



This document has been replaced and is no longer in use.

Please refer to CMTO's COVID-19 webpage for current practice guidance.

COVID-19 Pandemic – DRAFT Practice Guidance for Massage Therapists

Pre-return to practice version: May 19, 2020

While Massage Therapists (RMTs) in Ontario are not yet able to return to practice, the College of Massage Therapists of Ontario (CMTO) has developed this guidance for when the restrictions are lifted. CMTO is sharing this guidance now, in advance of the restrictions being lifted, so RMTs have time to prepare. Please consider the guidance as draft because Ministry of Health (MOH) and Public Health Ontario (PHO) requirements may change.

CMTO is preparing frequently asked questions (FAQs) to accompany this guidance. If you have specific questions after reading this guidance, please email practicespecialist@cmtto.com.

After the restrictions are lifted, each RMT will need to use their professional judgement to determine whether they are comfortable returning to practice. CMTO is not expecting RMTs to return to practice if they do not feel it is appropriate or safe to do so. This document is guidance for RMTs who have assessed the risk associated with COVID-19 and choose to return to practice. CMTO cannot comment on these individual decisions, including how they may impact eligibility for Canada Emergency Response Benefit (CERB) and other government financial benefits. RMTs who do return to practice are expected to follow this guidance.

Guiding Principles

- RMTs must follow all directions provided by Ontario's Chief Medical Officer of Health (CMOH) and the Ontario [Ministry of Health's guidance for their health sector](#).
- RMTs employed by hospitals, and long-term care and retirement homes must comply with the directions of their employers and the CMOH.
- The guidance in this document pertains to the delivery of care outside of the settings noted above (e.g., private practice clinics, home-based practices).
- **Massage Therapy treatment must only be provided when the anticipated benefits of treatment outweigh the risks to the client and the RMT.**

CMTO guidance is categorized as follows:

- Hand Hygiene
- Cleaning and Disinfecting
- Preparing Your Practice
- Booking Appointments
- The Appointment
- After the Appointment



- Personal Protective Equipment (PPE)
- Other Considerations
- For Employers

Hand Hygiene

- **RMTs must wash their hands (including forearms and elbows) with soap and water thoroughly between clients.**
- RMTs must encourage frequent and proper hand hygiene for all people present in the practice environment. RMTs should:
 - Set up hand washing and sanitization stations
 - Post signage instructing on proper hand washing techniques
 - **Require everyone, including staff, clients and visitors to wash their hands upon arrival**
- [Hand sanitizer](#) approved by Health Canada (e.g. alcohol-based sanitizer at 60%+ alcohol) may be used by others in the clinic if soap and water is not available to all.
- Gloves are not a substitute for proper hand hygiene.

Cleaning and Disinfecting

- Cleaning removes visible soiling, while disinfecting uses chemicals to kill germs once a surface is cleaned. A “wipe-twice” method (wipe once to clean, wipe again to disinfect) must be used to both clean and disinfect surfaces.
- Only use [products approved by Health Canada](#) by cross-referencing the Drug Identification Number (DIN) on the product container.
- In addition to routine procedures, high-touch surfaces should be cleaned and disinfected at least twice per day, and when visibly soiled. High touch surfaces include: doorknobs, light switches, washrooms including toilet handles, counters, handrails, arm rests, and electronics.
- The treatment room and its equipment must be cleaned and disinfected after each use and between clients.
 - All equipment must be in good condition (no tears or rips) to allow for proper cleaning and disinfecting.
 - Pay special attention to the container of topical products (e.g. oil bottle), stool and the massage table.
 - Clean and disinfect the face cradle after each client.
 - Change any face cradle cover after each client.
- Items that are frequently shared, difficult to clean (e.g. upholstered furniture), and/or not necessary to achieving treatment outcomes should be removed. Some examples may include: magazines and other entertainment items; water service, tea service, and snacks; product samples or testers; complimentary phone chargers or electronics; and re-usable hand towels.



