



The Nova Scotia
Dietetic Association

Direction for Dietitians in the Private Sector Returning to In-Person Nutrition Care Service

June 1, 2020

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Introduction

The highly contagious nature of the novel corona virus (COVID-19) has brought additional focus on the importance of safe delivery of all health, social/community and commercial services in order to slow the spread of the virus until sufficient levels of immunity are present in the population. Nova Scotia's Chief Medical Officer of Health (CMOH), along with medical officers and government authorities worldwide, have been basing their public health orders on an ever-evolving base of knowledge and research relating to the unique properties and manifestations of the COVID-19 virus.

On March 23, 2020, the CMOH issued an order under section 32 of the Health Protection Act limiting the practice of self-regulated health professionals. Effective [June 5, 2020], dietitians will be permitted to provide in-person nutrition services provided they implement the direction put forth in this document. Dietitians must ensure that risk of transmission is reduced to the extent possible while providing services. The goals of minimizing transmission continue to be to preserve the public health and health-care systems, minimize preventable mortality and morbidity and protect vulnerable populations.

The intent is not to return to the norms of 2019, but instead move to a new normal that balances the risks of transmission of COVID-19 with the risks of not reopening society. The risk of transmission must be balanced with the need to increase economic and social activity for the health of all Nova Scotians. Increasing economic and social activity increases the risk of transmission of COVID-19.

This document's contents may change over time as evidence and the epidemiological data evolve. This document was developed with guidance from Public Health and in collaboration with other regulated and non-regulated professional organizations. The plan is based on core Public Health principles and current best evidence.

Dietitian's Responsibilities

As regulated health professionals, dietitians are required to:

- Follow all mandates and recommendations from Public Health and the Government of Nova Scotia regarding personal and professional conduct. As a regulated health professional, dietitians have a responsibility to follow all civil orders that originate from any level of government.
- Read all communication from the NSDA and adhere to NSDA's policies and standards.

The NSDA consults with external stakeholders, including the Nova Scotia Department of Health and Wellness (DHW) and the CMOH and will adapt this directive based on expert recommendations. The NSDA exists to protect the public, and this directive is created to ensure the health and safety of both the public and dietitians while instilling public

confidence as they safely access nutrition care.

Care Settings

This document applies to private sector dietitians. Dietitians practising in the public sector and residential care sector will be provided guidance by NSHA, IWK and DHW.

Dietitians in the private sector work in different settings. The guidance in this document is designed to be adaptable to specific settings. Emphasis has been placed on clinic settings (multi or single discipline), grocery stores and client's homes. Dietitians are responsible for ensuring that the requirements described within this document are in place for the setting(s) in which they provide care. Regardless of setting, care can only be provided if all the requirements are in place.

Requirements

Virtual care through telephone or video consultation should remain the first choice to protect health care professionals, staff and clients. Consult NSDA's [Virtual Practice Policy](#).

Some services require in-person visits and should only proceed when the anticipated benefits of such services outweigh the risks to the client and the dietitian. If an in-person visit is deemed essential for care, consider an initial virtual care visit prior to an in-person visit.

At this time, in-person group education sessions are restricted.

To resume in-person nutrition services, the following requirements must be met:

1. Screening
2. Personal hygiene
3. Environmental cleaning and disinfection
4. Physical distancing
5. Use of PPE
6. Exclusion or work restrictions during staff or dietitian's illness

This directive must be completely reviewed and applied before offering in-person services to the public. Dietitians are responsible to ensure that staff have read and are able to ask questions regarding this directive. Staff must be trained and audited on the implementation of all policies and procedures.

Screening

Dietitians must assess and screen clients for symptoms of COVID-19 as per the requirements of Public Health. Clients exhibiting signs and symptoms consistent with COVID-19 should not present for nutrition services during the pandemic.

Staff should collect simple screening information at the time of booking the appointment and again in-person at the time of the client's visit to the clinic/practice setting. People who accompany clients, such as parents, caregivers or companions, must be screened with the same questions as the client.

Screening questions that must be asked of clients and companions:

1. Do you have current symptoms of COVID-19? Refer to current 811 screening criteria. Click [HERE](https://when-to-call-about-covid19.novascotia.ca/en) (<https://when-to-call-about-covid19.novascotia.ca/en>)
2. Have you traveled outside of Nova Scotia within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

Clients and/or companions exhibiting symptoms should not receive nutrition services at this time and should be directed to call 811.

