



## QUESTIONS AND ANSWERS ABOUT THE PROVINCIAL HEALTH OFFICER'S MARCH 23, 2020 UPDATE FOR REGULATED HEALTH PROFESSIONALS

The College has compiled questions and answers about [Provincial Health Officer Dr. Bonnie Henry's March 23, 2020 update for regulated health professionals](#).

### What does this update from the Provincial Health Officer mean for registrants of the College?

- The College continues to recommend in the strongest possible terms, that all in-person traditional Chinese medicine and acupuncture care be suspended until further notice, except in the rarest of emergency circumstances.
- The College also continues to recommend that traditional Chinese medicine practitioners and acupuncturists be available to their patients/clients remotely and to manage their patients/clients' needs appropriately solely through such means.
- Dr. Henry's update is consistent with previous advice/recommendations that the College has issued; and registrants should continue to follow the infection control measures and risk management guidelines as outlined in previous communications.

**In her update, Dr. Henry said: "All non-essential and elective services involving direct physical contact with patients and clients should be reduced to minimal levels, and subject to allowable exceptions, until further notice." What is considered to be non-essential or elective care during the COVID-19 pandemic?**

- The College recognizes that our registrants have the training and expertise to make decisions and provide care based on the unique needs of each patient/client. However, in light of the extraordinary situation brought about by the COVID-19 pandemic, the College is providing more detailed guidance.
  - The College strongly recommends that registrants cease delivery of non-essential or elective care during the special situation of the COVID-19 pandemic. This is care that is neither emergent nor urgent.
  - In general, emergent care is defined as immediate management or treatment of potentially life-threatening conditions. For traditional Chinese medicine practitioners and acupuncturists, this would be the rarest of emergency circumstances. As such, registrants should refer those patients/clients to an alternate emergency service provider.
  - In general, essential (urgent) care is separate from emergency care and focuses on the management and treatment of conditions that require prompt attention. For traditional Chinese medicine practitioners and acupuncturists, these cases should be treated as minimally as possible and only when the practitioner has assessed the type and severity of the condition and concluded that the risk of not providing treatment outweighs the risk to the public, patient and practitioner. Urgent care needs may include (but not limited to):
    - Severe pain which may otherwise be permanently exacerbated without interim treatment
    - Severe addiction issues which may relapse without interim treatment
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- Mental health/depression which may worsen without interim treatment
- Terminal or aggressively progressive conditions where a delay of treatment will have an adverse effect that outweighs the risks to patients, staff, the community, and individuals
- Non-essential care is routine or non-urgent treatment and would include (but not limited to):
  - Routine follow-up assessments and treatment
  - Routine preventative therapies
  - Cosmetic and aesthetic acupuncture treatment
  - Non-urgent care to existing conditions

**Dr. Henry said in making decisions regarding the reduction or elimination of non-essential and elective services, health professionals should be guided by their regulatory college and a series of principles, including “reciprocity”. What does reciprocity mean?**

- Dr. Henry explained reciprocity by saying: “Certain persons or populations will be particularly burdened as a result of a reduction in non-essential services. As such, patients and clients should have the ability to have their health monitored and it be revaluated as required.”
- To follow this principle, the College recommends that registrants develop a plan for patients who have contacted your office requesting care that you have determined to be non-essential due to the COVID-19 situation. This ensures that you are able to take measured action should their needs change and essential (emergent or urgent) care is required.
- This plan may include giving them specific instructions to contact you should their condition change; providing ongoing follow up from your office to assess their condition; or immediately directing them to an alternate source of care, such as another health care professional or hospital.

**How should I screen my patients for COVID-19?**

- Ask the patient if they are experiencing any [symptoms of COVID-19](#), as described by the BC Centre for Disease Control (BCCDC), including cough, sneezing, fever, sore throat, and difficulty breathing.
- Ask about any recent [travel](#) outside of Canada.
- Ask about any contact with individuals who have a confirmed or presumptive diagnosis of COVID-19.
- Try to pre-screen patients by phone if possible.
- As suggested by BCCDC, individuals can use the [COVID-19 BC Support App and Self-Assessment Tool](#) to help determine if they need further assessment or testing for COVID-19.

**What are the implications of providing hands-on care?**

- When direct physical contact is required for the care of patients with presumptive or confirmed COVID-19, health professionals must use infection control practices. See the BCCDC’s page on COVID-19 [Infection Control](#).
- If you are not able to ensure adequate infection control, do not provide care to the patient. Seek an alternate approach to meet their care needs (e.g. referral to another provider or facility).
- Registrants should refer to the infection control measures and risk management guidance provided in the [Communication to Registrants Regarding Coronavirus \(COVID-19\), March 10, 2020](#).
- Registrants should also refer to the Public Health Agency of Canada’s website for [Infection prevention and control for coronavirus disease \(COVID-19\): Interim guidance for acute healthcare settings](#).

### Where can I find more information on providing virtual care?

- Registrants should refer to the College's [Practice Standard on Tele-Practice During the Coronavirus \(COVID-19\) Pandemic](#) for the requirements on the use of communications technology for the delivery of traditional Chinese medicine and/or acupuncture services.
- The Office of Virtual Health and Digital Health Team at Provincial Health Services Authority (PHSA) has developed a [Virtual Health toolkit](#) for use during the COVID-19 pandemic. The toolkit provides information on virtual care technology solutions, endorsed by the Ministry of Health and PHSA. COVID-19 resources on the BCCDC website also link to the toolkit.
- The Virtual Health toolkit includes email as a solution, and notes that Canadian privacy laws apply to email accounts based in Canada. BC's *Personal Information Protection Act* (PIPA) outlines rules applicable to private practice registrants about the collection, use, and disclosure of information. Ensure your virtual care solution and protocols are PIPA compliant.

### What kinds of information may I provide to patients/clients regarding COVID-19?

- Registrants should take an active role to educate patients in need of care on COVID-19, direct patients to reliable sources of information such as the [British Columbia Centre for Disease Control \(BCCDC\)](#), and the importance of following government directives and recommendations.
- Registrants should become familiar with the [BCCDC position and recommendation](#) regarding unproven therapies for COVID-19, which strongly discourages the use of any unproven therapies, including traditional Chinese medicines, outside of clinical trials due to the lack of data to better inform practice and ensure patient and public safety.
- Registrants must adhere to the [Code of Ethics](#) and are responsible to the public to provide information that is fair, accurate and objective. Advertising and marketing of services and/or products must be compliant with [section 92 of the College Bylaws](#). Registrants must not make claims that overstate or embellish the efficacy of therapies and/or products that could be reasonably seen to be misleading.
- For additional guidance, registrants should refer to the [Practice Guideline: Advertising and Marketing Claims Regarding COVID-19](#).