Chiropractors' Association of Saskatchewan

Unit V - Policies

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POLICY ON ADVERTISING IN DIRECT WEST YELLOW PAGES

All members are required to comply with the advertising standards set out in Regulatory Bylaw 22 of *The Chiropractic Regulatory Bylaws*. Breach of any of these standards is deemed to be professional misconduct pursuant to Regulatory Bylaw 26 and Section 27 of *The Chiropractic Act, 1994*.

The purpose of Section 22 of the Regulatory Bylaws is to maintain a professional image for the chiropractic profession in Saskatchewan, and all CAS members, as well as to facilitate communication of information to the public concerning chiropractic and the availability of chiropractic care, to assist the public in making informed choices for chiropractic care and in assessing chiropractic care.

Pursuant to a resolution passed by the members at the Annual General Meeting held September 23, 2017, the CAS will no longer place a group co-operative advertisement of CAS practicing members in the Yellow Pages of selected telephone books.

Any advertising in the Yellow Pages will be the responsibility of individual members, at their own expense.

To ensure compliance with the Advertising Standards contained in Regulatory Bylaw 22, all Yellow Pages advertisements must be approved, in advance, by the CAS Registrar. This approval requirement is mandated due to the nature and length of time that these ads will be in effect.

October 2017

POLICY ON PERSONS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

AFTER SYMPTOMS APPEAR IT IS KNOWN AS:
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

A CHIROPRACTOR'S ETHICAL POSITION:

A. THE SASKATCHEWAN CODE OF PROFESSIONAL ETHICS
Article I, Section 8

"A chiropractor shall recognize that s/he has a responsibility to render health service to any person regardless of race, religion or political belief.

A chiropractor shall have the right to refuse to accept a patient. In an emergency s/he shall render all assistance in his/her power to any person where an urgent need for health care exists."

B. THE CHIROPRACTIC OATH
Paragraph 4

"I will at all times stand ready to serve my fellow man, without distinction of race, creed or colour, in my lifelong vocation of preventing and alleviating human suffering, wherever it may be found, by exemplifying in my own life a pattern of living in harmony with the Laws of Nature."

THE SITUATION:

When a person has tested positive for HIV antibodies it means that the virus has entered their bloodstream and that person may infect others through the four means set out below.

HIV has been shown to be transmitted:

- through sexual contact with an infected person;
- through sharing contaminated needles or syringes;
- through direct infusion of infected blood or blood products;
- from an infected mother to an infant in the womb or during breast feeding.

There is no known cure.

PROTECTION:

Universal Precautions are intended to prevent parenteral, mucous membranes and non-intact skin exposures of health-care workers to blood-borne pathogens.

Body Fluids to which Universal Precautions Apply:

- blood and other body fluids containing visible blood;
- semen and vaginal secretions (sexual transmission);
- tissues;
- the following fluids: cerebrospinal fluid, synovial fluid, pleural fluids, peritoneal fluids, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids in unknown.
- The same precautions taken against other blood-borne infections are equally applicable against the HIV, namely:
  - washing of hands;
  - covering of cuts or sores on hands;
  - cleaning equipment according to recommended procedures;
  - using disposable **latex** gloves, gowns, face and eye protection and other protective clothing and equipment pursuant to established procedures;
  - cleaning anything contaminated with blood or other body fluids, using rubbing alcohol or a 1:9 solution of bleach and water **mixed daily**, or an approved bactericidal or viralcidal solution;
  - mess kits and communicable disease kits must be placed at designated sites in each clinic for use in such spills.

Personnel may come into contact with blood and other body fluids of another person at any time. It is important that procedures be established and protective equipment provided to guard against infection of any kind.

Clinicians should be aware that **patients are concerned about infection and, in order to reassure them** as well as to protect themselves, should **demonstrate** a high level for professional competence and **attention to hygienic techniques**.

- All practicing phlebotomy must wear latex gloves.
- All clinicians must use examination latex gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.

- It is not recommended that clinicians wear protective gloves when performing routine chiropractic treatment unless they have cuts, scratches, or other breaks in their skin, and/or the patient's skin.
- Protective latex gloves must be made available to all health-care givers in each clinic.

The Recommendation of the CAS in Dealing with Employees and Patients Who Have HIV Infection (AIDS):

- As long as the employee is able to perform the duties of his or her job, the approach will be the same as with any other employee.
- Infected employees may continue to work as long as their health-care professional certifies that they are well enough to do so and that they pose no risk to others.
- Persons who are known to be HIV positive, accepted as patients, will be given the same standard of chiropractic care as all patients.

CONTINUING EDUCATION POLICY

Legislative Authority 14(1) and 14(2)

(Developed through a Delphi Review of CE credit protocol)

PREAMBLE:

The Continuing Education Committee has been established to ensure that all members of the Chiropractors' Association of Saskatchewan have the opportunity of sharing in continuing education for the benefit of the profession, their patients and themselves.

REQUIREMENTS:

- All practicing members of the CAS must obtain 30 hours of approved continuing education credit hours (or as indicated in the bylaws under *The Chiropractic Act, 1994*) during each two-year period.
- Ten (10) of these required hours must be obtained through attendance at CAS provided seminars ("inside" hours).
- Continuing education credit hours will be given for seminars, online education, conventions, and tutorials, pertinent to the advancement of the chiropractic profession.
- Each CE offering will be judged on its merits including the course curriculum, course lectures and course protocol.
- The CAS Continuing Education Committee accepts most seminars provided by CMCC and other CCE approved colleges (adhering to CAS guidelines).
- Validation of attendance for both morning and afternoon session is required.
- Seminars that promote monetary gain and unethical patient procurement are not acceptable.

Mandatory Continuing Education Requirements

1. **CPR** – (Regulatory Bylaw) 4(6)(a) Required every three (3) years. **Four** (**4) inside hours** will be given upon proof of recertification.
2. **Record Keeping** – (Regulatory Bylaw) 4(6)(b) Required every four (4) years. **Six (6) inside hours** will be given upon proof of completion. The CAS will provide this course twice in the spring, twice in the fall of the year 2008 and every 4th year thereafter. New members of the CAS will be required to review the material which will also be included in the Provincial Exam. No CE credits will be provided for this review.

PRIMARY COMPONENTS (MAINSTREAM SEMINARS)

Continuing education credit hours will be given for material approved through CCE recognized institutions, upon review. The CAS, through *The Chiropractic Act, 1994* and regulations, may stipulate areas in which it feels appropriate emphasis should be placed. Automatic approval of hours is not necessarily given if these hours do not fall within the bounds of the following criteria. Each seminar therefore is to be reviewed based upon:

1. **syllabus/curriculum/material to be presented;**
2. **the speaker(s) involved, (curriculum vitae, academic/lecture experience, reputation);**
3. **format for presentation (lecture set up, hours, attendance monitoring).**

Each seminar must meet one of the following curricular areas in order for credit hours:

1. **The Basic Sciences** - anatomy, physiology, pathology, microbiology, biochemistry, etc.
2. **Clinical Sciences** - orthopedics, neurology, chronic care, acute care, radiology, nutrition, sports injuries, psychology, diagnosis, toxicology, rheumatology, drug/alcohol addiction counseling, etc.
3. **Chiropractic Sciences** -
    a. **technique seminars** - those taught at CMCC or other CCE approved colleges. They should only include modality seminars that are sanctioned as acceptable by *The Chiropractic Act, 1994* and its bylaws.
    b. **philosophy seminars** - these seminars would include four (4) categories:
        a. pure history seminars;
        b. metaphysical seminars - those seminars pertaining to basic concepts and underlying assumptions concerning chiropractic;
        c. epistemology seminars - those pertaining to the study of knowledge of chiropractic, such as the acquiring and verification of this knowledge;
        d. ethics seminars - those pertaining to the development of a professional moral code (inclusive of standards of practice seminars -Donahue J; JCCA Vol.34, no.4, December, 1990).

SECONDARY COMPONENTS

These are components of the Continuing Education program which are composed of educational processes which demand variable amounts of time and minimal structured supervision.

1. **Manuscripts** - all academic works submitted for publication, meeting professional standards (ie - submitted to a reputable journal, **not necessarily a referred journal**), including academic historical or philosophical material meeting appropriate journal standards. This process is limited to three categories:
    a. case studies/literature reviews – four (4) hours;
    b. clinical investigations (in-house surveys of practices not necessarily meeting rigid research guidelines) – six (6) hours;
    c. major research publications (meeting strict research guidelines) – ten (10) hours.

    The manuscript category is **limited to a maximum of ten (10) outside hours** accepted in a two-year period.
2. **Exam Preparation:**
    a. A limit of 3.75 outside hours will be accepted in a two-year period for participating on the CAS Examination Committee.
    b. A limit of fifteen (15) outside hours will be accepted in a two-year period for CCEB examination participation or exam preparation, which may include, but not necessarily be limited to, the role of the chiropractor as a Standardized Chiropractic Treatment Patient, a Component C Examiner, or a member of any CCEB Committee that strives for the improvement and monitoring of the examination content, process and administration. Hours will be given for the preparation of exam questions based upon the certification of time allocation submitted by the respective Boards.
    c. A limit of fifteen (15) outside hours in a two-year period for work on the 1. Accreditation Committee (Parent Committee) and; 2. Accreditation Standards and Policy Committee (ASPC) of the Federation of Canadian Chiropractic.

3. **Distance Education/Online:** **Unlimited outside hours**. Must be approved by the CE Committee Chair.

4. **Surgical Procedures** (observing/participating): a **maximum of three (3) hours** for any particular surgery, adhering to the following criteria (if less hours, the time spent would be the credit):
    a. neuromusculoskeletal surgeries are given credit for the times;
    b. non-neuromusculoskeletal surgeries, (left to the discretion of the CE committee based upon a submitted report).

    A maximum of three (3) outside hours (10%) will be allowed for each two-year period.

5. **Sitting of Exams/Courses:** this category is limited to a **maximum of 25% of total credit hours**. Hours given will be based upon a structured course program. This category has two areas:
    a. certain recognized courses that have relevant practical/clinical guidelines that meet the standards of the mainstream seminar format, (see primary components section);
    b. University courses pertinent to professional development and continuing education (ie - physiology 204, biology 101).
6. **Rounds:** Any member attending Rounds in a hospital setting will receive credit based on time spent. The member must submit proper documentation to the CE committee for approval. A **maximum of 7.5 outside hours will be allowed for each two-year period.**
7. **Inter-Professional Mentoring**: Any member who provides a mentoring service to students from another regulated health profession, to inform them about the chiropractic profession, by permitting such students to "shadow" them in a clinic setting will receive credit for the time spent preparing for and providing such mentoring. The member must submit written documentation to the satisfaction of the Chair of the CE Committee for approval. A maximum of 7.5 outside hours will be permitted for each two-year CE cycle.
8. **First Aid:** A member who successfully completes a First Aid Course provided by a recognized First Aid provider will receive credit based on length of course to a maximum of fifteen (15) outside hours in a two-year period.
9. **Board Member or Committee Chair:** Members of the Board of Directors and Chairs of the Investigation, Discipline, Quality Assurance and Continuing Education Committees will receive five (5) outside hours for each two year cycle in which they hold that position. The hours for the Investigation Committee will be shared by those members taking on the rotating Chair position during the two year cycle.

10. A new member entering the province will be granted a six (6) month period of grace from the day the clinical exam was written where CE hours are not required and the balance of CE hours would be prorated.
11. The writing of national board exams is not eligible for hours.

Summary:

Mandatory Requirements	**Max Hours Allowed in two-year period**
30 hours every two years - 10 hours from CAS provided seminars ("inside")	
CPR – renew every three years	4 inside hours
Record Keeping Workshop - once every four years	6 inside hours
Secondary Components	
1. Manuscripts	10 outside hours
2. a. Exam Preparation	3.75 outside hours
2. b. CCEB Exam Preparation	15 outside hours
2. c. Federation Standards	15 outside hours
3. Distance Education/Online	Unlimited outside hours
4. Surgical procedures	3 outside hours
5. Sitting of exams/courses	7.5 outside hours
6. Rounds	7.5 outside hours
7. Inter-Professional Mentoring	7.5 outside hours
8. First Aid	15 outside hours
9. Board Member & Committee Chair	5 outside hours

August 23, 2011
Amended January 1, 2017

POLICY FOR TREATING AND BILLING AT SPORTING AND OTHER SPECIAL EVENTS

Regulatory Bylaw, Appendix IV - Code of Professional Ethics:
Part 1, Article I, Section 4, Section 5 (paragraph 1 and 5), Section 7 (paragraph 4) and Section 9

A. PROFESSIONAL TEAMS AND INDIVIDUAL PROFESSIONAL ATHLETES:

When dealing with a professional team, a contractual paid relationship should exist between the chiropractor and the sports team for the duration of the playing season. If a chiropractor is requested to treat or consult with either the home (Saskatchewan-based) or visiting professional team on a one-time basis during the season, a fee should be charged and records kept.

