





COVID-19 ENHANCED SAFETY PROTOCOL SUMMARY

ALL CLIENTS: PLEASE READ PRIOR TO YOUR APPOINTMENT


 = COVID-19 Medical Screen for all individuals prior to entering the facility

 Mandatory use of face masks


 Completion of online intake forms prior to appointment


 Arrival 5 minutes prior to appointment time


 Sessions unaccompanied unless necessary

 In-depth company wide Communicable Disease prevention plan for staff

 Plexiglass barriers in reception area

 Regularized thorough cleaning routine with medical grade disinfectant products

 Signage and operational flow that limits social contact

 Hand washing or sanitization upon entry into the facility

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.