with 100 ml of bleach to 900 ml water.

5. Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. [Use these lists](#) to look up the DIN number of the product you are using or to find an approved product. Make sure to follow instructions on the product label to disinfect effectively.
6. Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas, common areas, public washrooms and showering facilities.
7. Frequently clean and disinfect frequently touched/shared surfaces such as doorknobs, light switches, toilet handles, faucets and taps, elevator buttons, railings, etc.
8. Spray cleaners and disposable towels or disposable wipes should be available to staff to regularly clean commonly used surfaces.
9. Remove all communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.
10. Remove all refreshment stations (i.e., communal water dispenser or coffee/tea station, etc.).

Cleaning and sanitisation guidance for patient treatment rooms

1. Use any disinfectant that has a Drug Identification Number (DIN) and a virucidal claim, or you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water to clean environmental surfaces and medical equipment.
2. For patients who screen positive, patient-contact surfaces (i.e., areas within 2 metres of the patient) should be disinfected as soon as possible. Treatment areas, including all horizontal surfaces and equipment used on the patient (e.g., exam table, thermometer, BP cuff) should be cleaned and disinfected before another patient is brought into the treatment area or used on another patient. Refer to [PIDAC's Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings](#).
3. For patients who screen negative, standard cleaning processes can be used.
4. Pay particular attention to doorknobs, light switches, staff rooms, desktops, washrooms and other frequently touched surfaces.
5. Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use on another patient.
6. Consider assigning designated staff to complete enhanced environmental cleaning.

7. All cleaning activities should go from clean to dirty and from high use to low use areas.
8. Cleaning cloths and/or ready-to-use (RTU) wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time.

4.0 – General Physical Distancing and Occupancy Measures

Adapted from the Ministry of Health—COVID-19 Guidance: Primary Care Providers in a Community Setting.

1. Maintain a two-meter separation wherever possible between people (e.g., staff and patients) in the workplace at any one time.
2. Restrict the number of occupants in the workplace at any one time to ensure enough space for patients to follow physical distancing guidelines.
3. Ensure that you are acting in accordance with your current municipal occupancy restrictions.
4. Consider installing a physical barrier, such as a cubicle, partition or window, to separate staff and patients.
5. Consider limiting hours of operation or setting specific hours for at-risk patients.
6. Consider placement of reference markers that set out two-meter distances.
7. Ensure there are enough supplies for proper hand hygiene including pump liquid soap, running water, paper towels or hot air dryers.

5.0 – Personal Protective Equipment (PPE) for Naturopaths

Adapted from IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19, Ministry of Health: Operational Requirements for Health Sector Restart and Directive #1.

Effective December 22, 2021, the Ontario Government released an updated [Directive #1 for Health Care Providers and Health Care Entities](#) in response to the Omicron variant.

As an interim precaution in light of the uncertainty of the Omicron variant, all health care workers providing direct care to or interacting with suspected, probable or confirmed cases of COVID-19 are required to have and use the following PPE:

- Fit-tested, seal-checked N95 respirator (or equivalent),
- Eye protection (goggles or face shield),
- Gloves, and
- Appropriate isolation gowns.

Masks

1. NDs must wear a surgical/procedure mask (or of higher grade, where necessary):
 - a. during direct patient care (i.e., all in-person appointments), and
 - b. when they cannot maintain physical distancing measures with co-workers and staff (i.e., two-meter separation between people).
2. NDs must ensure that staff members wear surgical/procedure masks when entering a treatment room while a patient is present.
 - a. When wearing a mask:
 - i. ensure the mask is well-fitted, and
 - ii. be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
3. NDs must practise proper hand hygiene before putting a mask on, as well as before and after taking it off.
4. Damp, contaminated or heavily soiled masks must be changed to a new mask (even if using with the same patient).

Gloves

NDs must:

1. wear gloves whenever they are in direct physical contact with a patient that has screened positive,
2. practise proper hand hygiene immediately before and after wearing gloves,

3. only use disposable, single-use gloves,
4. change gloves between patients,
5. change gloves if they become torn, contaminated or heavily soiled (even if using with the same patient), and
6. dispose of gloves immediately after use in the nearest appropriate receptacle.

Goggles, face shields, gowns and booties

1. Droplet and Contact Precautions including eye protection (goggles or a face shield), and gowns should be utilized by NDs whenever they are in direct physical contact with a patient that has screened positive.
2. If a patient is unmasked, eye protection (goggles or a face shield) is required.

A Workplace PPE Supplier Directory can be found at: www.ontario.ca/PPE

6.0– Considerations for In-person Appointments

Where possible, naturopaths should refrain from in-person appointments, especially where services can be provided safely and effectively via telepractice.