Signage indicating screening criteria should be posted in a location that is visible before entering the practice setting. For anyone entering the practice area (e.g. service providers, suppliers), signage should be posted as a reminder of how to practice good hygiene (including hand hygiene, avoid touching face, respiratory etiquette), and how to don and doff a mask. Signage should be appropriate to clients' needs, including age, ability, literacy level and language. Communicate with external service providers and suppliers of the need to adhere to provincial COVID-19 health and safety requirements.

A registry of all people entering the practice setting should be kept to help with contact tracing if required. This would include people in the practice setting in addition to clients (e.g. couriers, guardians accompanying a client, etc). This is not an open sign-in book and should be kept and managed privately by the dietitian. This registry must be kept while this directive remains in place. The time when individuals enter and exit the practice setting should be recorded.

If a dietitian encounters a client who has gone through the screening process and enters a practice setting, yet still exhibits signs and symptoms consistent with COVID-19, the dietitian must:

- Establish and maintain a safe physical distance of two metres.
- Have the client complete hand hygiene.
- Provide a new mask for the client to don.
- Segregate the client from others in the practice setting (e.g. clinic).
- Explain the concern that they are symptomatic, discontinue service and reschedule the appointment.
- Advise the client they should self-isolate and call 811.
- Clean and disinfect the practice area immediately.

Dietitians must not attempt a differential diagnosis of clients who present with signs and symptoms of COVID-19.

At the time of the initial screening, clients should be advised not to attend their appointment if they have COVID-19 symptoms, and they should be provided with information about what to expect at their appointment, including the need for a second screening upon the arrival to the clinic, the need for hand hygiene upon arrival, and the need for physical distancing while on the premises. Clients should be advised to wear a non-medical mask while travelling to access health care services and during their appointment.

Personal Hygiene

Cough Etiquette

Cover coughs and sneezes with a tissue. Dispose of used tissues in the garbage and wash your hands or use an alcohol-based hand rub immediately afterwards. Alternatively, cough/sneeze into your elbow, not your hand. Avoid touching your eyes, nose and mouth with unwashed hands.

Hand Hygiene

Hand hygiene is recognized as the single most important infection prevention and control (IPC) practice to break the chain of transmission of infectious diseases, including respiratory illness such as COVID-19.

Hand hygiene can be accomplished by either washing hands with soap and water for 20 seconds and then drying with single use cloth or paper towels or using alcohol-

based hand sanitizer. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number) with a final concentration of 60-80 percent ethanol or 60-75 percent isopropanol.

When hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.

Single use cloth towels that are used in the practice setting for hand hygiene must be laundered in hot water (above 60°C) with regular laundry soap and fully dried before being used again. Staff handling these towels should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, dietitians and staff must also avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately. When contact with the face or a tissue is made, hand hygiene must occur before resuming any activities in the practice environment.

Hand hygiene is required to be performed by:

- Dietitians and staff when:
 - entering the practice setting
 - before contact with each client
 - before clean/aseptic procedures
 - after body fluid exposure or risk of body fluid exposure
 - after contact with each client
 - after contact with a client's surroundings or belongings
 - before donning PPE
 - after donning PPE
 - after doffing PPE
 - after cleaning contaminated surfaces
 - after financial transactions or administration of paperwork involving clients

- Clients when:
 - entering the practice setting
 - before and after use of weights, exercise equipment or similar shared equipment
 - prior to processing payment

To enable these hand hygiene practices, ensure hand sanitizer dispensers are placed at the reception desk, staff lounges, and at the entrance to the practice area. Ensure dispensers are accessible (e.g. at proper height for those in wheelchair).

Environment Cleaning and Disinfection

Effective cleaning and disinfection are essential to avoid the possible spread of COVID-19, which is spread through contact with respiratory droplets or contact with contaminated surfaces. The COVID-19 virus can survive for differing periods of time depending on the surfaces it lands on. Frequent cleaning and disinfection are necessary to prevent spread of the disease.

Cleaning products remove soiling such as dirt, dust and oils, but do not always sanitize surfaces. Disinfectants are applied after cleaning to sanitize resulting in the destruction of germs. Read, understand and apply the cleaning standards from the Health Canada guide on cleaning and disinfecting public spaces during COVID-19.