- Consider altering the space as much as possible to discourage touching shared surfaces. For example, use garbage bins with step peddles.
- Items in the treatment room that cannot be cleaned and disinfected between clients should be removed. Some examples include table warmers/pads and holsters to hold topical products.
- **Linens, blankets and pillows must be changed between clients, and washed and dried in highest heat possible.** Linens used by clients should be stored in a closed bag or container with a lid until they are washed.
- As RMTs are responsible for additional cleaning and disinfecting between clients, clinics may need to allow more time between clients.
- RMTs must create and maintain records of general infection prevention and control practices they have implemented. These records should reflect the date and frequency of when the measures were applied. RMTs may choose to retain the infection prevention and control records within their existing equipment record (log), or as a separate record.

Preparing your Practice

- Display clear, visible signage at all entrances and within the practice environment that outline the signs and symptoms of COVID-19, what to do if one is at risk, and how to limit transmission (i.e. hand hygiene and safely covering coughs and sneezes). The Ontario Government has provided signage in English for both [patients/clients](#) and [visitors](#) that can be posted on entrances, and a [poster for within your setting](#). Several [public health units](#) also have similar resources.
- Separate seats in waiting areas by at least two (2) metres to ensure physical distancing of non-household members. Consider obstructing some areas and providing signage to encourage visitors to follow physical distancing protocol.
- Develop process for clients to safely and hygienically provide written consent for treatment of sensitive areas, should the need arise. Plan to disinfect any equipment used during this process (e.g. pens, tablets).
- Document all new procedures, including but not limited to cleaning and disinfecting schedules and responsibilities.

Booking Appointments

- Before accepting an appointment, the RMT must screen the client virtually for risk of COVID-19 by [following the Ministry of Health's COVID-19 Patient Screening Document Guidance](#) and the [COVID-19 Reference Document for Symptoms](#). **If the client does not pass this basic COVID-19 screening, the RMT cannot provide treatment, regardless of the rationale for Massage Therapy treatment.** Advise the client that they should self-isolate and complete the [online self-assessment tool](#) before calling their doctor or Telehealth Ontario at 1-866-797-0000. This



information should be documented in the client health record and the RMT should not treat the client for at least 14 days, until the client is asymptomatic, and has been cleared by their primary care provider or Telehealth Ontario of any concern of COVID-19.

- RMTs must use their professional judgement when providing care outside of an environment they can control, such as providing home visits. For information on precautions for entering a client's environment, please review the [Ministry of Health's COVID-19 Guidance: Home and Community Care Providers](#).
- Inform clients of any public health measures that have been implemented in advance of the appointment.
- Ask clients to arrive alone (where possible) and as close to their appointment time as possible.
- Schedule appointments in a way that allows enough time between clients to implement new cleaning and disinfecting protocol.

The Appointment

- Develop a system to have clients wait outside or in their vehicle if possible. For example, ask the client if they would like to receive a phone call or text message when they can enter the clinic.
- Maintain a roster of all people entering the space (including their name and phone number) to assist with contact tracing if required. In addition to clients, this may include couriers, guardians, and support people/workers. Explain to visitors that this information will be used for contact tracing only, should someone who visited the setting later be diagnosed with COVID-19, and that visitors can refuse to provide their name and telephone number.
- Ensure the client washes or sanitizes their hands upon arrival and after treatment.
- RMTs must wash their hands (including forearms and elbows) with soap and water thoroughly before each treatment.
- Immediately prior to treatment, the RMT must screen the client to ensure the client's COVID-19 status has not changed, and must screen themselves using [the same criteria as when the client booked the appointment](#). This screening must be documented in the client's record.
 - **If immediately before treatment, either the client or the RMT does not pass screening, the RMT must not provide treatment.**
- If the RMT encounters a client who has gone through the screening process and enters the setting, yet exhibits signs and symptoms consistent with COVID-19, they must:
 - Establish and maintain a safe physical distance of two (2) metres;
 - Have the client complete hand hygiene;
 - Provide a new mask for the client to wear, if possible;
 - Segregate the client from others in the clinic;
 - Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment;