B. NON-PROFESSIONAL TEAMS AND INDIVIDUAL ATHLETES:

All services provided at the event site or in the field are to be donated and shall include a record of the service.

C. ONE-TIME SPECIAL EVENTS SUCH LOCAL, PROVINCIAL, NATIONAL OR INTERNATIONAL COMPETITIONS, CONCERTS AND OTHER PUBLIC EVENTS:

All services are to be donated. This would include any athletes/performers who might regularly be a patient. If they are treated on site or in the office during the period of the event, the services are to be donated as they would be for any visiting athlete/performer.

D. TRAINING OR ADVISING ATHLETES OR TEAMS:

Any advice or training which is not strictly covered under the scope of practice of chiropractic in terms of what constitutes a billable procedure is to be donated.

E. TREATMENT LOCATION:

All services provided at the event site or in the field are to be carried out in a location providing as much privacy as possible, as is acceptable to the patient and chiropractor, and similar in nature to services provided by other health professionals.

All services, whether provided pursuant to paragraph A, B, C, or D (at the event site, on the field or in the office) are subject to Regulatory Bylaws, Appendix IV – Code of Professional Ethics, Article 1.

Amended December 2017

The Chiropractors' Association of Saskatchewan adopts the following policy of the CCA:

POLICY ON THE TEACHING OF MANIPULATIVE TECHNIQUES TO NON-CHIROPRACTORS

"Whereas, the knowledge to know when, and when not, to manipulate, and which type of manipulative technique to use is a diagnostic decision requiring years of study and a high degree of knowledge and skill, and

Whereas, the acquisition of that knowledge which embodies the principles and practice of chiropractic requires extensive formal training in an accredited chiropractic program or institution, and

Whereas, these skills and knowledge are competency tested at national and provincial levels,

Therefore, be it resolved that the CCA strongly disapproves of its members teaching chiropractic manipulative techniques to other health care professionals or lay persons outside of an accredited chiropractic educational institution".

POLICY ON ACUPUNCTURE

The CAS recognizes that some members have been providing acupuncture treatments separately from their chiropractic practice for many years. The purpose of a chiropractic policy is to protect the public by ensuring that members of the profession who wish to provide acupuncture as an adjunctive therapy have the requisite skill sets. This policy outlines the elements necessary to maintain a high level of skill in the application of acupuncture as an adjunctive therapy in the chiropractic practice.

A. The use of acupuncture, as an adjunctive therapy, may have significant benefits for patients, but also carries some risk. As such, members must be:

1) skilled at prevention of infection and familiar with clean needle techniques;
2) aware of any and all contradictions to the use of acupuncture;
3) trained in the appropriate responses at accidents and untoward reactions;
4) aware of precautions necessary to prevent injury;
5) in possession of current liability coverage as provided by CCPA or its equivalent through another vendor.

B. Members are required to obtain patient consent prior to treatment by acupuncture that is:

1) fully informed;
2) voluntarily given;
3) related to the patient's condition and circumstances;
4) not obtained through fraud or misrepresentation and;
5) evidenced in a written form signed by the patient or otherwise documented in the patient's health record.

C. Members must have completed specific acupuncture training as taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges accredited by the Council on Chiropractic Education (Canada), or in an accredited Canadian or American college/university, or in an accredited school of acupuncture.

D. The CAS requires the following minimum formal training for those members who intend to use acupuncture as an adjunctive procedure in the primary practice:

1) Acupuncture Canada, Level AA1 - 3; or
2) McMaster University Contemporary Medical Acupuncture Program, Units 1 – 5;
3) CMCC Clinical Acupuncture Certificate Program; or
4) the equivalent which is satisfactory to the Board.

E. Chiropractors who have actively practised acupuncture as a separate and distinct therapy from their chiropractic practice for a minimum of five (5) consecutive years immediately before the enactment of this policy will be deemed to have met the qualifications to practice acupuncture as an adjunctive therapy as outlined above.

F. Members must provide evidence, satisfactory to the Registrar, of carrying professional liability protection in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate or membership in the protective association that provides equivalent protection, unless the applicant is an employee of a member, a health facility or other body that has equivalent professional liability protection or membership in a protective association that provides equivalent protection.

G. Members are advised to obtain a membership to a national and/or provincial acupuncture association such as the Acupuncture Foundation of Canada Institute or the Saskatchewan Acupuncture Association.

H. Recommended to use only single use disposable needles.

I. The Member has appropriate biohazard and sharps disposal containers, and complies with the Saskatchewan Biomedical Waste Management Guidelines (2008).

J. Members are permitted to use dry needling, as an adjunctive therapy, provided that they have obtained the minimum formal training for acupuncture, as set out above, and have completed certified dry needling training. Evidence of this training must be provided to the Registrar.

April 2011
Amended June 2014
Amended January 2016
Amended August 2018

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION
Informed Consent for Acupuncture Care FORM - AC

Please Read Carefully

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture, as necessary, including moxibustion, cupping, and/or electroacupuncture by the above-named doctor or another duly authorized doctor in the clinic.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I have been advised that only pre-sterilized needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time, based upon the facts then known, is in my best interests. I understand that the results are not guaranteed.

I have read this consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

N.B. Female Patients:

I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I am not pregnant, nor is there any possibility that I may be pregnant.

READ BEFORE SIGNING

_____ _____ _____

Date Signed **Print Patient's Name** **Signature of Patient (or parent/guardian)**

CCPA.06.11

POLICY ON SASKATCHEWAN HEALTH AUTHORITY PRIVILEGES

The Provincial Health Authority Act requires the provincial health authority and prescribed affiliates to enact bylaws governing its practitioner staff. Chiropractors are included in the list of health professions eligible to be appointed to the practitioner staff of the Saskatchewan Health Authority (SHA) and to hold privileges. It is a privilege, not a right, to be included in the Practitioner Staff Bylaws of the SHA.

The Attending Health Professionals Regulations outline what a chiropractor appointed to the practitioner staff of the SHA may do, within the scope of his/her privileges:

- cause a person to be registered as an out-patient of the facility for the purpose of obtaining:
  - plain film radiographs of the person's skeletal system; or
  - ultrasound images of the person's musculoskeletal system.
- on the request and/or consent of the person's attending physician, attend, diagnose or treat a person admitted to the facility as an in-patient or registered as an out-patient of the facility for the purpose of chiropractic treatment or services.

Any chiropractor accessing services in a facility operated by the SHA, including diagnostic imaging, must have privileges with the SHA.

To apply for privileges with the SHA, members should contact the Practitioner Staff Affairs office of the SHA.

May 2015
Amended August 2018

POLICY ON DIAGNOSTIC IMAGING AND ULTRASOUND

Chiropractors may order diagnostic x-ray or ultrasound from any private diagnostic imaging facility.

Chiropractors may also order diagnostic x-ray or ultrasound from a SHA diagnostic imaging facility provided they have been appointed to the practitioner staff and granted privileges with the SHA.

Chiropractors may not bill for any portion of the diagnostic imaging or ultrasound ordered that is performed by a radiologist in a SHA radiology facility or at a hospital.

- Requisitions for imaging must be completed accurately and legibly to avoid any misinterpretation. Reasons for the request should be clearly stated and sufficient clinical details should be provided to enable the radiologist to understand the diagnostic or clinical problems to be evaluated by the ultrasound investigation.
- Consult *The Chiropractic Regulatory Bylaws – Appendix III* for guidelines on appropriate ordering of diagnostic imaging.
- Refer to the website of the Canadian Association of Radiologists: www.car.ca (Diagnostic Imaging Referral Guidelines).
- The radiologist has the authority to determine what imaging should take place and has the ability to advise our members whether any particular examination is appropriate or not. Any concerns regarding the advisability of ordering investigations and the type of investigation required should be resolved through consultation between the chiropractor and the radiologist.

Should you have any questions about diagnostic imaging, contact the CAS Registrar.

May 2015
Amended August 2018

The CAS Adopts as Policy the following FEDERATION recommendations:

POLICY FOR INDEPENDENT CHIROPRACTIC EXAMINATIONS (ICE)

The purpose of a chiropractic standard is to protect the public by ensuring that members of the profession involved in providing expert independent assessments have the requisite skill sets.

This standard will serve to provide a guide for chiropractic practitioners on the required level of expertise in the performance of such assessments.

RECOMMENDATIONS REGARDING INDEPENDENT CHIROPRACTIC EXAMINATIONS (ICE'S)

1. A 'like vs. like' approach for current and future disputes regarding chiropractic care in evaluations ordered from third parties such as Workman's Compensation Boards, automotive insurers, legal and governmental organizations.

2. Each assessor should be experienced in generating impartial, concise, appropriate and relevant assessment decisions and subsequent reports. An independent assessor should have a demonstrated ability to articulate assessment outcomes rationale and plain language.

RECOMMENDED ASSESSOR QUALIFICATION STANDARD

An independent chiropractic assessor:

1) Should have the necessary education, training and experience to offer an opinion regarding the issue in dispute, and specifically taking into consideration the unique characteristics and circumstances of the person being assessed with an advanced knowledge of and experience in:

   a) clinical record/case review (medical necessity, appropriateness and standard of care issues),

   b) expert opinion/testimony and report writing,

   c) clinical practice guidelines,

   d) scientific literature search and review,

   e) quality assurance,

   f) clinical evaluation, assessment and care management,

   g) current relevant legislation, case law and arbitration decisions,

   h) formulating an opinion based exclusively on provided documentation when necessary or appropriate,

   i) generating impartial, concise, appropriate and relevant assessment opinions and reports, and

   j) articulating assessment opinions and rationale in plain language.

2) Should have a minimum of five years of current, balanced, or relevant clinical experience.* As a Chiropractic Specialist (Clinical Sciences, Orthopedics, Sports Sciences, Rehabilitation Sciences, and Radiology Sciences) a three-year minimum experience is recommended. When reasonable, an assessor of equal or greater level of expertise should be utilized.

3) Must be a member in good standing and holding a current certificate of registration with his or her respective chiropractic regulatory board, and should have an 'equal or greater level of experience, education and training' as the practitioner for whom the evaluation is being conducted.

4) Must maintain professional liability protection, and

5) Must maintain mandatory continuing education in the areas of impairment, disability and treatment protocols.**

*current means the last five years, balanced means the assessor maintains clinical practice in addition to performing independent assessments and has expertise which distinguishes themselves with respect to a higher level of experience, training and education.

**There are now many continuing education courses specific to independent assessment that are being offered to supplement the basic education of chiropractic evaluators; e.g., in clinical sciences, accident reconstruction, independent chiropractic evaluations, rehabilitation, radiology, functional capacity evaluations. It is important that independent evaluators remain current through their training with issues impacting upon their performance of independent assessments.

COMMUNICATIONS BETWEEN THE ATTENDING PRACTITIONER AND THE THIRD PARTY EXAMINER

In general, the CAS Board requires that all members adhere to strict professional cooperation between the attending chiropractor and the chiropractor providing the third-party assessment.

Once an appointment for a third-party assessment is confirmed, the third-party examiner may request that the attending chiropractor provide information pertinent to the case. It is appropriate to request that X-rays and roentgenologists reports be forwarded to the examiner. Communications between the attending practitioner and the third-party examiner is encouraged in instances where clarification of outstanding questions or concerns is required. All communication should maintain a professional tone, with ultimate consideration given to the well-being of the patient.

An attending practitioner, who has received a request for information, shall provide such to the best of his/her capacity, promptly. Attending practitioners shall in no way attempt to discourage patients from cooperating with the request for a third-party assessment.

EXAMINATION CONTENT

The chiropractic examination by a third-party chiropractic examiner should include standard history, orthopaedic, neurologic, and physical examination procedures. The examination should also include those procedures that are inherent to the chiropractic profession, such as intersegmental motion palpation, static bony palpation, etc. Where, in the opinion of the third-party examiner, further X-rays are required, it is at the discretion of the third-party examiner to obtain such films, as appropriate.

The examination, and subsequent narrative report, should contain a balance of both subjective and objective findings. Patient survey instruments, such as self-described disability, and visual analog pain scales, may be utilized.

THIRD-PARTY EXAMINER'S RECOMMENDATIONS

As a general rule, the recommendations of a third-party examiner should not be made directly to the patient.