Staff must be provided access to tissues, hand soap, alcohol-based hand sanitizers approved by Health Canada, disinfectants and disposable towels.

Proper disinfectant products

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. During the pandemic, only the Health Canada-approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in the practice environment. The disinfectant product manufacturer's instructions must be followed for use, safety, contact time, storage and shelf life.

Alternatively, per DHW cleaning guidelines, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

Vinegar, tea tree oil solutions, Thieves' oil and similar solutions are **not** proven to be effective disinfectants and cannot be used in place of Health Canada-approved disinfectants. It is a requirement that only approved disinfectants with a virucidal claim are used to limit the spread of COVID-19.

Be sure you and your staff take appropriate precautions when using chemicals for cleaning and disinfecting. This can be done by consulting the Manufacturer's Safety Data Sheets when using cleaners and disinfectants. Staff must be supplied with the appropriate safety equipment (gloves and masks) to protect themselves when they clean and disinfect.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question. Client care/client contact items must be cleaned and disinfected between each client's use.

Examples of client contact items include, but are not limited to:

- scales and measurement tools (e.g. calipers)
- all contact surfaces
- treatment tables and the entire headpiece/hand rests
 - discontinue use of the central holding bar for headrest paper
 - discontinue use of any permanent treatment material that cannot be cleaned and disinfected (e.g., upholstered cloth treatment tables where the cloth cannot be properly disinfected must not be used)
- exercise equipment

Commonly touched areas must be cleaned and disinfected a minimum of twice daily or whenever visibly soiled. Avoid the number of common surfaces that need to be touched (e.g. no-touch waste containers) and limit the exchange of papers. If papers must be exchanged, leave them on a clean surface while maintaining a 2 metre distance. Discourage the sharing of phones, desks, offices and other tools (e.g. pens) and equipment (e.g. computer). Staff should be provided sanitizing wipes to clean their workspaces throughout the day.

Commonly touched areas include but are not limited to:

- light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones and keyboards
- The payment machine must be cleaned after each client

encounter. Offer contactless payment methods to avoid use of cash.

- Clipboards that clients contact must be disinfected after each client encounter.
- Pens/pencils used by clients must be disinfected after each client use or be single-use only

Any cloth items, such as towels, sheets, headrest coverings, etc., that are used in the practice setting must be laundered in hot water (above 60°C) with regular laundry soap before being dried and used again. Staff handling these items should be gloved for both dirty and clean laundry processing. Staff must always use new gloves when handling clean laundry.

The following are required practice setting environment adaptations:

- Books, magazines, toys and remote controls must be removed from client areas.
- Discontinue client-accessible literature displays and directly dispense to clients or move to electronic distribution.
- Self-serve candy dish, baked goods and other open or unsealed consumables are not permitted.
- Table surfaces with tears must be immediately repaired and then replaced as soon as reasonably possible.
 - At no time may client care be provided on a table with exposed foam.
 - Duct tape is acceptable for emergency repair use only. It is expected that the arrangement for suitable long-term repair or replacement is initiated within two business days of the discovery of the tear.
- Cloth upholstery on furniture and treatment tables that can be properly disinfected may continue to be used.
 - If the cloth upholstery cannot be properly disinfected, it must be removed from the practice environment.
- A regular schedule for periodic environmental cleaning must be established and documented.

Physical Distancing

Requirements for managing clinical space:

- Physical distancing requirements take priority over occupancy limits.
- Members of the public must be two metres from each other. This applies in the following spaces:
 - practice areas (e.g. counselling area)
 - waiting areas - seats must be spaced to maintain two metre distance
 - transition areas
 - People who live together are exempt from this requirement with each other.
 - Caregivers and companions that are required to attend with clients are exempt from this requirement.
- Non-clinical employees and the public must be two metres from each other.
 - Reception and payment area - If two metres cannot be maintained at reception/payment area, either staff must be continuously masked or the installation of a plexiglass or plastic barrier must occur to protect reception staff. A non-medical mask is acceptable (e.g. cloth mask).
- The dietitian must be two metres from the public when conversing, and avoid greetings that include physical touch (e.g. handshakes).
- Restrict access to the practice environment to those who must be present, including clients, client chaperones or companions, and staff members.
- Occupancy and gathering limits include all individuals in the office, including staff.
- To aid in physical distancing, consider having clients wait in vehicle until their appointment time or using virtual practice as a substitute for in-person care as appropriate.
- Use strategies to promote physical distancing (e.g. floor markers as visual cues to maintain 2 metres between individuals and to establish directional flow throughout the practice area).

