



WASHINGTON STATE
CHIROPRACTIC QUALITY ASSURANCE COMMISSION
SPECIAL MEETING MINUTES
June 4, 2020

This was a public meeting that was held online

Commission Members In Attendance:

David Folweiler, DC, Chair, Judy Colenso, Public Member, Vice-Chair, Michael Bostjancic, DC, Vice-Chair, Susan Jensen, JD, Executive Committee Public Member, Susan Bogni, Public Member, Brian Chan, DC, Stephen Chan, DC, Dana Clum, DC, William Davis, DC, Gabe (Gary) Smith, DC, Matthew Waldron, DC, and Vanessa Wise, DC. Maria Best, DC, and Doug Long, DC were unable to participate.

Staff In Attendance:

Bob Nicoloff, Commission Executive Director
Jenny Yeam, Commission Licensing and Compliance Manager
Tammy Kelley, Commission Credentialing and Disciplinary Manager
Marlee O'Neill, DOH Legal Services Deputy Director
Christopher Gerard, Assistant Attorney General
Cori Tarzwell, DOH Policy Analyst

OPEN SESSION – Thursday, June 4, 2020

9:00 a.m.

1. CALL TO ORDER – Dr. Folweiler

9:00 a.m.

1.1 The agenda was approved as submitted.

2. CONSIDERATION OF ADOPTING AN UPDATED GUIDANCE DOCUMENT REGARDING CHIROPRACTIC PRACTICES DURING THE COVID-19 CRISIS – Dr. Folweiler, Chair

2.1 The Commission considered updating its April 6, 2020 guidance document, [COVID-19 Alert for Doctors of Chiropractic](#) in light of the Governor Inslee's [Proclamation 20-24.1, Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures](#) issued on May 17, 2020. For stakeholder feedback, a draft of the updated guidance document was distributed for comment to subscribers to the Commission's email list in late May. As a result, written comments were received regarding the draft from Dr. Maria Best, and comments and materials were received from Dr. Jeudi Boulom and Ms. Aly Strappazon.

2.2 After considering the new Proclamation, member comments, and reviewing the submissions from stakeholders, the Commission adopted an updated document [COVID-19 Guidance for Doctors of Chiropractic](#). (This document is attached to these minutes.)

3. LEADERSHIP NOMINATIONS

3.1 Commission members nominated leadership positions for the one-year term beginning July 9, 2020, including the chair position, two vice-chair positions, and one public member position on the Commission Executive Committee.

Current members in leadership were all nominated for an additional term in their respective positions.

Elections will occur at the next Commission meeting.

4. ADJOURNMENT

4.1 The meeting adjourned at 10:36 a.m.



July 9, 2020

Prepared By: Robert Nicoloff, Executive Director

Date



July 9, 2020

Approved By: David Folweiler, DC, Chair

Date



COVID-19 Guidance for Doctors of Chiropractic

Background:

The virus (SARS-CoV-2) causing coronavirus disease-2019 (COVID-19) emerged in December 2019 and has since spread around the world causing a global pandemic.

Contingent on compliance with the terms of Governor Inslee's [Proclamation 20-24.1 – Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures](#) (and other applicable proclamations or guidelines), issued on May 18, 2020, healthcare providers, including chiropractors, may see patients with non-urgent healthcare needs.

Doctors of Chiropractic should be aware that:

- There is community transmission of the SARS-CoV-2 among people who are pre-symptomatic or asymptomatic and contagious.
- There is high risk of severe disease in persons older than 60 years and in those with underlying health conditions.
- There is no process or procedure to completely eliminate the risk of person-to-person transmission of SARS-CoV-2 in a chiropractic practice setting.
- There may be additional guidelines and proclamations applicable to chiropractic (e.g. face coverings for chiropractors and their employees).

Additional resources for Doctors of Chiropractic:

[DOH Workplace Recommendations](#)

[DOH Coronavirus \(COVID-19\) Web Page](#)

[CDC Coronavirus \(COVID-19\) Web Page](#)

[CDC Practice Preparedness Resources](#)

[Washington State Coronavirus Response Web Page](#)

Governor Proclamation 20-24.1 and Chiropractors

On May 18, 2020, Governor Jay Inslee issued [Proclamation 20-24.1 – Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures](#) (Proclamation 20-24.1). Under the terms of Proclamation 20-24.1, health care providers, including chiropractors, must meet certain criteria to begin performing non-urgent procedures. Each health care provider evaluates their readiness to begin and must maintain standards to continue to see patients.