It is the right of the third-party examiner to predict the frequency and duration of future treatment. Recommendations for treatment must be defensible through the identification of treatment objectives. The third-party examiner should state that any proposed treatment plan is an estimate, based upon the third-party examiner's clinical evaluation.

On certain occasions, it may be appropriate for a third-party examiner to recommend the referral of a patient for alternative evaluation or care. Such referral, however, shall not be done directly by the third-party examiner, nor should such referrals be discussed directly with the patient.

It is an appropriate for third-party examiners to identify and alert the third-party insurer to all red flags and barriers to recovery.

REPORT DISTRIBUTION

It is acknowledged that a third-party examiner's report is the property of the third-party insuring agency; therefore, the distribution of the report to the attending practitioner is at the discretion of the said agency.

It is recommended, in the best interest of the patient, the third party agency share the third-party examiner's report with the attending practitioner. Most insuring agencies have no problem with providing a copy of the report to the attending practitioner. SGI has indicated that it will instruct client service representatives to forward a copy to the attending chiropractor as professional courtesy.

THIS POLICY GUIDELINE IS A REASONED EXPRESSION OF THE VIEWS OF THE CAS BOARD ON THIS ISSUE, DESIGNED TO PROVIDE GUIDANCE AND DIRECTION TO THE CAS MEMBERS REGARDING THEIR PROFESSIONAL OBLIGATIONS AND CONDUCT WITH RESPECT TO THE PROVISION OF, AND COOPERATION WITH, THIRD-PARTY EXAMINATIONS. IT IS NOT A SUBSTITUTE FOR THE ACT, BYLAWS, OR THE CODE OF ETHICS. SPECIFIC CASES OR SPECIFIC COMPLAINTS WILL BE DEALT WITH THROUGH THE NORMAL PROCESSES.

June 24, 2008

POLICY ON BILLINGS / TREATMENTS / INCENTIVES

A. MISSED APPOINTMENTS: *(Dec. 8, 1998)*

Charging for missed appointments is not a general occurrence but there are circumstances, which would clearly justify such charges. Each individual patient should be forewarned when charges for missed appointments might be contemplated. These charges are uninsured payment only.

B. TWO TREATMENTS OR MORE PER DAY: *(Nov. 2003; amended Mar. 2016)*

No practitioner will bill any patient or third party payer more than once for the same type of service provided during that business day. The only exception would be a patient that presents with a new condition, in which case a full visit service could be billed for.

C. TREATMENT INCENTIVES: *(Nov. 2003)*

A chiropractor shall conduct himself/herself in such a manner as to merit the respect of the public for members of the chiropractic profession.

A chiropractor shall protect his/her professional independence by avoiding all situations which would lead to a conflict of interest.

Therefore, it is unethical for any member to enter into any verbal or written agreement related to care that would provide financial or service incentive.

D. PREPAID FEES, FREE OR DISCOUNTED SERVICES: *(Nov. 2006)*

CAS members are prohibited from signing patients to prepaid contracts or advertising free or discounted services as they are considered a breach of the Code of Professional Ethics.

November 28, 2006

POLICY ON PUBLIC RELATION ACTIVITIES

All public relation activities involving chiropractic in Saskatchewan are limited to musculoskeletal disorders.

May 1999

POLICY ON INFORMED CONSENT

The CAS adopts the CCPA patient informed consent form as a mandatory part of the patient records.

May 1999

INFORMED CONSENT TO CHIROPRACTIC TREATMENT

CONSENT TO CHIROPRACTIC TREATMENT – FORM L

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain –** Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture –** While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

  Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

  The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.
- **Stroke** – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury.

A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

Please be involved in and responsible for your care. Inform your chiropractor immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR

I hereby acknowledge that I have discussed with the chiropractor the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to chiropractic treatment as proposed to me.

_____
Name (Please Print)

_____ Date: _____ 20____.
Signature of patient (or legal guardian)

_____ Date: _____20____
Signature of Chiropractor

POLICY ON REGISTERED MASSAGE THERAPISTS

PREAMBLE:

The CAS recognizes that Massage therapy is unregulated in Saskatchewan with a wide variance in the quality of its education programs. Many chiropractors in Saskatchewan have developed office sharing and/or interactive relationships with RMT's.

- The Massage Therapy Association of Saskatchewan (MTAS) requires its members to undergo voluntary certification via examination. There is no mandatory licensure process. Massage therapy in Saskatchewan is not an enacted profession.

- Automatic regulation and/or discipline of its members does not appear to be a possibility for MTAS.

- Standards of education appear to be quite variable. Continuing education seminars seem to vary widely; some of these techniques appear to be infringing upon the scope of chiropractic practice.

CHIROPRACTIC AND REGISTERED MASSAGE THERAPISTS - POLICY OF REFERRAL:

At the very least, the referring chiropractor should:

- Be cognizant with and comfortable with the training, experience and reputation of the therapist.

- Be sure that the therapist carries adequate professional liability protection.

- Instruct the therapist as to the number and frequency of treatments recommended.

- Provide for appropriate reevaluation of the patient after the program of therapy has been completed to determine progress and need for ongoing treatment, if any.

- Be sure that the referral and all related information is well documented on the file.

May 1999

CHIROPRACTIC AND MASSAGE THERAPY - OFFICE SHARING:

Numerous chiropractic clinics have developed interactive relationships ranging from office sharing arrangements to full associate-style agreements.

A number of very positive benefits have been achieved by having an RMT work harmoniously within a chiropractic clinic.

The following measures should be helpful:

- Develop a contractual relationship involving the professions, especially, this should indemnify the chiropractor against any potential liability that may arise from the professional activities of the RMT.

- Define the duties of the RMT - that is that he/she does not conduct any other business on the premises of the chiropractic clinic.

- Specify how payment of the rent shall occur.

- Specify that new patients may enter the massage therapy clinic without chiropractic referral in all instances. However, chiropractic referrals should be accepted where appropriate, i.e., the RMT can solicit patients on their own.

- The RMT should keep proper books and accounting records.

- The RMT should also keep good historical records of therapy.

- Right to terminate.

May 1999

The CAS Adopts as Policy the following:

CCA POSITION STATEMENT ON EDUCATION AND THE CONTROLLED ACT OF SPINAL MANIPULATION

Chiropractic is a regulated health profession with particular expertise in the care of the spine and extremity articulations. The legislated scope of practice of the profession includes the controlled act of spinal manipulation, a therapy that is central to the delivery of care by chiropractors.

Spinal manipulation requires a high degree of skill. The clinical decision to utilize manipulation is determined based on a thorough patient assessment and diagnosis requiring the clinical acumen to determine an appropriate course of treatment.

To ensure that the chiropractic profession is competent to assess, diagnose and provide spinal manipulation, the Council of Chiropractic Education of Canada (CCEC) requires that accredited chiropractic degree programs provide a minimum of 4,200 hours of education encompassing an approved curriculum. The World Health Organization (WHO) has also established 4,200 hours of training for chiropractic education in countries where there is legislation governing the profession.

As well, the WHO has established a minimum of 2,200 hours of additional training for any other regulated health care professional, whose scope of practice includes the controlled act of manipulation, and who wishes to become proficient in the assessment and diagnosis of neuromusculoskeletal conditions and the application of spinal manipulation to address those conditions.

Therefore, it is the position of the Canadian Chiropractic Association (CCA), that chiropractors be educated in compliance with CCEC standards, and that other health professionals whose scope of practice includes the controlled act of spinal manipulation obtain a minimum of 2,200 hours of additional training that meets CCEC and WHO standards in order to be sufficiently qualified to assess and diagnose neuromusculoskeletal conditions and provide spinal manipulation.

The CCA cautions that public safety is at risk when spinal manipulation is performed by any health professional who's training and education do not meet CCEC and WHO standards.

The Canadian Chiropractic Association represents the professional interests of Canada's chiropractors. Chiropractic is a regulated health care profession recognized by statute in all Canadian provinces, and is one of the largest primary health care professions in Canada. The practice of chiropractic consists of the examination, assessment, diagnosis, treatment, management and prevention of spinal, joint and related neuromusculoskeletal disorders.

February 2008
Amended March 2016

The CAS Adopts as Policy the following:

1

RECOGNITION AGREEMENT FOR COMPLIANCE OF THE CANADIAN CHIROPRACTIC REGULATORY BOARDS AND THE CANADIAN CHIROPRACTIC PROFESSION WITH THE LABOUR MOBILITY CHAPTER OF THE AGREEMENT ON INTERNAL TRADE

As approved by the CFCRB Board of Directors, November 26, 2005

The Canadian Federation of Chiropractic Regulatory Boards (CFCRB) is pleased to provide the following agreement and the terms contained within, for consideration by the Chiropractic profession.

A. GENERAL CONSIDERATIONS

Signatories

Each provincial/territorial chiropractic regulatory board shall be a signatory to this agreement.

Objectives

The objective of this agreement is to implement the Labour Mobility Chapter of the Agreement on Internal Trade for the Canadian Chiropractic profession.

Agreed Principles

Whereas the government's initiative called the Agreement on Internal Trade (AIT) included the Federal government as well as all Provincial governments and Territorial governments as signatories and,

Whereas the purpose of the AIT is to remove or reduce barriers to inter-provincial movement of workers, goods, services, and investments and,

Whereas Chapter 7 of the AIT covers labour mobility, and its purpose is to enable any worker who is qualified in an occupation in one province or territory to be granted access to employment opportunities in any other province or territory and,

Whereas professional regulatory bodies including those concerned with the licensure and regulation of chiropractors have an important role in removing labour mobility barriers and,

Whereas the CFCRB undertook to provide a leadership role with respect to the chiropractic profession's response to the labour mobility chapter of the AIT and,

Whereas the CFCRB has undertaken extensive deliberations with respect to discovering areas of commonality and difference in existing legislation and regulations, and has developed recommendations for the implementation of the AIT in the chiropractic profession;

THEN, BE IT RESOLVED THAT;

WE THE UNDERSIGNED ARE FORMALLY COMMITTED TO IMPLEMENT THE AGREEMENT AS DESCRIBED UNDER SECTION B AND C.

B. SPECIFIC CONSIDERATIONS

Assumptions

1. Any measure adopted or maintained relating to licensing should relate principally to competence. Competency is defined as a set of knowledge, skills, and abilities obtained through formal or non-formal education, work experience, or other means required to perform an occupation. This means that the principal criteria for granting licensure should be based on the ability to perform the occupation.

2. There does not need to be a uniform scope of practice within the chiropractic provincial/territorial jurisdictions to meet the obligations of the Labour Mobility Chapter of the AIT.

3. In case of legitimate objectives, refer to section 709 of the AIT.

Definitions

CCA - is the acronym for the Canadian Chiropractic Association.

CCEC - is the acronym for the Council on Chiropractic Education of Canada.

CFCRB - is the acronym for the Canadian Federation of Chiropractic Regulatory Boards.

CCEB - is the acronym for the Canadian Chiropractic Examining Board.

Currently Practising Practitioner - Currently practising practitioner means a practitioner registered with a provincial/territorial board:

a. without individual terms, conditions or limitations.
b. entitled to practise the entire scope of chiropractic.
a. in good standing with that province/territory with respect to payments of all fees, fines, costs, penalties or other monetary amounts.
d. who has met minimum practice experience and/or continuing education requirements to maintain his/her licensure with that provincial/territorial board.

And, would meet, in the new province/territory, the current experience, language proficiency, immigration status, good conduct requirements, continuing competency stipulations and similar requirements.

Lapsed Practitioner - Lapsed practitioner means a practitioner registered or previously registered with a provincial/territorial regulatory body who:

a. has not maintained his or her active registration/licensure status and not fulfilled the minimum practice experience and/or continuing education requirements to maintain active registration/licensure status in a province or territory prior to the expiration of their registration/licensure.

b. is in default of paying registration/licensure fees, fines, costs, penalties or other monetary amounts.

Lapsed practitioners who have failed to maintain their active registration/licensure status and have not fulfilled the minimum practice experience and/or continuing education requirements associated with his or her licensure, would be able to take advantage of the provisions of the MRA if they regain full registration, without terms, conditions or limitations in that province/territory. This is contingent on the practitioner meeting the current experience, language proficiency, immigration status, good conduct requirements, continuing competency stipulations and similar requirements in the new province/territory. Lapsed practitioners who regain full registration by payment of all outstanding amounts would be able to take advantage of the provisions of the MRA upon regaining full registration/licensure in the province/territory they are coming from.