Managing the appointment schedule:

- Ensure that booking practices (duration of appointment visits and number of clients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.
- This includes ensuring booking practices enable physical distancing between clients during treatment sessions and provide adequate time to clean and disinfect clinic equipment between clients.
- When scheduling, consider dedicated and/or off-hours service for high risk populations (e.g. immune compromised, elderly, others with co-morbidities).

Personal Protective Equipment

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease.

Staff and practitioner PPE

Given the highly infectious nature of the novel coronavirus, Covid-19, all dietitians providing direct client care must wear a medical (e.g. surgical or procedure) mask continuously, at all times, and in all areas of the workplace if they are involved in direct client contact or cannot maintain adequate physical distancing from clients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers. There may be rare exceptions to this (ie hearing impaired patient who relies on lip reading). These cases must be evaluated carefully by the dietitian and every effort must be taken to ensure a medical mask is worn whenever possible and physical distancing is maintained if possible while the mask is temporarily removed.

PPE requirements

- Medical-grade masks (e.g. surgical or procedure) are the minimum acceptable standard for the dietitian.
- Dietitians must be masked at all times while providing client care.
- Non-clinical staff must be masked when a physical distance of two metres cannot be maintained. A non-medical mask is acceptable (e.g. cloth).

One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled, when taking a break and at the end of the day. N95 respirators are not required.

In the event of supply chain issues related to PPE, dietitians should be prepared to use non-medical grade masks. Supply chain issues could be related to Public Health orders to secure adequate supplies for the public health system, or market conditions. If non-medical grade masks are used by dietitians, the mask must meet the current recommendations of Public Health at the time they are used. Public Health's recommendations for laundering must also be met.

PPE masks must be donned and doffed using the following specific sequence to prevent contamination. DHW has provided further instructions for health-care workers (please refer to the reference section at the end of this document).

Donning mask:

1. Perform hand hygiene.
- 2. Open mask fully to cover from nose to below chin.**
3. Put on mask.
4. Secure ties to head (top first) or elastic loops behind ears.
5. Mold the flexible band to the bridge of nose (if applicable).
6. Ensure snug fit to face and below chin with no gaping or venting.

Doffing mask:

1. Perform hand hygiene.
2. Do not touch the front of the mask.
3. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
4. Discard the mask in the garbage.
5. If the mask itself is touched during doffing, perform hand hygiene.
- 6. Never reuse masks.**

It is essential that all dietitians and staff providing services in a practice setting are aware of the proper donning and doffing of PPE. The use of PPE must be precise and ordered to limit the spread of COVID-19.

The DHW's PPE Resources must be reviewed and understood before all dietitians and staff provide client care. Training and practice of donning and doffing PPE within your workplace are essential to ensure the proper use of PPE in support of limiting the spread of COVID-19.

Client provision of PPE

Clinics are not required to provide masks for clients. However, dietitians may choose to provide masks for clients. If a dietitian chooses to provide masks for clients, the dietitians or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

If a dietitian encounters a client who has gone through the screening process and enters a treatment room yet still exhibits signs and symptoms consistent with COVID-19, the dietitian must:

- Establish and maintain a safe physical distance of two metres.
- Have the client complete hand hygiene.
- Provide a new mask for the client to don.
- Segregate the client from others in the clinic.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the client they should self-isolate and call 811.
- Clean and disinfect the practice area immediately.

Dietitians must not attempt a differential diagnosis of clients who present with signs and symptoms of COVID-19.

Clinic clothing

Clean clothes must be worn by the dietitian and staff each day.

If the practitioner and staff drive directly from their home to the clinic, no change of clothes is required. However, if they stop at other locations on their way to the clinic, then donning new clean clothes in the clinic is required.

Clothes worn in the clinic must not be worn in public afterwards. Dietitians and

staff must change into different clothes at the end of their shift.

To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.

Exclusion or Work Restrictions in the Case of Staff or Dietitian Illness

Staff and dietitians must self-screen for symptoms before arrival at work with the same symptom screening questions used for clients. If screening is positive, staff and dietitians must not come to the clinic.

