














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 and **ask you to follow up with 811 directly**. If you are calling to reschedule your appointment, please advise our administrative staff that you have answered 'yes' to one of the screening questions(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 any of the following symptoms right now:

- Fever or chills
- Cough
- Difficulty breathing
- Sore throat
- Loss of sense of smell or taste
- Headache
- Extreme fatigue or tiredness
- Diarrhea
- Loss of appetite
- Nausea or vomiting
- Body aches

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

- 4 Have you returned to Canada from any country (including the United States) within the last 14 days?
- 5 Did have **close contact** with a person with confirmed COVID-19 within the last 14 days?