Terms

T.1 Provincial/territorial regulatory boards will require all who apply for registration to have passed the examinations of the Canadian Chiropractic Examining Board (the CCEB Written Cognitive Skills Examination and CCEB Clinical Skills Examination) or the considered equivalent by the provincial/territorial board.

T.2 Provincial/territorial regulatory boards have the option of testing for legislation and ethics (a "jurisprudence" examination), and will do so in such a manner that it does not pose an undue barrier to movement under the AIT. This requirement may be met in one of several ways, for example:

- an "open book" style of examination,
- timely rewrites if a candidate does not pass,
- providing an orientation session instead of an examination, and
- other mechanisms suitable to rapidly endorsing the candidate into the province/territory's jurisdiction.

T.3 Current practising registrants of one province/territory, applying to a different province/ territory for registration, who *can* demonstrate past and present good standing, shall be eligible to sit the legislation and ethics exam as outlined in T.2, provide appropriate application documents, pay the licensure fees, and be registered in the new province/territory.

T.4 A lapsed registrant who applies for registration in a new province/territory will be treated by the new province/territory in the same manner as that province/territory treats its own registrants who have become lapsed.

T.5 Provincial/territorial regulatory boards may seek the authority, via amendments to their individual statutes, regulations and bylaws, to be able to grant conditional (temporary) licenses to applicants from other provinces/territories while certain registration requirements are being met.

T.6 A requirement for registration with any provincial/territorial regulatory board shall be graduation from a CCEC accredited educational institution or the considered equivalent by the regulatory board.

T.7 Differences in legislative and regulatory requirements that relate to enforcement are not relevant to entry to practice and need not be reconciled by the provincial/territorial jurisdictions in order to attain compliance with the AIT.

T.8 Provincial/territorial regulatory boards shall endorse and utilize, in all appropriate instances, the "Letter of Good Standing" presented in Appendix A.

T.9 Provincial/territorial regulatory boards may participate in a CCEB Clinical Skills Examination. The CCEB Clinical Skills Examination shall include the following parameters:

- There will be no set number of times that a candidate is allowed to rewrite the CCEB Clinical Skills Examination after failing it.

- There shall be a national body responsible for the CCEB Clinical Skills Examination which has representation from each provincial/territorial regulatory board.

- The CCEB Clinical Skills Examination should be held a minimum of twice per year, in three Canadian sites where numbers warrant, and shall be made available to candidates in Canada's two official languages.

- The CCEB Clinical Skills Examination should be developed and administered in a cost effective, fiscally responsible manner, and should be reliable, valid, and psychometrically and legally defensible.

T.10 Candidates must register with one of the provincial/territorial regulatory boards within one year of passing the CCEB Clinical Skills Examination or recognized equivalent.

C. ADMINISTRATIVE ISSUES

The agreement requires an ongoing mechanism to review implementation and recommend changes. This can best be accommodated by scheduling an annual review of AIT related issues at each CFCRB spring Board of Directors meeting. This would eliminate the need for extra meetings or the creation of new structures.

The provincial/territorial regulatory boards recognize and agree that the implementation measures that they each will undergo may ultimately have to be financed on their own. Implementation will involve legal costs that each province/territory will undoubtedly incur in order to bring their respective legislative statutes in line with the changes required by the AIT. This is a difficult cost to estimate, as the extent of the changes that will be required in each province/territory is uncertain.

The provincial/territorial regulatory boards recognize the following communication mechanisms:

- Submission for ratification of this Recognition Agreement to the Board of Directors of the CFCRB.
- Submission for ratification of this Recognition Agreement to the provincial/territorial regulatory boards.

- Distribution to professional stakeholders (associations, educational institutions, students, etc.).

It would be fair, and not an undue barrier, for each provincial/territorial regulatory board to charge an administrative fee for the registration of applicants.

An attempt to harmonize the timing of the CCEB exams (in order to minimize the time it takes for an applicant to become fully licensed to practice in Canada) should be made. It is recognized that this will be an evolutionary process, as experience in the provision and timing of the two examinations is slowly attained.

The CFCRB and its members will assist the CCEB with the recruitment of examiners through the use of mailings and personal contacts; and through the providing of information concerning practitioners regarding chiropractic educational institution of graduation, years in practice, gender, and office phone, fax and address.

The CFCRB, on behalf of its members, shall take all reasonable steps to ensure that there is:

(a) an annual report presented to the CFCRB at its fall Board meeting; and
(b) an independent, external review of the CCEB Clinical Skills Examination conducted on a timely basis, including every five years.

Effective Date

This Recognition Agreement will come into force following ratification by the provincial/territorial regulatory boards, the provincial/territorial governments and the federal government.

Signatories

College of Chiropractors of Alberta
British Columbia College of Chiropractors
Manitoba Chiropractors' Association
New Brunswick Chiropractors' Association
Newfoundland & Labrador Chiropractic Board
Nova Scotia College of Chiropractors
College of Chiropractors of Ontario
Council of the Prince Edward Island Chiropractic Association
Ordre Des Chiropraticiens du Québec
Chiropractors' Association of Saskatchewan
Chiropractic Registrar, Government of Yukon

April 30, 2013

POLICY ON SURFACE ELECTROMYOGRAPHY (SEMG)

SEMG in Saskatchewan should conform to the *Clinical Guidelines of Chiropractic Practice in Canada* which recommended that:

a) Dynamic SEMG: rated as promising may be used in clinical setting for diagnostic means along with other diagnostic tests, history and examinations.

b) The member must have completed and passed a CCE accredited course in SEMG and attend updating courses as presented.

c) Procedures, patient preparations and protocols of the course must be followed.

d) Minimum technical specifications must be met. Machines must have four-channel capability approved by the Canadian or American Standards Association, Underwriters Laboratory.

e) That static SEMG, rated as investigational, be used for clinical research purposes only.

f) There will be no billing code for this procedure as for all modalities and diagnostic procedures other than X-ray.

g) CAS members are invited to advise the Modes of Care Committee of any information regarding continuing education courses and new research, particularly with regards to static SEMG. The Committee will review information provided and make further recommendations as warranted.

July 2000

POLICY ON MECHANICAL ADJUSTING DEVICES

The educational requirement for the use of moving stylus adjusting instruments must be from a CCE (Canada, United States or International) accredited college.

June 22, 2004

POLICY ON HYGIENE

The board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

> For proper hygiene, all members shall ensure that, during initial construction of their office/clinic, or any significant alteration to their office/clinic, a sink or sinks shall be located such that they are visible to patients and accessible from each treatment room.
>
> Members should wash their hands before treating a patient.

November 2001

POLICY ON DISCLOSURE OF INVESTIGATION/DISCIPLINE

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

> All those wishing to run for the Board or serve on Committees must disclose any current investigative or disciplinary proceedings.

October 2002

POLICY ON CHIROPRACTIC/PHYSICAL THERAPY INTERPROFESSIONAL CONDUCT

PREAMBLE

Pursuant to a meeting held in Saskatoon on April 17, 1996, the Chiropractors' Association of Saskatchewan and the College of Physical Therapists of Saskatchewan have arrived at an understanding with respect to the acceptable conduct of members to both professions when interacting during the provision of care to mutual clients.

Recent changes to the Physical Therapists Act, along with the passing of a new Act governing chiropractors, have allowed for increased interprofessional interaction between chiropractors and physical therapists in the province of Saskatchewan. As well, new programs in both the WCB and SGI indicate an interdisciplinary approach is mandatory. Thus, in the interest of the well-being of clients, and in keeping with the spirit of health care reform, we encourage interdisciplinary cooperation and respect between practitioners.

The goal of this document is to help practitioners of both professions to properly conduct themselves so as to attain a better interprofessional atmosphere, and hence, build bridges between the two professions. Both professions see clients with neuromusculoskeletal problems, but the approach to management of these clients may often be difficult. However, we have the same overall goal, that being an improvement in the health status of clients.

Both professionals recognize that there may be some overlap in the application of techniques. Comments about the appropriateness, ability or sole practice privileges with respect to these techniques should be avoided unless based on fact.

REFERRALS

If a client is not progressing well, the approach of the other profession may be of help to the client, and should be considered as a possibility upon review of the client's progress. Physical Therapists and Chiropractors may initiate and receive referrals from each other where that referral is in the interest of the client.

When initiating a referral, it is appropriate to provide the practitioner who is about to see the client with a brief synopsis of the client's complaint, physical findings, special tests, and treatment to date; this information may be provided by written communication, or by telephone.

If you have received a referral, and after you have seen the client, it is appropriate to acknowledge the referral and provide the referring practitioner with a written summary of your findings and plan of management. This should be updated throughout treatment of the client at appropriate times, so that the referring practitioner may be kept apprized of the client's progress.

CONCURRENT CARE

From time to time, a client may attend a chiropractor and a physical therapist concurrently. This need not be considered inappropriate, and indeed, in many cases, might be helpful to the client.

All practitioners are advised to ascertain what concurrent treatment(s) the client is receiving that may influence the efficacy of their treatment. In some circumstances, concurrent treatments might counteract each other, or conflicting advice/information may be provided. As well, it might be difficult to determine which treatment is helping or hindering.

Practitioners should be wary of unnecessary duplication of the same therapy, and a clear understanding of both practitioners' roles should be evident to both practitioners as well as the client.

In order to ensure that both the chiropractor and physical therapists have the same goal for the client, there should be communication between the practitioners either by mail or telephone. If the practitioners decide that a hiatus from a form of treatment rendered by one of them is necessary, they should understand and convey to the client that the intervention should be stopped for a period of time, but might again be useful at a later point in care.

When a referral has been made by a third party, for example a physician or insurer, a copy of the treatment plan should go to the practitioners that has been treating the client up to that point in time. This may be followed by a phone discussion that should be considered the equal responsibility of both parties to initiate. The intent of the insurer or the physician in some situations may be to avoid concurrent treatment for a time, to explore the benefits of solely one approach.

If there is a disagreement about the treatment program, this should be explained to the client and the client offered a choice to return to the previous care giver or to begin treatment with the other practitioner.

It is inappropriate to recommend to a client that he/she discontinue care from another practitioner until consultation with that practitioner has taken place. It is inappropriate to render any derogatory or otherwise defamatory remarks about the other practitioner's mode of care.

SHARING INFORMATION WITH/WITHOUT CLIENT CONSENT

The obligation is on all health providers not to share information outside of the client's health care team without client consent. It is the viewpoint of the respective regulatory agencies that blockage of discussion for lack of consent would seriously impede interdisciplinary cooperation. The client that is undergoing interdisciplinary care should be informed that information shall be shared, and consent should be obtained.

TEAM PARTICIPATION AND SHARED OFFICE SPACE

It is appropriate for physical therapists and chiropractors to participate and interact on various interdisciplinary health care teams.

It is appropriate for a physical therapist and chiropractor to share office or other health care facilities, subject to such professional bylaws, regulations, or guidelines that might govern each respective practitioner.

THIS STATEMENT IS A REASONED EXPRESSION OF THE VIEWS OF THE CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN AND THE SASKATCHEWAN COLLEGE OF PHYSICAL THERAPISTS ON THE ISSUE OF INTERPROFESSIONAL COOPERATION, DESIGNED TO PROVIDE GUIDANCE AND DIRECTION TO CHIROPRACTORS AND PHYSICAL THERAPISTS REGARDING THEIR PROFESSIONAL OBLIGATIONS. IT IS NOT A SUBSTITUTE FOR ANY STATUE, BYLAW, OR THE CODE OF ETHICS GOVERNING EITHER PROFESSION. SPECIFIC CASES OR SPECIFIC COMPLAINTS WILL BE DEALT WITH THROUGH THE NORMAL PROCESSES OF EACH REGULATORY BOARD.

POLICY ON IMMUNIZATION

Immunization is not within the scope of chiropractic practice in Canada. Notwithstanding, the Chiropractors' Association of Saskatchewan (CAS) recognizes that immunization is a safe and effective public health practice for the prevention of infectious diseases.

The CAS directs members to refer all patient questions, consultation and education regarding immunization and vaccination to the appropriate public health authorities and/or health professionals whose scope of practice includes vaccination.

January 20, 2004
Amended January 8, 2021

POLICY ON LETTERS OF GOOD STANDING

All letters of good standing from new applicants shall be accepted as valid for a period of three (3) months from the date of the letter.

December 15, 2009

POLICY ON ADVERTISING IN MEMBERSHIP COMMUNICATIONS

The Board of the Chiropractors' Association of Saskatchewan (CAS) adopts as policy the following:

CAS members and the public may advertise with the Chiropractors' Association of Saskatchewan regarding products or employment opportunities that are of interest to our members, and in compliance with the CAS Mission, Vision and Goals. Advertising may be included in the classified section of the CAS website and linked to the CAS newsletters.