Staff and dietitians must complete a record of formal screening upon arrival at work. This screening history must be kept while this directive remains in place.

Screening questions that must be asked of staff and dietitians include:

1. Do you have current symptoms of COVID-19? Refer to current 811 screening criteria. Click [HERE](https://when-to-call-about-covid19.novascotia.ca/en) (https://when-to-call-about-covid19.novascotia.ca/en).
2. Have you traveled outside of Nova Scotia within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

Per the CMOH, dietitians and staff who screen positive for the questions above are not eligible to work and they must arrange to be tested by calling 811.

Per the CMOH, dietitians and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Dietitians who become symptomatic while treating clients must immediately stop seeing clients and don a medical-grade mask and follow self-isolation procedures.

This requirement is subject to change and dietitians are directed to stay up to date with the directives of the CMOH. Dietitians are reminded that employers may also set requirements for return to work, so long as those requirements are not less stringent than those established by the CMOH.

All workplaces must develop a workplace illness policy, as per the Government of Nova Scotia's requirements. A link to a reference guide is included in the resource page at the back. Dietitians who employ staff should adjust absenteeism policies to enable staff to stay home when ill, in self-isolation, or if they are taking care of children or someone who is ill. They should ensure plans

are in place for increased worker absences due to illness or isolation.

Home Care

Providing care in client's homes has the potential for elevated risk due to the variability of the environments in which the care is provided and the relative lack of control the care provider has compared to a clinic setting. The requirements for in-home care are consistent with requirements within this document, with the following additional considerations.

1. Screening

Call prior to the home visit to complete the screening. When the dietitian arrives at a client's home, conduct a point of care risk assessment and ask the screening questions again. All household members must complete the screening prior to providing client care. If any individuals are experiencing symptoms, recommend the individual contact 811 for direction and reschedule the appointment. If no symptoms are reported, don appropriate PPE for entry to the residence.

2. Environmental cleaning and disinfection

- Only take items into the home that are required, use single-use items when possible, and avoid sharing items with others.
- Properly disinfectant products – all reusable equipment must be disinfected as per Health Canada's guidelines. Consider providing dedicated equipment whenever possible.
- Required environment adaptations – all applicable risk assessments should be completed to identify and mitigate hazards and risks within the client's home.

3. Physical distancing – All household members should be instructed to maintain physical distancing from the care provider of 2 metres during the entire visit and, with the exception of the client's caregiver, other household members should be asked to be in a different room during the visit. Physical distancing should be maintained by the practitioner to the extent possible during the visit.

4. Use of PPE – as per clinic procedure (see page 11) with the following additional procedures

- Masks need to be disposed of upon leaving the client's home. Follow procedures to doff appropriate PPE.
- Where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body

- fluids, eye protection (e.g. face shields) should also be worn. Unless both conditions are being met, face shields are not recommended.
- To dispose of medical masks when completing a home visit:
 - i. When calling clients to screen, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.
 - ii. Before you doff your PPE, make sure to ask clients and anyone else in the home to remain 6 feet/2 metres back.
 - iii. Put mask in black garbage bag and dispose of in client's garbage can.
 - iv. If either of these cannot be done, remove PPE once outside of the client's home. Dispose of the PPE/masks by double bagging black garbage bags. If non-medical masks are being used due to supply chain issues, safely transport and launder soiled masks to minimize opportunity for cross contamination (ie separate, labeled)

Policies, Procedures and Training

All dietitian practices must adopt written policies and procedures that meet or exceed the requirements outlined in this document. All staff must be made aware of the policies and receive appropriate training (ie correct use of PPE). Policies may refer directly to this document but must be made applicable to the particular risk profile/details of the setting/organization. All requirements must be documented (see Appendix A) and appropriate records kept.

