

COVID-19 Pandemic Clinic Procedures from Vitality Physiotherapy & Associates

Booking Appointments

A few things have changed at Vitality Physiotherapy since we saw you last. With COVID-19 and this ‘new norm’ top of mind we are doing everything to ensure your safe return through our clinic doors. *We miss you and are excited to see you soon!*

In order to meet our commitment to patient safety, we have changed our booking procedures to include pre-screening questions. We are asking patients to help us maintain a healthy and safe environment in our clinic by answering pre-screening questions truthfully and follow new



procedures in the clinic where required. Clinic staff will collect screening information at time of booking and again in person at time of appointment. The screening questions will apply to those that accompany patients, parents, care-givers, etc. The pre-screening questions will be available through our website, phoned appointments, and posted on clinic door.

Appointment Day

We ask that you arrive as close to your appointment time as possible. The purpose is to adhere to the gathering size guidelines, which prohibits more than 10 people (patients and guardians). If you are early, that's fine, your comfort is important, so you may wait in the clinic, in your car, outside (weather permitting). The clinic chairs are now set up for social distancing measures. We require that you bring a mask to wear in the clinic. Please do not bring gloves, we will ask you to remove them upon entry. Gloves are a false sense of security and do not replace hand washing. Improper use can also increase the risk of cross contamination.

Upon entering the clinic, a hand sanitizing station will be present to your left on a table with hand sanitizing spray. We ask that you sanitize your hands there prior to further entering the clinic and mask must be worn properly. Once sanitized, we ask that patients wait to be greeted where you will be directed, by our staff or clinicians to your appointment room. For those of you that reside close to our clinic, we would appreciate that you use the washroom facilities at your home before attending. For others that travel a distance we can accommodate you. The washroom facilities must be sanitized after each use, regardless of your purpose, in the facility.

None the less, the washroom will still be available, but keep in mind a 30 second visit equates to a 5-10 minute sanitization procedure. If the facility must be used, upon exiting, you must re-sanitize your hands, prior to entry of any treatment rooms.

Upon completion of your appointment you will be directed to our lovely office manager Sheila at the front desk behind her new classy sneeze guard, to pay and rebook your appointments. There will be visible floor markers to indicate where one should stand if multiple patrons are at the front desk. We ask you to fill one of the empty floor markers if required to wait. Your receipts will still be given as printed copies but can also be emailed if preferred. Please note that regular sanitization of the debit machine will occur and we have increased the limit for contactless tapping option. We are minimizing contact wherever possible.

COVID-19 CLINIC SAFETY MEASURES

Vitality Physiotherapy & Associates wants to reassure all patients that our clinic is a safe environment for all to attend. Under the direction of the College of Physiotherapists of Ontario, Public Health, and the Chief Medical Officer, guidelines have been drafted to ensure the public's safety. The safety of you, your family members and our staff is our number one priority. Our booking procedures are modified to maintain physical distancing requirements that take priority over occupancy limits. Members of the public must adhere to the two metre distance rule, we have ensured this in our facility.

We have also acquired all the necessary PPE essential in protecting and preventing the spread of COVID-19. All sanitization products follow the Health Canada guidelines from hand sanitizers, hand wipes, and disinfecting products. Hand sanitizers all contain 60-80 percent ethanol or 60-70 percent isopropanol mixtures and appropriate DIN numbers. Environment cleaning and disinfection is essential to avoid the possible spread of COVID-19. All our products contain an 8 digit DIN number approved by Health Canada. ONLY the approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in a clinic environment.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question. Our clinic disinfects all patient contact items between each patient use. Examples are but not limited to treatment tables, chairs, electrotherapy and ultrasound machines, contact surfaces, exercise equipment, therapeutic tools, devices, diagnostic tools, procedural work surfaces, commonly touched areas, light switches, door handles, taps, toilets, handrails, counter tops, touch screens/mobile devices, keyboards, payment machine, clipboards, pens, towels, etc. We have eliminated all books, magazines, toys, remote controls, literature, brochures, self serve candy dishes, baked goods and other open unsealed consumables are not permitted. All our tables and chairs with fabric have been removed from the clinic for ease of cleaning and safety. I have also replaced the manual therapy pillow linens with antimicrobial vinyl pillowcases for safety and ease of cleaning.

We will still have our 24 hour cancellation policy in place with leniency toward illness related circumstances. We will not charge anyone for a missed appointment who suddenly comes down with symptoms of an illness or a member of the family that requires immediate attention.

EXTRA INFORMATION FOR YOU

It is with great pleasure that I announce that we have some new associates joining Vitality Physiotherapy & Associates.

Alison Colavecchia, a Psychological Associate has been working on Saturdays since last July and can be reached for information at 416-356-1899 or alisoncolavecchia@gmail.com re: bookings and information.

Please also welcome to Vitality, Jonathan Spratt, an Osteopathic Manual Therapist (O.M.T) who will be seeing patients on Fridays and can be reached directly at 905-745-0374 or email jonsprattclinic@gmail.com for bookings or information.

I also need to inform patients that as of June 1, 2020 due to the rising cost of doing business and the new expenses of PPE's, our rates will be going up to 75\$ for a treatment and 90\$ for an assessment. Please note the clinic's rates have not changed since October of 2016 and it was in my business plan regardless of COVID-19, for the Fall of 2020. I hope you will understand this earlier fee increase and continue to support Vitality as I did not make this decision lightly.

Prior to you returning to our physical location I ask that you read the liability waiver below and sign it, then scan it and email it back to us at info@vitalityphysio.ca OR if you don't have access to that technology print that page only, sign the form and return it on the day of your appointment. We will then store it in a sealed container for 4-5 days before attaching it to your medical record.

One day life will return to normal, but for now we must follow these procedures to the best of our abilities. The staff at Vitality Physiotherapy appreciates all your patience and thanks you from the bottom of our hearts for all your support over the years!! Thank you! We consider you all part of our family and wish nothing but the best for each of you. Everything in life does pass, this pandemic too shall pass and life will resume again.

Movement is Life. Stay Safe and Be Well.

Sincerely,

Heidi S. Gerber

Waiver of all Possible Claims and Assumption of Risk **Please review before signing**

I hereby acknowledge that I have agreed to meet with _____(the "HCP")
(insert name of healthcare professional here)

at Vitality Physiotherapy & Associates, 37 Hatt Street, Dundas, Ontario, Canada, L9H 2G2 for the

purpose of receiving _____(the "Services").
(insert services provided here)

I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending at the Facility. I also acknowledge and accept that while receiving services, the HCP may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending at the Facility to receive services from the HCP.

In consideration of the HCP agreeing to see me in person at the Facility, I agree to release the HCP and the Facility (if applicable), their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to the Facility and/or through the provision of services to me by the HCP.

I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the Releasees based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at the Facility and/or through the provision of services to me by the HCP. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

* I understand and agree with the above and as such agree to participate in assessment and treatment program at Vitality Physiotherapy & Associates. I understand that for the duration of treatment, my consent may be withdrawn at any time and understand that I must inform my Health Care Provider.

Patient Signature

Date

Witness

Date