Naturopaths should implement a system for virtual and/or telephone consultations when and where possible. When possible, NDs should conduct a consultation over the phone, video or by secure messaging to determine if a virtual/telephone consultation will suffice or if an in-person appointment is necessary.

Non-essential face-to-face appointments should be provided virtually, where possible. Where in person appointments are required, the following measures (in addition to the above noted guidance) should be considered.

Before appointments

- Patient appointments should be scheduled to limit the number of people gathered in waiting areas.
- Seats in waiting areas should be spaced to maintain a minimum physical distance of two metres (note that household contacts are not required to separate).
- Alternative solutions to waiting in the office should be employed, such as asking patients to wait in vehicles and text messaging or calling when you are ready to see them.
- Non-essential items such as magazines, toys and remote controls should be removed from waiting areas.
- Protection for support staff (e.g., a physical barrier at reception, use of masks) should be considered.
- Patients should be screened at the time of booking if they have been experiencing symptoms of illness consistent with COVID-19.
- Personal protective equipment should be used when physical examinations or treatments are being performed.

At appointments

- Where possible, treatment rooms should be furnished to allow physical distancing between NDs and patients.
- The use of masks by staff and patients should be considered generally and particularly in situations where adequate physical distancing is difficult.
- All patients should be screened upon arrival by the naturopath or staff for symptoms consistent with COVID-19.

After appointments

- Common areas and other high-touch surfaces and objects (e.g., reception counters, chairs and seating areas, doors, handrails and objects or equipment used) should be cleaned and disinfected after each use with a [hard surface area cleaner approved by Health Canada](#).
- All NDs and any support staff must practise effective hand hygiene after each patient, washing their hands with soap and water or an alcohol-based [hand sanitizer approved by Health Canada](#) for at least 20 seconds.

- Wherever possible, NDs and staff should refrain from sharing phones, desks, offices and other tools and equipment.

Suggested Reading & Resources

General

Ministry of Health—[COVID-19 Operational Requirements: Health Sector Restart](#)

[Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections](#)

[Public Health Ontario—Droplet and Contact Precautions Non-acute Care Facilities](#)

[COVID-19 Self-Assessment](#)

[Ministry of Health COVID-19 Guidance for the Health Sector](#)

[CONO Standard of Practice: Infection Control](#)

Hand hygiene

[Public Health Ontario—How to Hand Rub](#)

[Public Health Ontario—Best Practices for Hand Hygiene in all Health Care Settings](#)

Environmental cleaning and disinfection

[Health Canada—Authorized list of hard-surface disinfectants and hand sanitizers](#)

[Public Health Ontario—Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)

[Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings](#)

Personal Protective Equipment

[Public Health Ontario—Recommended Steps for Putting on and Taking off Personal Protective Equipment](#)

[IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#)

Occupational Health and Safety

[Public Services Health & Safety Association: Health and Safety Guidance During COVID-19 for Physician and Primary Care Provider Employers](#)

[Public Services Health & Safety Association – COVID-19 Precautions When Working in Administration in HealthCare](#)

Approval

Original Approval Date: May 28, 2020

Latest Amendment Date: June 15, 2020

Summary of Amendments

Amendment Date: May 29, 2020

- Amended section 5.0 PPE for Naturopaths by adding "...that has screened positive" to point 1 of gloves.

Amendment Date: June 15, 2020

- Amended Section 2.0 – Symptoms and Screening for COVID-19 by removing "travelled outside of Ontario" and replaced with "travelled outside of Canada" to align with the updated Ministry of Health COVID Screening Guideline.

Amendment Date: August 10, 2021

- Amended Section 2.0 – Symptoms and Screening for COVID-19 by removing the specific screening questions and adding a hyperlink to online assessments.
- Amended the Active and Passive screening to align with the [Guidance for Primary Care Providers in a Community Setting](#)
- Amended Section 3.0 – Hygiene, Cleaning and Sanitisation Practices by including the cleaning expectations based on patient screen status.
- Amended section 5.0 PPE for Naturopaths by updating the eye protection requirements for unmasked patients or patients who screen positive.

Amendment Date: January 6, 2022

- Amended Section 1.0 – Guidance for Symptomatic individuals to add in the most up-to-date self-isolation requirements.
- Amended Section 1.0 – added flowcharts for Symptomatic individuals and contact management if an individual has tested positive.
- Amended Section 5.0 – PPE for Naturopaths by adding the interim PPE requirements for all health care workers providing direct care to or interacting with suspected, probable or confirmed cases of COVID-19.