Resources

General

- [Nova Scotia's Novel Coronavirus \(COVID-19\) Disease Health System Protocol](#)
- [NSDA Virtual Practice Policy](#)
- [Ethical Considerations for Dietitians during the COVID-19 Pandemic](#)
- [Nova Scotia Coronavirus Resources – Staying Healthy](#)

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Nova Scotia Coronavirus Resources - [How to Hand Wash](#)
- Nova Scotia Coronavirus Keeping Hands Clean - [How to Use Alcohol-based Hand Rub](#)

Environmental cleaning and disinfection

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- [COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#)

Personal Protective Equipment

- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [Nova Scotia Donning/Doffing Mask Poster](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)
- [NSHA video – The Right PPE, the Right Time](#)
- [Government of Canada: Non-medical masks and face coverings: About](#)

Exclusion or work restrictions during staff or dietitian illness

- [Screening checklist](#)
- [COVID-19 information: Workplace Guidance for Business Owners](#)

Appendix A

COVID-19 Infection Prevention and Requirements Checklist

| Requirement | Requirement Met? | yes | no | n/a | Notes |
|--|---|-----|----|-----|-------|
| Facilitate physical distancing and disinfection | Barriers at front desk and other required areas | | | | |
| | Signage for screening posted | | | | |
| | Signage to promote good hygiene and physical distancing | | | | |
| | Waiting room meets requirements for physical distancing | | | | |
| | Equipment surfaces meet requirements for frequent cleaning and disinfection | | | | |
| | Where necessary, surfaces easily maintained, impermeable, and durable to withstand frequent cleaning and disinfection | | | | |
| | Hand hygiene supplies readily available at practice area (e.g. clinic) entrance and other required areas | | | | |
| Comments: | | | | | |
| There are written infection prevention & control policies and procedures specific to reducing the transmission of COVID-19. | Screening protocol - Staff | | | | |
| | Screening protocol - Patients/companions | | | | |
| | Screening protocol - Household members (Home care only) | | | | |
| | Personal hygiene - Cough/sneeze etiquette | | | | |
| | Hand hygiene | | | | |
| | Selection and use of PPE | | | | |
| | Environmental cleaning and disinfection | | | | |
| | Scheduling and staffing policy | | | | |
| | Physical distancing policy | | | | |
| | Procedure for inspecting equipment (ie tables) | | | | |
| | Waiting room protocols (wait in car, etc.) | | | | |
| Comments: | | | | | |
| | Facility entrances and exits | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Hand hygiene stations are present where necessary. | Each client care area | | | | |
| | Staff lounges | | | | |
| | Clean or sterile storage areas | | | | |
| | Where personal protective equipment is donned or doffed | | | | |
| | Soiled or utility areas | | | | |
| | Other locations necessary to facilitate compliance with routine practices | | | | |
| | Is a dedicated hand hygiene sink accessible if procedures with the potential to soil hands are performed? | | | | |
| Comments: | | | | | |
| Hand hygiene sinks are adequately supplied. | Are sinks equipped with warm running water, plain liquid soap, and paper towel dispensers? | | | | |
| | Are sinks dedicated for handwashing (e.g. no equipment decontamination, waste disposal, food preparation, etc.)? | | | | |
| Hand hygiene is performed at the necessary times. | Staff moments of hand hygiene | | | | |
| | Client moments of hand hygiene | | | | |
| Comments: | | | | | |
| Physical environment is adequately maintained | Are surfaces clean and in good repair with a protocol to meet the required cleaning schedule? | | | | |
| | Is equipment clean and in good repair with a protocol to meet the required cleaning schedule? | | | | |
| | Are washrooms clean and in good repair with a protocol to meet the required cleaning schedule? | | | | |
| | Is a hand hygiene sink with warm running water, plain liquid soap, and disposable paper towel dispenser available for handwashing (no alcohol-based hand rub)? | | | | |
| | Is a no touch waste receptacle present? | | | | |
| | Have required clinic adaptations been completed (removal of | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | books, magazines, candy, toys, etc)? | | | | |
| Comments: | | | | | |
| Applicable staff receive documented infection prevention & control training and education as necessary. | Is there documented training in infection prevention & control for applicable staff? | | | | |
| | Are staff aware of facility policies and procedures and where to access information on infection prevention & control? | | | | |
| Comments: | | | | | |
| Personal protective equipment readily available | Is appropriate personal protective equipment available for all tasks performed? | | | | |
| Comments: | | | | | |
| Personal protective equipment is appropriately used. | Is personal protective equipment donned and doffed at the appropriate times? | | | | |
| | Is personal protective equipment donned and doffed correctly? | | | | |
| | Is single-use personal protective equipment discarded appropriately? | | | | |
| | Is reusable personal protective equipment appropriately cleaned and disinfected in between use? | | | | |
| Comments: | | | | | |

| | |
|--------------|-------------------|
| Date: | Dietitian: |
|--------------|-------------------|