- Advise the client that they should self-isolate and complete the [online self-assessment tool](#) before calling their doctor or Telehealth Ontario;
- Clean and disinfect the practice area and anywhere the client is likely to have touched immediately; and,
- Ensure a record is kept of all close contacts of the symptomatic client and other visitors and staff in the clinic at the time of the visit. This information will be necessary for contact tracing if the client later tests positive symptomatic for COVID-19.

After the Appointment

- RMTs must wash their hands (including forearms and elbows) with soap and water thoroughly after each treatment and before and after disinfecting.
- Clean and disinfect anything used during the appointment.
- Document all new procedures related to the client in the client record, including but not limited to screening dates and results, PPE used during treatment and any modifications to treatment.

Personal Protective Equipment (PPE)

- RMTs must wear a surgical/procedure mask (not cloth) during treatment and whenever within two (2) metres of clients. Masks should be changed after each client and whenever wet, damaged or soiled.
- Single use gloves may be used but are not required for most treatments. **Gloves do not preclude the need for proper hand hygiene.** If used, gloves must be disposed of and changed between each client. Be aware of potential interaction with gloves and topical products; if gloves are used, CMTO recommends using nitrile gloves with oil- or water- based products or latex gloves (unless the RMT or client has latex allergy) with water-based products. Vinyl gloves are not recommended as they may not be durable enough for manual work. Monitor glove use with client feedback and be sensitive to clients' preferences.
- RMTs are expected to use their professional judgement and conduct individual risk assessments to determine if additional PPE (e.g. face shields, goggles) is warranted due to elevated risk.
- RMTs may consider taking precautions regarding their own clothing, such as wearing disposable coverings or changing their personal clothing between clients. Clothing should be washed and dried regularly and carefully on as high a heat setting as possible.
- RMTs must obtain appropriate training on safely using and disposing of PPE, related to droplet and contact precautions (including at minimum by completing [the resources offered by Public Health Ontario's "Infection Prevention and Control Fundamentals"](#), if you encounter technical difficulties, please refer to [Public Health Ontario's Online Learning - How Do I Guide](#))



Other Considerations

- Though needed for draping, a cloth sheet is likely not sufficiently thick or layered to be an effective transmission barrier for COVID-19.
- Remember that barriers become less effective at preventing transmission when dampened or moistened. Since all fabrics present during treatment (masks, linens, pillows) may become dampened or moistened by the topical product(s) used during treatment, the RMT should be aware of the elevated risk of transmission and take relevant precautions.
- Please note this guidance details three additional documentation requirements;
 - a general infection prevention and control record/log for the practice,
 - a notation of COVID-19 infection precautions taken for each client in the client record, and
 - a roster of all people entering the space for contact tracing purposes.

Documentation should be kept for 10 years.

- If there are any confirmed cases of COVID-19 in a provider, staff, client or visitor of the practice, the RMT should promptly report it to their [local Public Health Unit](#) and follow their directions.

For Employers

Employers have a legal duty under [Ontario's Occupational Health and Safety Act](#) to take every reasonable action to protect the health and safety of workers. This duty is particularly important in the context of COVID-19, where there is a need to protect workers and the public from contracting the virus.

Employers should carefully review the sector specific guidelines highlighted below and make reasonable efforts to implement the recommended actions. Otherwise, you could face charges and prosecution under the *Occupational Health and Safety Act*; and your employees have the right to refuse work if you do not take the recommended precautions.

The guidance documents currently available are listed below, by sector or practice setting. The guidance is likely to evolve as the pandemic situation evolves, so it is important to refer to the relevant government and Ministry of Health pages periodically.

- [List of sector-specific guidance for workplace safety](#)
- [List of Ministry of Health guidance for the healthcare sector](#)