














COVID-19 ENHANCED SAFETY PROTOCOL SUMMARY

ALL CLIENTS: PLEASE READ PRIOR TO YOUR APPOINTMENT

CLIENT REQUIREMENTS FOR TREATMENT:

-  COVID-19 Medical Screen for all individuals entering the facility
-  Mandatory use of face coverings
-  Completion of online intake forms prior to appointment
-  Arrival 5 minutes prior to appointment time
-  Sessions unaccompanied unless necessary
-  Hand washing or sanitization upon entry into the facility
-  Use of credit card or debit to facilitate touchless payment processing. Cash will not be accepted at this time.

ADDITIONAL ENHANCED SAFETY MEASURES:

-  In-depth company wide COVID-19 safety protocol for staff
-  Plexiglass barriers in reception area
-  Increased cleaning schedule with medical grade disinfectant products
-  Signage and operational flow that limits social contact
-  Increased time between appointments
-  Additional off-site administration support with on-site reception prioritizing safety protocols and client check-in

COVID-19 MEDICAL SCREEN

On the day of your appointment, you will be required to complete the following COVID-19 Medical Screen prior to your visit and also upon arrival at the clinic. If you answer **'YES'** to any of the screening questions, we will **reschedule your session** for a later date. If you are calling to reschedule your appointment, please advise our administrative staff that you have answered 'yes' to one of the screening question(s).

- 1** Are you experiencing any of the following:
- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
 - Severe chest pain
 - Having a very hard time waking up
 - Feeling confused
 - Losing consciousness

If **YES** please call 911 immediately

- 2** Are you experiencing any of the following:
- Mild to moderate shortness of breath
 - Inability to lie down because of difficulty breathing
 - Chronic health conditions that you are having difficulty managing because of difficulty breathing

If **YES** please call 811 or your family physician

- 3** Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones, not related to seasonal allergies.

Symptoms include: Fever, chills, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches.

While less common, symptoms can also include: stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes.

If **YES** please call 811 or your family physician

- 4** Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
- 5** Did you provide care or have close contact with a person with confirmed COVID-19?

Note: This means you would have been contacted by your health authority's public health team.