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Returning to Work: **Body Workers, including Physical and Occupational Therapy, Chiropractic, and Massage**

Guidance Document

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Overview

CDC has developed interim infection prevention and control guidance for patient settings during the COVID-19 pandemic. SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through respiratory droplets. Airborne transmission from person-to-person over long distances is unlikely. However, there is strong evidence of close-range exposure to inhalable infectious particles as a mode of COVID-19 transmission. The virus has been shown to survive in aerosols for hours and on surfaces for days. Infection occurs through eyes, nose, and mouth exposures. There is also strong evidence that people can spread the virus while pre-symptomatic or asymptomatic.

The practice of working on a body to improve flexibility, strength, recovery, vitality, endurance, and wellness involves close contact with patients/clients. These improvements also improve overall health and function and can be beneficial at this time to help people increase viability of their immune systems. Depending on the local and state mandates and requirements, masks or face coverings should be worn by businesses and their patients or clients.

There are currently no data available that specifically assess the risk of SARS-CoV-2 transmission during body work or to determine whether standard precautions adequately protect personnel when providing treatment. To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but not therapy and treatment facilities. The Occupational Safety and Health Administration's (OSHA's) *Guidance on Preparing Workplaces for COVID-19* places non-aerosol generating patient care in the medium exposure risk category depending on characteristics of patient and the treatment provided, as their jobs are those with potential for exposure to known or suspected sources of the virus that causes COVID-19 during specific procedures.

To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in in-patient acute care hospital settings and long-term care facilities, but not outpatient, clinic, office, or spa therapy and treatment facilities. The exposure to suspected or known COVID-19 positive patients/clients may be quite different given the variety of locations where body work is being performed.

When practicing **without** Airborne Precautions, the risk when treating known or suspected COVID-19 patients of SARS-CoV-2 transmission in acute care settings can be high. Most professionals working on patients/clients in clinic, office, salon, spa, or home settings are not set up for providing care to patients/clients requiring Airborne Precautions. For example, most clinic settings do not have airborne infection isolation rooms or single-patient rooms, do not have a respiratory protection program, and do not routinely stock N95 respirators. Of note, surgical masks are fluid resistant and protect the patient/client from employee's respiratory emissions. They are not considered personal protective equipment to protect employees from viruses, however they are part of standard precautions for patient protection.

What actions should management take?

Create a COVID-19 Workplace Health and Safety Plan

- Assign a qualified workplace coordinator to develop a SARS-CoV-2 exposure control plan. This will be different depending on whether work is being done in acute or long-term care or clinic/office/spa settings.
- Determine how you would operate with a reduced workforce and continue essential functions.
- Institute flexible workplace and leave policies.
 - Develop policies that encourage sick employees to stay at home without fear of reprisals, and ensure employees are aware of these policies.



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- Work closely with occupational health and safety and/or occupational medical professionals when possible.
- If applicable, create and use labor-management health and safety working groups and include representatives of authorized unions.

Conduct worksite assessments to identify COVID-19 risks and prevention strategies.

- Although SARS-CoV-2 is not bloodborne, body workers may encounter a patient/client's blood or other potentially infectious materials (OPIM). Therefore, it is important to keep a robust and up-to-date written Exposure Control Plan to include the requirements of the OSHA Bloodborne Pathogens Standard.
- In addition to work areas, identify other areas that may lead to close contact among employees and patients. For example, waiting rooms, break rooms, cafeterias, locker rooms, check-in areas, waiting rooms, and routes of entry and exit.
- Include employees in all job classifications including, for example: physical therapists, physical therapy assistants and students, occupational therapists, chiropractors, massage therapists, ultrasound technicians, receptionists, billing, benefits, and office managers.
- Notify employees to avoid car-pooling and high-risk public transportation if they are able.
- As part of these assessments, facilities should collaborate with local and/or state public health authorities, and occupational safety and health professionals in considering the appropriate role for screening or testing and workplace contact tracing of COVID-19 or SARS-CoV-2 positive employees in a worksite risk assessment, following available CDC guidance.

Follow standard types of hazard controls (“the hierarchy of controls”) when implementing work-er infection prevention practices specific to facili-

ties, and include a combination of controls noted below.

Elimination of the hazard

- Require employees who have symptoms or signs (i.e., fever, cough, or shortness of breath) or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. Waive requirements for medical documentation during the pandemic, as CDC has advised people with mild illness NOT to go to the doctor's office or emergency room.
- Liberalize sick leave policies to support employees who have to home isolate.
- Develop a plan and perform enhanced cleaning and disinfection after anyone suspected or confirmed to have COVID-19 has been in the workplace.
- Develop a plan for enhanced routine cleaning and disinfection.

