














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 masks (3 layers or better)**
-  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.

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:
 - 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 (either new, or worsening of chronic cough)
 - Shortness of breath
 - Sore throat
 - Loss of sense of smell or taste
 - Headache
 - Extreme fatigue or tiredness
 - Runny nose or sneezing
 - Diarrhea
 - Loss of appetite
 - Nausea or vomiting
 - Body aches

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

- 4 Have you received a positive COVID-19 test result in the last 10 days or are you currently awaiting test results?

If **YES** please reschedule unless you meet the requirements for early clearance as per the latest BCCDC guidelines.