To provide guidance to licensees, the Chiropractic Quality Assurance Commission (Commission) has collated the following information from Proclamation 20-24.1. This information does not replace Proclamation 20-24.1 and is provided for informational-purposes only. Consequently, chiropractors should review the entirety of Proclamation 20-24.1 (and other applicable guidelines or proclamations) to ensure they are maintaining operations in compliance with the law.

COVID Assessment:

Local health jurisdictions (LHJs) in collaboration with their health partners, should assess the COVID-19 status in the communities they serve. This assessment should be updated on a regular basis. Important COVID-19 disease information relevant to this assessment is available at <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/DataDashboard>, and LHJs should have relevant information as well. Chiropractors should be aware of this assessment.

Expansion/Contraction of Care Plan

Each chiropractic practice must develop an expansion/contraction of care plan that is both congruent with community COVID-19 assessment described above, consistent with the clinical and operational capabilities and capacities of the clinic, and responsive to the criteria provided below.

Expansion/contraction of care plans should be operationalized based on the standards of care that are in effect in the practice's relevant geography as determined by that region's emergency health care coalition, as follows:

- Conventional Care Phase – All appropriate clinical care can be provided.
- Contingency Care Phase – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.
- Crisis Care Phase – All emergent and urgent care shall be provided; elective (non-urgent) care, that the postponement of which for more than 90 days would, in the judgement of the clinician, cause harm.

When operating in the crisis care phase, the decision to provide non-urgent chiropractic care should be weighed against the following criteria when considering potential harm to a patient's health and well-being:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate clinical outcome

Furthermore, diagnostic imaging, diagnostic procedures or testing should continue in all settings based on clinical judgement that uses the same definition of harm and criteria as listed above.

Criteria for Resuming Non-Urgent Procedures

Proclamation 20-24.1 also states health care providers, including chiropractors, must comply with specific criteria for resuming non-urgent procedures. The following non-exhaustive list are requirements the Commission has identified as specifically applicable to chiropractors:

- Use clinical judgment to determine the need to deliver a health care service, in the context of the broader health care needs of patients and communities and in the context of the pandemic, and within the parameters of operation provided by the practice setting in which they are providing services.
- Follow DOH's current PPE conservation guidance, which will be regularly reviewed and updated by the DOH, as published on the DOH website at <https://www.doh.wa.gov/Emergencies/Coronavirus>. If the practice's PPE status deteriorates, adjustments to expansion of care will be required.
- Review infection prevention policies and procedures and update, as necessary, to reflect current best practice guidelines for universal precautions.
- Develop a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability related to expansion of care.

- When appropriate, deliver care via telehealth and/or advise patients to implement self-care measures.
- Prior to, or immediately upon, entering the clinic, screen patients, staff, and providers for symptoms of respiratory illness (e.g. fever, cough, difficulty breathing, loss of sense of smell and/or taste). Screen for possible contact with infected individuals. Consider taking their temperature to screen for fever. If symptomatic, they should be sent home and/or to the appropriate provider.
- Implement policies for non-punitive sick leave that adhere to [CDC's return-to-work guidance](#). Allow all employees who are uncomfortable with continuing to work in the clinic to stay home or work remotely, if possible.
- Post signage that strongly encourages staff and patients to wash hands with soap and water frequently or use hand sanitizer, avoid touching their face, and practice cough etiquette.
- Maintain strict social distancing in patient scheduling, check-in processes, positioning and movement within a facility. Set up waiting rooms and patient care areas to facilitate patients, visitors and staff to maintain ≥ 6 feet of distance between them whenever possible, consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.
- Limit non-patients to those essential for the patient's well-being and care. Non-patients should be screened for symptoms prior to, or immediately upon, entering a clinic and ideally telephonically prior to arriving. Non-patients, who are able, should wear a mask or other appropriate face covering at all times while in the clinic as part of universal source control.
- Patients, who are able and when consistent with the care being received, should wear a mask or other appropriate face covering at all times while in the health care facility as part of universal source control.
- Closely follow [CDC guidelines](#) for hand hygiene and cleaning equipment and facilities between patients.
- Identify and implement strategies for addressing employees who have had unprotected exposures to COVID-19 positive patients, are symptomatic, or ill, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Timely notification of employees with potential COVID-19 exposure and appropriate testing of employees who are symptomatic should be a component of these strategies. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the clinic until the location can be properly disinfected.
- Follow requirements in Governor Inslee's [Proclamation 20-46 High-Risk Employees – Workers' Rights](#).