Advertisements will be accepted and displayed at the sole discretion of the CAS. The CAS does not endorse any such products or services advertised.

Acceptable advertisements include:

- practices for sale
- job postings
- chiropractic equipment for sale

Fees for advertising on website and newsletter are as follows:

(i) For CAS members: Free (3-month limit)

(ii) For public: $75.00 for one month
$125.00 for two months

August 13, 2013
Amended Nov. 2015
Amended Dec. 2017

POLICY ON RETENTION OF PATIENT FILES

The Board adopts the following policy:

> All practicing members must retain patient files for a minimum of ten (10) years from the last date of treatment for adult patients and, for minor patients, a minimum of ten (10) years from the date that the age of majority of that patient is reached.

August 22, 2017

POLICY ON CONFIDENTIALLY AGREEMENT BETWEEN CHIROPRACTIC PRACTICE & FILE DESTRUCTION FACILITY

The Contractor named below hereby agrees that it will destroy patient files and other confidential information provided by the chiropractic practice described below.

The Agreement

The contractor agrees that it will, with respect to all documents provided by the chiropractic practice to it for destruction:

a) Cross shred all documents within 10 days of taking possession of those documents;

b) Not permit any agent or employee of the Contractor, or any other person, to read or copy any document;

c) Maintain all documents in a secure location until they are shredded;

d) Shred the documents in such a manner that they cannot be reconstructed;

e) Comply with all the requirements of The Health Information Protection Act and the regulations under The Health Information Protection Act respecting personal health information.

The Contractor acknowledges and agrees that any breach of this agreement may result in termination of the agreement for destruction of documents.

Contractor: (please print) _____

Authorized Signatory: (please print) _____

X_____ _____
Authorized signature **Date (dd/mm/yy)**

Chiropractic Practice: _____

Dr. _____ _____
Witness (privacy officer): please print **Date (dd/mm/yy)**

X_____ _____
Witness signature **Date (dd/mm/yy)**

POLICY ON CONFIDENTIALITY AGREEMENT FOR EMPLOYEES

I am aware that the chiropractic practice named below has policies and procedures regarding the privacy, confidentiality, and security of personal health information and that it must comply with Saskatchewan's Health Information Protection Act. I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures and I have read the current version of these policies and procedures.

As an employee of the chiropractic practice named below, I agree to observe and comply with all policies and procedures of the chiropractic practice with respect to privacy, confidentiality, and security of patient information. Except when I am legally authorized or compelled to do so, I will not use or disclose personal health information that comes to my knowledge or possession by reason of my employment with this chiropractic practice.

I understand that any breach of the policies and procedures, including misuse or inappropriate disclosure of personal health information, may be just cause for the termination of my employment.

Employee name: (please print) _____

X_____ _____
Employee signature **Date (dd/mm/yy)**

Chiropractic practice: _____

Dr. _____ _____

Witness (privacy officer): please print **Date (dd/mm/yy)**

X_____ _____
Witness signature **Date (dd/mm/yy)**

March, 2005

POLICY FOR PROCESSING COMPLAINTS

Intent

To outline the procedure when a complaint is received involving a member(s) for:

- Providing written acknowledgement of a complaint; and
- Obtaining a written response from the member(s) identified in the complaint; and
- Process of resolving a complaint.

The entire process may vary where required by *The Chiropractic Act, 1994*.

Procedure

A. The Registrar receives a written complaint.

B. The Registrar will send a letter to acknowledge that the complaint has been received and briefly explain the complaint process.

C. The original complaint letter and copies of the correspondence are forwarded to the chairperson of the Investigation Committee.

D. The Investigation Committee will acknowledge receiving the complaint from the complainant and may ask for further information or authorization to examine the complainant's patient file if applicable. The complainant is informed that a copy of the complaint letter will be forwarded to the member(s) involved.

E. The Investigation Committee will forward a copy of the complaint letter to the member(s) involved and requires a response to the allegations within 14 days.

F. Upon receipt of the member's response, a copy may be provided to the complainant, at the discretion of the committee, allowing the complainant the opportunity to comment on the member's response.

G. The Investigation Committee will review the information provided to determine if sufficient evidence exists to proceed, and may request further information from the parties involved by writing or by taking any steps it considers necessary, including summoning before it the member(s) whose conduct is the subject of the complaint.

H. At the discretion of the Investigation Committee, an attempt can be made to mediate a mutually agreeable resolution, through the Alternate Dispute Resolution Process, between the member(s) involved and the complainant. This may include, but is not limited to:

- ❖ the withdrawal of the complaint;
- ❖ a financial reimbursement;
- ❖ verbal or written apology;
- ❖ voluntary further training.

A copy of the terms of a mediated settlement shall be provided to the Discipline Committee and the Registrar.

I. On completion of its investigation, the Investigation Committee shall make a written report to the Discipline Committee recommending that:

a) the Discipline Committee hear and determine the formal complaint set out in the written report; or

b) no further action is taken with respect to the matter under investigation.

J. A copy of the Investigation Committee report is provided to the Registrar and the member(s) involved.

K. The complainant and member(s) involved are informed separately in writing of the decision of the Investigation Committee.

L. If it is the recommendation of the Investigation Committee that a discipline hearing be convened, a member may plead guilty to the charges and accept responsibility for the complaint prior to the convening of a discipline hearing. The Investigation Committee will then propose a penalty regarding the complaint for consideration at a penalty hearing.

POLICY ON PROCESSING COMPLAINTS WITH THE ALTERNATE DISPUTE RESOLUTION PROCESS

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

Intent

To outline the procedure when the chairperson of the Investigation Committee believes a complaint may be resolved through mediation, and it may be deemed to not require formal charges for a Discipline Hearing.

Procedure

- When a complaint against a member(s) is under investigation, based on the circumstances, the Investigation Committee will contact the complainant and the member(s) involved to determine if both parties would consider ADRP.

- If the complainant and the member(s) involved agree to the process, the chairperson will appoint a mediator.

- The mediator will be provided with the specifics of the complaint.

- The mediator will contact both parties to discuss a possible resolution.

- If in the opinion of the appointed mediator that a settlement is not likely to occur, the chairperson of the Investigation Committee must be informed and the matter referred back to the Investigation Committee.

- If both the complainant and the member(s) agree to a settlement, a signed Settlement Agreement is forwarded to the Investigation Committee. The Investigation Committee, upon review of the proposed settlement will:

    - ratify the settlement,
    - with the consent of the complainant and the member(s) involved, amend the settlement and then ratify the settlement.

  The Settlement Agreement may include, but is not limited to, a fine, verbal or written apology, voluntary sensitivity training, communication skills training, withdrawal of the complaint, whether the complaint appears on the members file, and public release of complaint.

- If a settlement is ratified the details are provided to the Discipline Committee and the Registrar. Further release of the information related to the complaint and member(s) involved is subject to the conditions of the ratified Settlement Agreement and the Act.

- Noncompliance with the conditions of the ratified settlement agreement is considered professional misconduct and will be processed in accordance with the Act.

March 2005

POLICY ON ALTERNATE DISPUTE RESOLUTION PROCESS (A.D.R.P.)

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following policy:

The Investigation Committee shall designate three of its members, (plus one alternate member to function in case of illness or unavailability of a designated member), to act as an Alternate Dispute Resolution Committee (A.D.R.C.).

This A.D.R.C. shall be authorized to proceed in the resolution of a dispute which the Investigation Committee judges not to require the process of a full Disciplinary Hearing. The essential elements are:

A. The Member accepts a degree of guilt, with or without extenuating circumstances. A guilty plead requires the full formal process as outlined in the Act.

B. All parties (Complainant, Defendant, A.D.R.C.) agree to participate.

C. At any time the Defendant or the Complainant may withdraw and a full investigation will be held, conducted by those members of the Investigation Committee who where not members of the cancelled A.D.R.C.

THE PROCESS may include discussion, negotiation, facilitation, conciliations and mediation.

THE RESULT may include a **VOLUNTARY** range of actions, from an apology, retraining, sensitivity training, a fine and/or a license suspension. Failure to comply with this agreement shall result in the Investigation Committee proceeding to refer the case to the Discipline Committee.

The form and function of this A.D.R.P. shall be completely described and published in a guidance booklet sent to all members.

June 2001

POLICY ON PORTABLE SIGNAGE

The CAS portable signage may only be utilized at events that promote the best interests of the chiropractic profession as a whole and not for an individual clinic or group of clinics. In addition, the signage may only be used at events whose focus and composition are consistent with the mission statement and scope of practice of the chiropractic profession in Saskatchewan.

Requests to use the signage must be made to the CAS office in advance of the event. All information necessary to explain the event in detail must be provided with the request. Approval for usage is at the discretion of the CAS.

Any member or members making use of the signage must take all necessary precautions to assure that it remains in excellent condition during use and transport. The signage must be returned to the CAS office, or other location as specified by the CAS.

The cost of transporting the signage to events arranged by the CAS will be borne by the CAS. The cost of transporting the signage to events arranged by a member will be borne by the member.

Any damage to the signage used at an event arranged by a member will be charged to the member at replacement cost.

June 14, 2005
Amended January 2018

POLICY ON MEMORIAL DONATIONS

When the board has been made aware of the death of a member or a death in the member's immediate family (spouse, child, parent), the CAS may provide a donation of $100, in memory of the deceased, to a charity specified by the family. If no charity is specified, a payment in this amount will be made to the chiropractic college from which the member graduated.

In special circumstances, on the basis of exemplary service to the profession, the board may increase the amount of the donation to a higher amount not to exceed $500.

Such consideration may also be given to a former member if he or she was a member of the CAS for a minimum of ten years.

September 21, 2013

POLICY ON CANADIAN CHIROPRACTIC EXAMINING BOARD REQUIREMENTS

"The Chiropractors' Association of Saskatchewan supports the Canadian Chiropractic Examining Board provisions for examination.

August 13, 2013

POLICY ON BOARD MEETING AGENDA

Section 7(1) of *The Chiropractic Act, 1994 states:*

The board shall govern, manage and regulate the affairs and business of the association.

In keeping with the above, the setting of the agenda for board meetings is the sole responsibility of the board. Any request to have an item placed on the board meeting agenda must:

- Be in writing
- Arrive at the CAS office at least one week in advance of the board meeting
- Contain all pertinent background information with the letter of request

The board at its sole discretion will determine if an item will be placed on the agenda of a board meeting or if an individual/representative(s) of an organization will be permitted to make a presentation to the board.

The board at its sole discretion may waive all or a portion of the foregoing requirements if it considers a matter to be of such importance that it must be place on the agenda for consideration of the board as an urgent issue of public protection or an issue that may cause significant harm to the profession.

Approved April 29, 2008

POLICY ON THE CHIROPRACTIC CARE OF ANIMALS

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

The Chiropractic Act, 1994 states in subsection 2(e) "chiropractic" means: (i) the science and art of treatment, by methods of adjustment, by hand, of one or more of the several articulations of the **human** body.

Without appealing to the government to open the act to remove the word "human", the treatment of animals is clearly outside the scope of chiropractic practice in Saskatchewan. It is also understood that an attempt to change the wording of the act in this manner would meet with the opposition of the Saskatchewan Veterinary Medical Association.

The Canadian Chiropractic Protective Association does provide liability protection for Animal Chiropractic only within jurisdictions that include this within their scope of practice, and appropriate training has been completed. **In Saskatchewan, they will not provide this coverage to a member, regardless of training.**

Section 17 of *The Veterinarians Act, 1987*, prohibits diagnosis or treatment of animals by anyone other than a veterinarian. However, the definition of 'veterinary medicine' contained in subsection 2(1) of *The Veterinarians Act,* 1987 excludes from the definition of 'veterinary medicine' treatment of an animal administered by a non-veterinarian at the direction and under the direct supervision of a member. Accordingly, the prohibition contained in section 17 would not apply to a chiropractor providing treatment to an animal at the direction and under the direct supervision of a veterinarian.

For a member who wishes to pursue recognized training in the provision of care to animals, their only current option for providing treatment is as a lay-person under the direct supervision of a licensed veterinarian, as outlined in *The Veterinarians Act, 1987*, and related bylaws.

Any person providing care to an animal would be advised to have written direction from a veterinarian, directing the treatment be provided to the animal and certify that such treatment will be provided only under the direct supervision of the veterinarian. The veterinarian should date and sign the certification, confirming that the procedure was supervised when performed.

It is important to understand that the person providing care and the veterinarian would **both** be held liable for the outcome of care.