Worker screening

- Be sure that personnel with symptoms stay home.
- For those without symptoms, consider having screening protocols in place for personnel at the beginning of the workday for fever and respiratory symptoms.
 - Document shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and leave the workplace.
- Consider implementing a daily health screening check and log for all employees in the workplace (NOTE: be sure to comply with OSHA's Access to Employee Exposure Medical Records standard for confidentiality).



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- For larger practice settings, screening may require incrementally staggered employee start times.
- Discourage employees congregating in groups. Employees should practice maintaining 6 ft distance between each other.
- Screening should be done in a manner such that the privacy of employees is respected.
- More guidance on best practices for screening workers is given in CDC's website.

NOTE: Employer HR Policies, HIPAA guidelines and other laws should be followed at all times.

Patient/Client screening

- Telephone screen all patients or clients for signs or symptoms of respiratory illness [fever (> 100.4°F), cough, shortness of breath and other symptoms listed by CDC]. For patients who report signs or symptoms, when possible, delay appointment until the patient/client has recovered from the respiratory infection.
- Consider implementing an in-office patient/client screening procedure, including temperature taking and a brief symptom survey.
- People with COVID-19 who have completed home isolation clearance and have been symptom-free for 72 hours can receive care/treatment. This is decided using two strategies: a non-test-based strategy, and a test-based-strategy:
 - Non-test-based-strategy: At least 3 days (72 hours) have passed since recovery (resolution of fever (< 100.4°F) without the use of fever-reducing medications and improvement in respiratory symptoms such as cough or shortness of breath) **and** at least 7 days have passed since symptoms first occurred.
 - Test-based-strategy:
 - Persons who have COVID-19 who have symptoms: Resolution of fever (< 100.4°F) without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath) **and** negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
 - Persons with laboratory-confirmed COVID-19 who have not had any symptoms: At least 7 days have passed since the date of the first positive COVID-19 diagnostic test and have had no subsequent illness.

Engineering controls

- Modify or adjust workstations, beds, machines, and equipment areas to minimize close contact (defined as 6 feet) of employees with other employees, patients, clients, or others when possible.
- Use methods to physically separate employees, patients, and clients in all areas of the facilities when possible, including areas such as break rooms, and entrance/exit areas.
 - Use visual cues (e.g., floor markings, signs) to encourage physical distancing.
 - Space chairs and beds at least 6 ft apart in shared patient/client spaces. Use barriers (like screens), when possible.
 - Remove communal objects like reading magazines, remote controls, and toys from waiting rooms areas.
 - Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients/clients if used in a treatment area.
 - Consider providing pens to patients/clients who need to fill out paperwork, rather than reusing.



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Cleaning/Disinfection/Sanitation

- Clean and disinfect the room and equipment according to the Guidelines for Disinfection and Sterilization in Healthcare Facilities-2008.
 - Clean, disinfect, and/or discard instruments, supplies, or equipment in dedicated areas to reduce cross-transmission. If a dedicated processing area is not available, perform processing in room by a single staff person.
 - Use products with EPA-approved emerging viral pathogens claims—refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program from use against SARS-CoV-2.
 - Be sure to follow the products’ instructions for use (IFUs) carefully to determine the product’s compatibility with the surface type and whether additional PPE is needed for those using them.
 - For high-touch surfaces, it may be useful to use pre-moistened wipes instead of sprays and mixing chemical components to avoid aeration of chemical hazards.
 - If instruments, weights, bands, calipers, etc. are used by multiple employees – disinfect or sterilize them between shared use.
 - If pens are reused, disinfect them between each use. Do not share pens between personnel and patients.
 - Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., tables, beds, machines, equipment, chair arms, door-knobs, light switches, hangers, and anything else with which people come in contact).
 - Clean and disinfect chairs and beds between each patient/client.
- Place a trash can by the door if the door cannot be opened without touching the handle.
 - For single restrooms, provide signage and materials (paper towels and trash cans) for individuals to use without touching the handles, and consider providing a key so disinfection measures can be better controlled.
 - Place signs indicating that toilet lids (if present) should be closed before flushing.
 - Place signs asking employees to wash hands before and after using the restroom.
 - Provide paper towels and air dryers in restrooms.
 - The WHO and CDC currently state that hands can be dried using a paper towel or hand dryer.
 - Due to current uncertainties surrounding the transmission of SARS-CoV-2, care should be taken when using a hand dryer or paper towel.
 - The use of touch or push hand dryers is discouraged due to possible surface contamination. If hand dryers are used, consider touchless devices.
 - Businesses and employers should work with HVAC professionals to ensure that bathrooms are well ventilated.
 - Double efforts to keep bathrooms clean and properly disinfected.