Approved August 25, 2009

POLICY ON REHABILITATION BILLING CODES

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

1. The CAS supports chiropractors having adequate training in Rehabilitation and would prefer completion of the post-graduate training provided by the College of Chiropractic Rehabilitation Sciences of Canada.

2. That a Rehabilitation Services Fee Code be added to the CAS Fee Schedule.

   The Rehabilitation Fee Code will be classified as a "non-insured service" by Saskatchewan Health and as an "insurable service" not included as part of a biomechanical chiropractic service to other paying agencies such as Blue Cross, Employer Insurance Plans, SGI and WCB.

3. The Rehabilitation Fee Code will contain two distinct levels, reflecting the different levels of post-graduate training required by the Chiropractor.

   a. "Non-Specialist" Category

   Chiropractor must have completed a minimum of 100 hours of post-graduate training in chiropractic rehabilitation from a CAS Board accredited agency to obtain billing privileges. A list of accredited agencies will be created and maintained by the CAS Board.

   The completion of twelve (12) hours of continuing education, specifically dealing with rehabilitation, will be required every two (2) years to maintain billing privileges. This requirement will be administered by the CAS Board.

   b. "Specialist" Category

   Specialist category pertains to Chiropractors having Fellowship status in Chiropractic Rehabilitation, as granted by College of Chiropractic Rehabilitation Sciences (CCRS) Canada.

   Maintaining specialist distinction would be consistent with the requirements set forth by the CCRS Canada.

Definitions and Proposed Rehabilitation Fee Schedule

There currently is no national billing standard for rehabilitation services that we can model. It appears that most provinces allow rehabilitation specialists to create their own fee schedule.

In review of the document: Recommended Service Codes and Fee Schedule of the Ontario Chiropractic Association (2008) the following definitions have been adopted.

Recommended fees will be based on the CAS's opinion of the value of each service. To arrive at these values the following factors have been included, though not necessarily limited to them:

- Time requirements to prepare and deliver the service;
- Education and specialized training requirements;
- Facility, staffing and equipment requirements needed to deliver the service;
- Intensity of cognitive and physical work required to deliver the service;
- Level of risk associated with delivering the service.

Rehabilitation fees/services are distinct and separate from services previously defined as a "subsequent visit" (ie, separate from spinal or extremity joint manipulations and/or mobilizations, soft tissue therapies, modalities, or nutritional counseling).

It would be expected that supervised rehabilitation, either one-on-one or semi-independent, would be used only where clinically necessary. The purpose of supervision during rehabilitation is to reduce risk of patient injury aggravation of injury or re-injury by monitoring client body mechanics and workout intensity.

It would be the goal of the Chiropractor to provide necessary and appropriate rehabilitative instruction that allows a patient to continue their rehabilitation/therapeutic exercise in an independent and safe manner, thus reducing reliance on the health care provider. It would be expected that the frequency of supervised rehabilitation would decrease over time as the patient's condition stabilizes and/or they can perform such rehabilitation at home or in a non-supervised capacity.

Rehabilitation		**Stand- Alone service**	**As a second service on same visit**
Exercise - Brief <u>Instruction for self-directed exercise</u>	Instruction of proper exercise technique(s) and an appropriate program to an individual patient for one or more body areas for patient use in a self-directed, unsupervised manner. Would expect hand-out or instruction sheet given to patient to facilitate education and retention along with hands-on demonstration and instruction. This may be provided in-office to complement biomechanical care, depending on the nature of the program, requirements of the patient and equipment available to the patient and/or provider. Time requirement generally less than 15 minutes.	Not Applicable	$10.00 if individual instruction provided. Not applicable if only hand-out of the exercise(s) given.
Exercise - In Office Constant supervision (one-on-one)	Designed for and provided to an individual patient under constant supervision and administered by suitably qualified individuals such as the chiropractor, an occupational/physical therapist, and/or exercise therapist/kinesiologist in order to prevent improper technique and further injury. Includes comprehensive instruction for a self directed program. Normally would not expect to see time exceed 45 minutes.	$15.00 per 15 minute block. $30.00 per 30 minutes. $45.00 per 45 minutes.	$15.00 per 15 minute block. $30.00 per 30 minutes $45.00 per 45 minutes.
Exercise - In Office <u>Intermittent supervision or group exercise</u>	For patients performing prescribed therapeutic exercises in the chiropractor's facility where supervision is intermittent. Expected exercises to be performed in a semi-independent format or within a group session. Exercise supervision by qualified individuals such as the chiropractor, exercise therapist/kinesiologist, occupational/physical therapist. Recommended time is 30 minutes.	$15.00 regardless of duration of session.	$15.00 regardless of duration of session.

POLICY ON LOW LEVEL/COLD LEVEL LASER

1) This therapy is for the treatment of musculoskeletal complaints only and is not be used for conditions outside the scope of practice of chiropractors including but not limited to: hair removal, skin conditions, smoking cessation, teeth whitening.

2) The machine must conform to Health Canada specifications and regulations.

3) The machine must be properly labeled, as supplied by the manufacturer, and must be legible and clearly visible to the patient.

4) All staff using these machines must have received appropriate training in their use and such training must be documented in writing and be readily available upon request.

5) Safety goggles appropriate for the wave length of the machine must be worn by the patient and operator when the machine is in use.

6) Warning signs must be posted on doors when a machine is in use.

7) All machines must be tested and calibrated annually and such testing and calibration must be documented in writing and be readily available upon request. Such documentation will be reviewed by the Quality Assurance Committee as part of the Chiropractic Professional Enhancement Peer Review Process.

Note: SLED/SLD (super luminous light emitting diode) and LED (light emitting diode) are not recommended for use given the lack of good quality, independent, research published in the scientific literature for the treatment of musculoskeletal complaints.

POLICY ON EXTRA CORPOREAL SHOCKWAVE THERAPY (ESWT)

While it is recognized that research on ESWT is currently equivocal it would appear that there may be some limited benefit pertaining to musculoskeletal problems related to the foot, elbow and shoulder. ESWT should only be used for such musculoskeletal conditions when other more proven options have been first tried without success.

If there is little or no change in the patient's condition after four ESWT treatments it should be discontinued.

Members must provide advance, written proof to the Registrar that the machine that they will be using is currently licensed by Health Canada.

Members wishing to use ESWT must provide advance, written proof of having completed adequate training on the device to use it safely and effectively according to the manufacturer's specifications.

Machines must be maintained as required by the manufacturer and written proof of such maintenance must be kept on file for review by the Registrar and Quality Assurance Committee on request.

Members using ESWT must be mindful of contraindications to and potential side effects of its use and advise patients accordingly.

Contraindications include: coagulation disorders, use of anticoagulants, thrombosis, tumor diseases/carcinoma, pregnancy, acute inflammations and infections and children receiving growth or cortisone therapy up to six weeks prior to treatment.

ESWT will continue to be evaluated as new research becomes available.

POLICY ON WRITTEN MATERIAL DISPLAYED OR DISTRIBUTED BY MEMBERS

This policy applies to all written materials displayed in and/or distributed by members in conjunction with their chiropractic practice.

Members are permitted to display in and distribute from their clinics written material such as pamphlets and brochures.

While such material may or may not be directly promotional in nature it is considered, in the manner described in section 22(1) of the Regulatory Bylaw, to fall under the generic heading of "advertising."

Without negating the generality of the foregoing statement, such written material is required to be:

a) Compliant with *The Chiropractic Act, 1994* and all relevant sections of the CAS Advertising Standards, Code of Professional Ethics and Policy on Advertising;
b) Pertaining solely to matters within the training and scope of practice of chiropractic;
c) Respectful of other health care professions;
d) Compliant with patient confidentiality requirements;
e) Free from reference to matters for which there is limited or no objective research;
f) Compliant with the CAS Mission, Vision and Goals.

POLICY ON LOCUM TENENS MEMBERSHIPS

A locum tenens membership is one category of practicing membership, as set out in Section 5 of *The Chiropractic Regulatory Bylaws*.

The definition of a "locum" is: (a) a member who has been granted a locum tenens membership with the intent to do a locum for a fully licensed chiropractor; or (b) a fully licensed member substituting and providing services for another fully licensed chiropractor.

The "locum" definition was developed by the Board using the following criteria:

- Must have a specific start/stop date;
- Must be substituting/working for another chiropractor who is on holidays, ill or otherwise unable to work;
- Must be replacing another chiropractor on a temporary basis, not a permanent, regular basis; and
- Must be actively engaged in using skills as a chiropractor.

This is a temporary membership and professional liability protection applies. Locums must practice at least once per year to keep their status. All locum practitioners must notify the Registrar of their locum activities before the end of the current year.

A member who is having a locum covered by another chiropractor cannot work while the locum is being covered. This would no longer be considered a locum. "Double-dipping" using the locum's billing number is not allowed. This would only apply to paying agencies.

December 2013
Amended November 2018

POLICY ON TRADE SHOWS

Members are allowed to participate in trade shows which are relevant to the chiropractic profession, specifically trade shows pertaining to health care and to industries that commonly utilize chiropractic care.

Participation in a trade show and/or having a booth at a trade show is considered "advertising" and, as such, members must comply with the advertising standards set out in Section 22 of *The Chiropractic Regulatory Bylaws*. A member must obtain prior written approval from the Registrar before participating in a trade show.

At a trade show, members are permitted to hand out business cards and discuss chiropractic care with the public. Members may also distribute chiropractic brochures that have been pre-approved by the CAS and the CCA. These brochures may be purchased through the Canadian Memorial Chiropractic College Supply Centre and Bookstore online for a reasonable price.

Members are not permitted to perform any assessments or have any displays of chiropractic techniques.

Overall, members should adhere to the CAS goal of promoting chiropractors as neuromusculoskeletal specialists. Having a common message reinforces our professionalism and positive image.

December 2013

POLICY ON HIRING STAFF

As required, the Chiropractors' Association of Saskatchewan hires office staff. An outside firm may be contracted by the Board of Directors to assist with the hiring. The successful candidate shall be hired subject to a successful review of references.

A. Hiring the Executive Director

The Past President Advisory Committee, consisting of the three immediate Past Presidents, (or a previous President if one or more of the three is not available), shall serve as the Executive Director Hiring Committee. The Executive Director Hiring Committee shall also include a member from the current Board of Directors as an advisory member, without a vote. The Board member shall be involved in the entire process. The current Executive Director may also be involved in the process as an advisory member. The Committee will recommend two or three candidates to the Board of Directors. The Board will be responsible for the final hiring decision and for approving the Executive Director's contract.

B. Hiring the Registrar

The Past President Advisory Committee, consisting of the three immediate Past Presidents, (or a previous President if one or more of the three is not available), shall serve as the Registrar Hiring Committee. The Registrar Hiring Committee shall also include a member from the current Board of Directors as an advisory member, without a vote. The Board member shall be involved in the entire process. The current Executive Director may also be involved in the process as an advisory member. The Committee will recommend two or three candidates to the Board of Directors. The Board will be responsible for the final hiring decision and for approving the Registrar's contract.

C. Hiring other staff

The Executive Director is responsible for the hiring of office staff necessary to successfully carry out the work of the CAS. The Executive Director may, where appropriate, ask for and utilize expertise from within the CAS or from an outside agency in the hiring of office staff (referred to as the "Hiring Committee").

For all positions, if possible a minimum of three candidates will be interviewed. More candidates may be interviewed at the discretion of the Hiring Committee.

The Executive Director is responsible for determining the remuneration and benefits of all office staff and may use whatever resources are reasonable to determine adequate levels of remuneration and benefits.

The Executive Director is responsible for the evaluation of office staff on a regular basis and for taking whatever reasonable remedial actions are required, if any, to improve performance.

The Executive Director is responsible for the termination of an employee when required, for cause and not for cause, in a manner that is lawful, fair and in the best interest of the CAS. Legal advice will be requested as required.

The Executive Director will keep the Board appropriately informed of all matters relating to the foregoing and take advice as necessary.

January 2015

POLICY ON MEDIA INTERVIEWS

Media and public interest in medicine is growing and there is increasing pressure on health care practitioners, including chiropractors, to participate in radio, television and newspaper interviews.

1. If a member of the CAS is contacted by the news media for an interview, the member shall direct the reporter/interviewer to the CAS Provincial office, or the member shall contact the office before conducting an interview.
2. Individual members of the CAS shall obtain permission from the provincial office to conduct a media interview.
3. From time-to-time, the provincial office may contact a member to conduct an interview, or be available for a media interview.
4. Chiropractors shall not participate in interviews extolling their personal professional accomplishments or the availability through the chiropractor of a medical device, or mode of treatment.
5. In all statements and interviews, the chiropractor shall exercise caution that he/she be seen as speaking for the profession rather than promoting his/her own qualifications and professional services.
6. The content of interviews with the media shall conform to the relevant provisions of the Code of Professional Ethics and the Advertising Standards of the Chiropractors' Association of Saskatchewan.
7. The content of interviews with the media shall be limited to the scope-of-practice of chiropractic in Saskatchewan.

February 2014

POLICY ON TEMPORARY MEMBERSHIPS

A temporary membership is a type of Limited Membership, as set out in Section 8 of *The Chiropractic Regulatory Bylaws*.

There are two forms of temporary memberships:

1. A locum membership for an out-of-province chiropractor; and
2. A temporary membership for an out-of-province chiropractor attending in Saskatchewan to provide chiropractic services at a sporting event.

Applicants for a temporary membership must apply in writing to the Registrar and submit the following:

1. Locum:
   (1) CAS Locum Application Form (Form 2);
   (2) Letter of Good Standing from practicing jurisdiction;
   (3) Confirmation of professional liability protection; and
   (4) Application fee ($100 payable to CAS).

2. Sporting event:
   (1) Letter providing contact information (home & clinic) and details of SK sporting event;
   (2) Letter of Good Standing from practicing jurisdiction;
   (3) Confirmation of professional liability protection; and
   (4) Application fee ($100 payable to CAS).

The Registrar will review the application, and if approved, will advise the applicant in writing of the term and conditions of the temporary membership.

May 2015

POLICY ON DELEGATION OF CLINICAL DUTIES

Members are responsible for the care and treatment of their patients. Members are also responsible for assessing the knowledge, training, experience and ability of clinical support staff and shall only delegate duties to support staff with the required knowledge, training, experience and ability to perform those duties.

RESPONSIBILITIES OF THE MEMBER

In the delegation of any clinical duties to clinical support staff, members shall:

- Be physically present in the clinic and available to provide direction and supervision to clinical support staff
- Personally attend on patients each visit to ensure appropriateness of ongoing treatment plan
- Ensure clinical support staff are appropriately trained in and maintain the necessary competencies to perform the delegated duties (such training shall include manufacturer or industry supplied course training and hands-on training by a member)
- Ensure clinical support staff training meets manufacturer's and/or professional requirements to competently deliver the delegated duty via a therapeutic device (training for laser and ultrasound treatment must meet the requirements of *The Radiation Health and Safety Regulations, 2005*)
- Ensure a record of clinical support staff training is documented and updated as required
- Ensure that for any services provided by clinical support staff, appropriate chart entries have been made by these staff
- Ensure that clinical support staff's use and disclosure of any health information is within the context of *The Health Information Protection Act (HIPA)* and that these staff are fully aware of and compliant with all other requirements of *HIPA*
- Ensure that an appropriate policy and procedure for recording treatment notes by clinical support staff delivering the delegated treatment is in place and that these staff are well trained in recording treatment notes
- Ensure that an appropriate policy and procedure for the reporting and recording of adverse events is in place and that clinical support staff are trained in this procedure
- Ensure that clinical support staff are trained in and implement routine public health procedures such as hand hygiene and cleaning of equipment and environment

DUTIES THAT SHALL NOT BE DELEGATED

A member shall not delegate any of the following duties to clinical support staff:

- Any reserved acts under *The Chiropractic Act, 1994* and *The Chiropractic Regulatory Bylaws* and any reserved acts specified in other Saskatchewan legislation, including but not limited to:
    - engaging in the practice of chiropractic
    - imaging production/application of ionizing radiation

  - application of needle insertion acupuncture
  - application of low-energy extracorporeal shock wave therapy (ESWT)
- Individual and specific case history elicitation
- Subjectively assessed physical examination procedures
- Assessment and interpretation of findings
- Diagnosis
- Initiating or altering a treatment plan
- Determining or changing any therapeutic modality application parameters
- Discharge planning
- Discussing a patient's condition with anyone other than the patient or their guardian

DUTIES THAT MAY BE DELEGATED

A member may delegate any of the following duties to clinical support staff:

- Facilitating the completion of general intake forms and documents
- Assisting the member during diagnostic or treatment activities, for example, handling passive limb movement, gait training, exercise instruction, facilitating the practice of functional activities (such as passive and assisted range of motion activities) and positioning of the patient at imaging
- Carrying out basic diagnostic data gathering activities, such as vital signs, ranges of motion with instrumentation and thermographic scans
- Carrying out planned chiropractic treatment activities (preparing and applying chiropractic adjunctive modalities, with the exception of the reserved acts referred to above) for each patient following the supervising member's assessment, prescription and specific written instructions/treatment plan (include all details for treatment activities, application instruction, dosage settings and application area)
- Performing activities related to patient care but not part of the chiropractic treatment, such as accompanying patients, preparing patients for treatment and preparing patient files
- Providing follow-up explanation or clarification regarding home/self-care programs or exercise programs that were initially provided to the patient by the member

May 2015
Amended Aug. 2015

POLICY ON MEMBER FEE ADJUSTMENTS

Pursuant to *The Chiropractic Act, 1994,* and section 15(3) of the *Chiropractic Administrative Bylaws*, the Board of the Chiropractors' Association of Saskatchewan (CAS) has the discretionary power to reduce and/or waive member fees in the appropriate circumstances.

It is essential that the Board be promptly notified when a member's practice circumstances change. Payments for fee adjustments will only be calculated from the date on which the Board was advised, in writing, of the change in circumstances. No retroactive payments for fee adjustments will be considered or issued unless, in the opinion of the Board, there are valid, extenuating circumstances.

I. Fee Reductions

Practicing Senior Member – where the sum of a member's age and years of practice as a practicing Regular member with the CAS equals a minimum of 90, that member will be entitled to a reduction in annual licensing fees, as specified in Appendix A to the *Chiropractic Administrative Bylaws*. The reduction shall be $500.00 less than the Regular member CAS fees.

The Board will also consider requests for member fee reductions in the following circumstances:

a) medical leave;
b) maternity/parental leave;
c) education leave;
d) research position; and
e) administrative position.

"Leave" is defined as an absence from practice for a period of not more than two years. Members must send their written request for a fee reduction, with supporting documentation,to the CAS Registrar. Any reduction applies to the CAS portion of annual fees only.

II Fee Waivers

a) Practicing Life Membership

Where the Board has granted a Practicing Life Membership to a member pursuant toRegulatory Bylaw 6, the Board will waive the annual CAS fees for that member.

b) Student Membership/Preceptorship

Where a Student member applies for a Regular Membership with the CAS upon the completion of a student preceptorship, the Board will waive the applicable application fee.

c) New Graduates

For new graduates, the Board will waive the CAS fees for the six (6) months following the completion of the final CCEB exam. The remainder of the annual fees will be pro-rated.

For the first full year following graduation and membership with the CAS, the Board will permit the member to pay their annual fees in two (2) installments, as follows: December 31 (Federation fee and Research) and February 28 (CAS fees and PR levy).

III <u>Fee Refunds</u>

a) Termination of Membership

Where a member terminates their CAS membership mid-year, no refund of fees will be given.

b) Retirement

Where a practicing member retires from practice mid-year and changes to a Retired non-practicing membership, they will receive a pro-rated refund for the difference in membership fees for the remainder of that year.

c) Death

In the event of the death of a member, a pro-rated refund of CAS fees for that year will be given to the member's family.

January 2016
Amended August 2021

POLICY ON SOCIAL MEDIA USAGE

POLICY STATEMENT:

The purpose of this Policy is to clarify what members are permitted to advertise on social media platforms and to provide guidance to members in understanding their professional responsibilities when using social media. Members are required to comply with all existing legal, regulatory and professional obligations when engaging in the use of social media, including all relevant legislation, bylaws, policies and directives.

RATIONALE:

The use of social media is rapidly expanding, and it has changed how we communicate, build relationships, interact and disseminate information. "Social media" refers to the online and mobile tools that people use to share content, opinions, experiences and perspectives, and includes websites and applications used for social networking. Commonly used social media platforms include, but are not limited to: Facebook, LinkedIn, Twitter, YouTube, Instagram, blogging sites and web pages.

Whether an online activity can be viewed by the public or is limited to a specific group of people, members need to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. Information circulated on social media may end up in the public domain, and remain there, irrespective of the intent at the time of posting. Members are reminded to remain professional on both professional and personal social media platforms, as you are considered a licensed professional in any and all interactions. If a complaint is received about something posted on a member's personal or professional social media account, the CAS is obligated by law to investigate it.

GUIDELINES:

- A member's use of social media in their practice falls within the broad definition of "advertising" as defined in *Regulatory Bylaw* 22(1) and must, therefore, comply with the CAS Advertising Standards set out in *Regulatory Bylaw* 22 and related Policies, Guidelines and Directives.

- A member must comply with all legal and professional obligations to maintain privacy and confidentiality in accordance with *The Health Information Protection Act* (HIPA) and CAS Regulatory Bylaws and Policies.

- A member must have a clear understanding of the privacy settings available in any use of social media and apply them appropriately. While patients or members of the public

- may make themselves publicly known through posting, a member must not breach the privacy or confidentiality of a patient in any context. A member must exercise caution when blogging so as not to identify a patient.

- A member must not provide any clinical advice, communicate a diagnosis and/or results to a patient or member of the public through social media. A member may, however, provide general health information within the chiropractic Scope of Practice for educational or informational purposes.

- A member must be cognizant of the risks of using social media in their professional practice, such as a member of the public incorrectly applying information found online to their personal health situation. Whenever a member uses his/her professional designation or provides health related information, that member is viewed as acting in a professional capacity. A member must exercise caution when posting health related information, so that it is clearly used for education or informational purposes, and not as clinical advice.

- A member must maintain appropriate professional boundaries and avoid posting information, comments or images that may be perceived as undignified or unprofessional. A member must be respectful of other members and other health professions in posting any material.

June 2019

TEMPORARY POLICY ON VIRTUAL CARE

PREAMBLE:

To facilitate ongoing care of patients in a manner that does not risk further spread of COVID-19, the CAS is permitting members to provide temporary virtual care services to patients, including consultation and the provision of chiropractic care information and direction to patients through the use of telephone and/or video communication.

VIRTUAL CARE SERVICES:

Virtual Care services that may be provided include the following:

a. Consult with a new or existing patient, obtaining a history or update and observing the condition described by the patient. This must occur by video only but may be supplemented by email.
b. Make physical observations and conduct examinations that can reasonably occur via telehealth. This must occur by video only.
c. Distribute and receive outcome measures from the patient. This may occur via email or video.
d. Make a diagnosis or working diagnosis for new patient consultations. This must occur by video and be followed up by an email as required to provide any further guidance for the patient.
e. For new patients, a treatment plan based on the history, diagnosis and examination must be delivered via video and followed up by an email as required to provide any further guidance for the patient. If changes to the treatment plan occur, an email can confirm the changes or provide further information.
f. Monitor, observe and prescribe new or changes to therapeutic exercise programs. This must occur by video and be followed up by an email as required to provide any further guidance for the patient.
g. Recommend modifications for supports and devices already in the possession of the patient. This may occur via email or video.
h. Advise and counsel on matters related to the condition of the spine or other joints of the body and the associated tissue, the nervous system and the overall health of the individual. This may occur via email or video.

Members may refer for diagnostic imaging or diagnostic testing based on a virtual care consultation.

Virtual care services encompass all forms of remote consultation and provision of care information and direction regardless of the communication technology used or whether different terminology is used by a member to describe the patient interaction.

The CAS reminds members that the use of technology does not alter the ethical, professional and legal requirements that apply to the provision of chiropractic care. Members who choose to participate in virtual care services must continue to meet all the same legal, ethical, and professional obligations that apply to in-person services.

Only a chiropractor may provide virtual services. A chiropractor must not delegate any aspect of virtual care services.

Subject to the standards for virtual care services described below, members must use their professional judgment when determining whether virtual care services are appropriate for a patient.

Before providing virtual care services, members must confirm with their professional liability protection or insurance provider that they have appropriate coverage in accordance with the CAS Regulatory Bylaws.

STANDARDS FOR VIRTUAL CARE SERVICES:

1. A member may provide virtual care services to a new patient if the virtual care consultation will be an appropriate method to deliver services to the patient, and if the requirement for a direct physical examination is not necessary to provide a complete diagnosis, working diagnosis or differential diagnosis and treatment plan. The member must obtain informed consent from the patient prior to providing any virtual care services. The Informed Consent form may be provided to the patient electronically and the signed form returned to the member electronically. If a signed copy cannot be obtained, the member must ensure that the informed consent discussion is documented in the patient file.