Ventilation

- Ensure there is an adequate flow of fresh air to workspaces and optimize the ventilation system settings. Some ways to do this are:
 - Maximize fresh air through your ventilation system.
 - Ensure restroom is under negative pressure.
 - Ensure that the proper filtration is being used for not only normal office use but also what is recommended to control SARS-CoV-2 transmission.
 - Clean and disinfect all HVAC intakes and returns daily.

Restrooms

- Doors to multi-stall restrooms should be able to be opened and closed without touching handles if at all possible.



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- Consider seeking an HVAC professional and see ASHRAE updates for more information.
- If fans such as pedestal, desk or hard mounted fans are used, take steps to minimize air from fans blowing from one person directly to another. **NOTE: A desk fan is capable of creating an airflow which can still have an effect on smaller droplets. While the droplets might not spread as far via a desk fan, depending on the office configuration and fan direction, they can still spread to nearby individuals.**
- If fans are disabled or removed, employers should remain aware of, and take steps to prevent, heat hazards.
- After removing PPE.
- Provide employees adequate time and access to soap, clean water, single use paper towels for handwashing.
 - Remind employees to wash their hands often with soap and water for at least 20 seconds. If soap and water are not available, they should use hand sanitizer with at least 60% alcohol.
- Post signs and reminders at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. This should include signs for non-English speakers, as needed.
- Provide a hand sanitation area for patients, clients, visitors, and vendors upon entry into your facility, with appropriate signs posted to remind people to use it before entering the rest of the office.
- Use no-touch waste receptacles when possible.
- Remind employees to avoid touching their face.
- Remind employees to cover their mouth and nose with a tissue or use the inside of their elbow when they cough or sneeze. Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds. Learn more about coughing and sneezing etiquette.
- Eliminate handshaking.
- Remind employees that people may be able to spread SARS-CoV-2 even if they do not show symptoms. Consider all close interactions (within 6 feet) with employees, patients, clients, vendors, and others as a potential source of exposure.
- When not performing patient care employees should wear a cloth face covering to cover their nose and mouth in all areas of the business.
 - Cloth face coverings are generally recommended as an addition to social distancing. They are especially important for source control when social distancing not possible or feasible based on

Administrative controls

- Minimize employees working in each treatment room throughout the day.
- Limit persons accompanying patients to the minimum necessary. Consider closing waiting areas
 - patients can remain outside or in their cars until they are either called or texted to come inside for their scheduled appointment. When patients do not arrive in personal vehicles, consider separating waiting room chairs as far apart as possible for the anticipated volume.
- Ask employees to consider the following if they commute to work using public transportation:
 - Use other forms of transportation.
 - Wash their hands immediately upon entering the facility and/or as soon as possible after their trip.
 - Change into scrubs/work clothes.
- Ensure personnel practice strict adherence to hand hygiene, including handwashing with soap and running water:
 - Before and after contact with patients.
 - After contact with contaminated surfaces or equipment.



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working conditions. Additional information on cloth masks can be found on [CDC's website](#).

- Ask all patients/clients to wear a mask or cloth face covering except if access to the face is needed for treatment. Masks or cloth face coverings may prevent people who do not know they have the virus from transmitting it to others.
- Masks or cloth face coverings should (1) allow for breathing without restriction; (2) be kept as clean as feasible; and (3) be replaced when dirty.
- Employees should receive training on proper way to put on and take off items such as face coverings to minimize contamination, as well as training on methods to clean these items.
- Stress the importance of hand hygiene before and after handling all face coverings.

Personal Protective Equipment (PPE)

- **Use the highest level of personal protective equipment (PPE) available for suspected or known COVID-19 positive patients:**

- Wear gloves, a gown, eye protection (i.e., goggles with side shields or a disposable/reusable face shield that covers the front and sides of the face), and an N95 respirator or higher-level respirator. **NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**
- Disposable respirators should be removed and discarded after exiting the patient's room or care area. These patients/clients should be seen in separate rooms or areas and not with or near other patients/clients that are well.
- Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- Change gown if it becomes soiled. Remove and

discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

- If a respirator must be used because of findings from your hazard assessment, you must comply with regulatory requirements for a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). Healthcare Providers should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.
- If a disposable N95 respirator is not available, consider using an N99, N100, elastomeric reusable respirator, or a powered air purifying respirator. See the [NIOSH guidelines](#).
- If no respirator is available, follow OSHA Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the COVID-19 Pandemic and/or contact local OSHA Area Office
- Face shields can serve as both PPE and source control.
- If adequate PPE is not available, do not perform any care or treatment. Refer the patient to a facility that has the appropriate PPE.
- Provide appropriate PPE training and education:
 - Use videos and in-person visual demonstrations of proper PPE donning and doffing procedures. (Maintain social distancing during these demonstrations).
 - Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.