2. A member may provide virtual care services to a patient who the member has previously treated and for whom the member has a clinical file, including a record of a physical assessment conducted in the preceding 12 months and a signed Informed Consent form.

3. The member and the patient must be in SK at the time of the consultation. Virtual care services are not permitted for persons who are outside of SK at that time.

4. A member may only provide virtual care services if:
   a. providing virtual care services is in the patient's best interest, considering the patient's current condition and care needs; and
   b. virtual care services allow for adequate assessment of the patient's presenting problem and care needs.

5. When providing to virtual care services to a patient, a member must:
   a. confirm the patient's identity and confirm his or her identity to the patient;
   b. obtain an informed consent from a new patient and augment the existing informed consent from the patient by informing patients of any limitations that virtual care

services impose and the risks inherent in the delivery of virtual care services, including the risk to privacy of patient information, and create a written record of having done so;

c. maintain a clinical record for all provided services in accordance with the requirements for in-person care;
d. ensure that the communication technology used and the physical location of both the member and the patient does not compromise the privacy and confidentiality of the patient's personal health information; and
e. provide follow-up consultation and care as appropriate.

6. Before providing virtual care services, a member must advise the patient what application or format they are using for the communication and advise that it may not be totally secure. The patient must confirm that they are willing to proceed with the virtual care service using that application before any services are provided, and the member shall record this in the patient file. Members shall use a video conference solution that protects the privacy of the appointment and is compliant with the *Personal Information Protection and Electronic Documents Act.*

7. If a member does make an audio or video recording, the patient must be informed of the recording and provide consent to be recorded, and the chiropractor must retain that audio or video recording as part of the clinical record.

8. Before providing virtual care services, a member must inform the patient of any applicable fees.

9. The patient's record must include a detailed summary of all services provided, including the start and stop time of the consultation. Only time spent communicating with the patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

10. A member may only claim one virtual care consultation per patient in a single day. A member may not claim for an in-person service for a patient on the same day a claim for a virtual care consultation is billed for the same patient.

11. All receipts for virtual care services must clearly state that the services were delivered using virtual care.

12. If seeking reimbursement of fees for virtual care services from a third-party payor, a member must advise the third-party payor that the services were provided using virtual care.

THIS POLICY WILL REMAIN IN EFFECT UNTIL FURTHER NOTICE FROM THE BOARD AND WILL BE REVIEWED ANNUALLY.

March 24, 2020
Amended April 13, 2020
Amended April 22, 2020
Amended August 14, 2020
Amended August 20, 2021

POLICY ON COVID-19 INFECTION PREVENTION AND CONTROL

PREAMBLE:

The COVID-19 pandemic has created a very fluid, rapidly evolving environment and clinicians and clinics will need to respond quickly to the changes signaled from Government. The CAS remains committed to providing direction and guidance to help chiropractors address this challenge. During this time of transition, the provincial health system is continuing to adhere to COVID-19 related infection prevention and control policies. CAS members are required to:

1. Follow all mandates and recommendations from Public Health and the Government of Saskatchewan regarding your personal and professional conduct. As a regulated health professional, you have a fiduciary responsibility to follow all civil orders that originate from any level of government.
2. Read and follow all communications from the CAS.
3. Consider virtual care services as an option to meet patient care needs, when indicated by the risks associated with providing in-person services and the services required (see ***Policy UU – Temporary Policy on Virtual Care)***.

The CAS is consulting with the Ministry of Health and others and will adapt this policy based on ongoing expert recommendations. The CAS exists to protect the public, and this policy is created to protect the public and instill confidence that patients can access safe chiropractic care.

To facilitate ongoing care of patients, the Board has approved the following policy on infection prevention and control.

GUIDELINES:

This Policy includes guidelines regarding:

1. Screening
2. Hand Hygiene
3. Environmental Cleaning and Disinfection
4. Physical Distancing
5. Use of PPE
6. Exclusion or Work Restrictions during Staff Illness

1. Screening

Members must assess and screen patients for symptoms of COVID-19 as per the recommendations of Public Health.

Clinic staff shall collect screening information on the phone at the time of booking the appointment and again in person at the time of patient's attendance at the clinic – **see Appendix "A" for screening questions.**

Members should advise patients to reschedule their chiropractic appointment if they are feeling ill or exhibiting symptoms of COVID-19.

Signage indicating screening criteria should be posted in a location that is visible before entering the clinic.

Patients exhibiting respiratory symptoms that are not related to a known or pre-existing condition (e.g. seasonal allergies) should not receive chiropractic treatment at this time, and should be directed to call Healthline 811 or their physician's office. Those who have been diagnosed with COVID-19, or have been identified as a close contact of a person with COVID-19, may be subject to self-isolation orders and should not receive treatment. Please note some exceptions exist as determined by the Medical Health Officer.

2. Hand Hygiene

Hand hygiene is the most effective way of preventing the transmission of infections to patients and staff in clinics. All employees shall be educated in proper hand hygiene techniques. Members shall ensure that hand hygiene products are available for employees and patients.

Hand hygiene includes washing hands with soap and water or using alcohol-based hand sanitizer. Washing hands is preferred whenever possible. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number).

Hand hygiene shall be performed:

- Members – when enter clinic; before contact with a patient and after contact with a patient (hand wash)
- Patients - when enter clinic (hand sanitizer)
- Staff - when enter clinic; before and after patient interaction (hand sanitizer)

Note: if hand sanitizer is unavailable, hand washing is acceptable.

See **Appendix "B"** for proper procedures for hand washing and sanitizing.

3. Environmental Cleaning and Disinfection

The COVID-19 virus can survive for a period of time on different surfaces and objects. Frequent cleaning and disinfection are important to prevent spread of the disease. Cleaning products remove dirt, dust and oils, but don't always kill germs. Disinfectants are applied after cleaning to destroy germs.

i. Proper disinfectant products:

- Many common household and commercial disinfectant products will destroy the COVID-19 virus. Common disinfectants include bleach solutions, quaternary ammonium (QUAT), alcohol (70%) and peroxide. Vinegar, tea tree oil solutions, etc. are not proven to be effective disinfectants.
- Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. Ensure that the disinfectant used is appropriate for elimination of viruses.
- According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into fifty parts of water.
- The disinfectant product manufacturer's instructions shall be followed for use, safety, contact time, storage, and shelf life.
- Apply the disinfecting solution using a spray bottle or clean wiping cloth.

ii. Disinfectant requirements:

- Clinical contact surfaces (e.g. chiropractic tables, therapeutic tools and devices, procedural work surfaces, clinic room seats, etc.) shall be cleaned and disinfected after each patient encounter. Allow sufficient time for process to be effective, in accordance with manufacturer's instructions.
- For chiropractic tables, it is recommended to not use the central holding bar for the headrest paper, as it may be difficult to effectively clean the metal rod.
- Any materials on clinical contact surfaces that cannot be properly disinfected shall not be used (e.g. fabric coverings, unless they can be changed in between each patient encounter and properly laundered. Proper cleaning and disinfecting of the underlying surface will still be required).
- Patient contact items including the payment machine, reception counter, seating areas, doors and handrails should be cleaned and disinfected after each patient encounter.
- Commonly touched areas should be cleaned and disinfected twice daily or whenever visibly soiled. Commonly touched areas include light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices and keyboards. The payment machine should be cleaned and disinfected at least hourly, or ideally after each patient encounter.
- Books, magazines, toys and remote controls should be removed from patient areas.
- A regular schedule for periodic environmental cleaning shall be established and documented.

4. Physical Distancing

It is strongly recommended that members maintain the following physical distancing protocols in their clinics:

(a) Clinical space management:

- Members of the public should be two (2) metres from each other. This includes:
  - Treatment areas
  - Waiting areas - seats should be spaced to maintain two metre distance
  - Transition areas
- Employees and the public should be two (2) metres from each other.
  - Reception and payment area - If two metres cannot be maintained at reception/payment area, other non-contact electronic payment means can be used, or installation of a plexiglass or plastic barrier can protect reception staff.
- The treating practitioner should be two metres from the public when conversing.
- Consideration of patients waiting in vehicle until their appointment time.
- Consideration of off-hours treatment for high-risk populations.

(b) Clinical schedule management:

- Patient appointments should be scheduled to facilitate physical distancing.
- Sufficient time should be provided for the area the patient occupied to be cleaned and disinfected.

<u>Note</u>: Patients should be encouraged to use credit or debit cards for payment. Limit contact by allowing patients to scan/tap/swipe their own cards. Limit the exchange of paper – email receipts whenever possible.

5. <u>Use of PPE</u>

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.

In keeping with the current Public Health Order, a Health Canada authorized Level 1 medical mask must be worn by the member at all times when in the clinic.

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. Cloth masks are not permitted for members as they are not PPE.

PPE must be donned and doffed using the following specific sequence to prevent contamination:

<u>Donning mask</u>:

1. Perform hand hygiene.
2. Put on mask. Secure ties to head or elastic loops behind ears. Mold the flexible band to the bridge of nose (if applicable). Ensure snug fit to face and below chin with no gaping or venting.

Doffing mask:

1. Perform hand hygiene.
2. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie. Discard the mask in the garbage.
3. Perform hand hygiene.

It is also strongly recommended that members wear eye protection when treating patients where a physical distance of two metres cannot be maintained.

More information on proper PPE use can be found at https://www.saskhealthauthority.ca/intranet/about-sha/news/covid-19-information-health-care-providers/ppeinfection-prevention-and-control.

Single use gloves may be used, but are not required for most chiropractic services. If gloves are used, they must be changed in between each patient encounter and be accompanied by proper hand hygiene between every glove change.

Note: It is recommended that members practice in different clothes than they wear into the clinic. The clothes that you practice in should be cleaned each day. You should change back into the clothes you wore to the clinic to return home in.

6. Exclusion or Work Restrictions during Staff Illness

All members and staff must self-monitor for symptoms and use the self-assessment tool available on the Government of Saskatchewan's website: http://www.saskatchewan.ca/COVID-19.

If member or staff exhibits any symptoms of COVID-19, they must stay home or be sent home and should follow the advice of public health officials before returning to work. When employees go home sick, their work areas must be cleaned and disinfected. Upon recommendation by public health officials, the member or staff may return to work at the clinic. The advice of Public Health officials shall be followed regarding impact on clinic operations during these periods.

All workplaces must develop a workplace illness policy, as per the Government of Saskatchewan's requirements.

Additional Resources:

Policy UU – Temporary Policy on Telehealth
Government of Saskatchewan COVID-19 Resource Page
COVID-19 Resources for Health Care Providers – Government of Saskatchewan
Government of Saskatchewan Support for Businesses and Business Response Team
Government of Canada COVID-19 Resources

Effective date: May 4, 2020
Amended: May 7, 2020
November 16, 2020
March 12, 2021
July 11, 2021
September 17, 2021

APPENDIX "A"

Chiropractors' Association of Saskatchewan

COVID-19 Screening Questions

1. Are you feeling ill or exhibiting any symptoms of COVID-19?
   - ☐ Yes
   - ☐ No

2. Have you travelled internationally within the last 14 days? [Answer NO if you have an approved travel exemption, including approval via the ArriveCAN process. Verbal disclosure is sufficient at point of screening.]
   - ☐ Yes
   - ☐ No

3. Have you been diagnosed with COVID-19 or had close contact with a confirmed or probable case of COVID-19 within the last 14 days?
   - ☐ Yes
   - ☐ No

Answering YES to questions 1, 2, or 3 indicates that an individual may be symptomatic of COVID-19 or have been exposed to COVID-19. Individuals should be advised to self-isolate, and to call HealthLine 811 if symptoms develop or worsen. If the individual is a patient, they are not eligible for treatment at this time. If the individual is a practitioner or staff, they are not eligible for work at this time.

September 17, 2021

APPENDIX "B"

Proper procedures for hand hygiene:

(i) Procedure for washing hands with soap and water:

- Wet hands with warm water and enough soap;
- Apply enough soap to ensure lathering of all hand surfaces;
- Vigorously rub all surfaces of hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
- Rub hands for a minimum of 20 seconds;
- Rinse hands under warm, running water;
- Dry hands with disposable paper towels;
- Avoid re-contaminating hands after washing. Turn off faucet and open doors with a paper towel;
- Discard paper towels in waste receptacle.

(ii) Procedure for using alcohol-based hand sanitizer:

- Ensure hands are not visibly soiled and are dry before use;
- Apply an adequate amount of sanitizer to cover all hand surfaces;
- Vigorously rub sanitizer over all surfaces of the hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
- Hands should remain wet for a minimum of 15 seconds;
- Hands should be rubbed until completely dry.