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- PPE should be: (1) disposed; or (2) properly disinfected and stored in a clean location when not in use.
- PPE worn at the facility should not be taken home.
- Stress hand hygiene before and after handling all PPE.
- If scrub uniforms and lab coats are worn, they should not be worn home after a shift. Encourage personnel to change into street clothes after a shift if possible.

Contingency and Crisis Planning

- Major distributors in the United States have reported shortages of PPE, especially surgical masks, and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply, and a burn rate calculator that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic. These policies are only intended to remain in effect during the time of the COVID-19 pandemic.
- During severe resource limitations, consider excluding personnel who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from performing care.

Potential Exposure Guidance

- Even when personnel screen patients for respiratory infections, they may treat a patient or client who is later confirmed to have COVID-19.
- Personnel should institute a policy to contact all patients 48 hours after receiving care. Personnel should ask patients/clients if they are exhibiting any signs or symptoms of COVID-19. If they re-

port signs or symptoms of COVID-19, refer them to their medical provider for assessment and follow CDC's Healthcare Personnel with Potential Exposure Guidance.

Provide worker infection prevention information and training for all employees and supervisors

- Communication/training should be easy to understand, in languages appropriate to preferred language(s) spoken or read by the employees and include accurate and timely information.
 - Emphasize use of images (infographics) that account for language differences.
- Topics including, but not limited to: signs and symptoms of infection, staying home when ill, social and physical distancing, PPE, hand hygiene practices, use of face coverings, and potential routes of transmission (and how to minimize them) at work, at home, and in community.
- Training should be reinforced by the use of signage (preferably infographics) placed in strategic locations that direct employees how and when to use face coverings, how to report signs and symptoms of infection, and remind them how to properly wash their hands.

Take actions to create a healthy office for employees and your patients/clients

- Follow CDC Guidance for Building Water Systems to ensure the safety of the building water system and devices after a prolonged shutdown.
- If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to



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proceed based on the CDC Public Health Recommendations for Community-Related Exposure.

- Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information. See the OSHA for guidance on reporting workplace exposures to COVID-19.
- Understand that some employees may be at higher risk for serious illness, such as older adults and those with serious underlying medical conditions. Consider minimizing face-to-face contact for these employees if possible. This could include those with administrative duties like billing, benefits, scheduling, etc.
- Implement and inform employees of supportive workplace policies:
 - Flexible sick leave policies consistent with public health guidance. Providing paid sick leave is an important way to encourage employees to stay home when sick.
 - Consider not requiring a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness in order to qualify for sick leave. If you do require a doctor’s note from your employees to verify that they are healthy and able to return to work, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Get more information related to the Americans with Disabilities Act during the COVID-19 pandemic.

- Flexibility to stay home to care for a sick family member.
- Human resources policies consistent with public health guidance, and state and federal workplace laws. For more information on employer responsibilities, visit the Department of Labor’s and the Equal Employment Opportunity Commission’s websites.
- Employee assistance program and community resources to help employees manage stress and receive support.
- Encourage employees at increased risk for severe illness to request special accommodations to allow them to perform their job duties safely while also protecting sensitive employee health information.

Resources

- [American Chiropractic Association COVID-19](#)
- American Massage Therapy Association [COVID-19 Resources for Massage Therapists](#)
- American Occupational Therapy Association [Information Pertaining to Occupational Therapy in the Era of Coronavirus \(COVID-19\)](#)
- [COVID-19 Health Alert for Massage Therapists](#)
- [Impact of COVID-19 on the Physical Therapy Profession](#)
- [OSHA Hazard Recognition](#)
- [Physical Therapist Management of Patients with Diagnosed or Suspected COVID-19](#)



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About Occupational Health and Safety Professionals

Occupational health and safety (OHS) professionals (also known as industrial hygienists) practice

the science of anticipating, recognizing, evaluating, and controlling workplace conditions that may cause workers' injury or illness. Through a continuous improvement cycle of planning, doing, checking and acting, OHS professionals make sure workplaces are healthy and safe.

Get additional resources at AIHA's [Coronavirus Outbreak Resource Center](#).

Find a qualified industrial hygiene and OEHS professionals near you in our [Consultants Listing](#).

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These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders.

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