



Dear Colleagues,

The last few months have been unprecedented, unpredictable, and very different from how we normally live our lives and provide care to others. From the suspension of schools, colleges and universities, to directives to work remotely, to social distancing, we are all striving to help by making changes for the greater good. It is estimated that about 80% of people who contract the COVID-19 infection will have mild to moderate flu-like symptoms, like a fever and cough. COVID-19 infection in certain populations, like the elderly or immunocompromised individuals, can result in severe complications and sometimes death.

The situation around the coronavirus continues to evolve. We are all working to stay current with the latest COVID-19 information. The health of your patients, your communities, and your staff are most important. UWS is committed to both the provision of chiropractic care and the safety of our patients, our health care professionals, and our support staff. We expect that in the upcoming days COVID-19 will surge in our communities. The CDC, jurisdictional chiropractic licensing boards and other governing bodies have all made recommendations to all health care facilities, including those that provide chiropractic care. The COVID-19 pandemic is impacting all our communities.

We support collaborating with governmental authorities to flatten the curve of the spread of COVID-19 to help prevent overwhelming demand for critical care services. We expect that there will be differing definitions of “essential cares” that will apply to the practice of chiropractic on a state-by-state or jurisdictional basis. UWS supports following the rules and regulations of the state or province you practice in. Each state/province department of health is expected to impose regulations that will affect the practice of chiropractic. All doctors of chiropractic must comply with the laws of the state or province they practice in.

If you are directed to close by a governmental authority you should **not** remain open. Governmental agencies are authorized by law to mandate closures, in order to help slow the spread of the pandemic. If ordered to close, following the directive to close will help avoid the endangerment of your patients and your personal risk of criminal prosecution. Malpractice carriers do not cover criminal acts.

Another key aspect of action associated with an office closure is patient abandonment. If you are forced, or voluntarily choose, to close your practice you must consider how you will manage the existing patients in need of essential clinical care. Identify the ability you may have to provide telehealth support to patients under active care. In cases of voluntary closure where some chiropractic offices may remain open, one pathway may be to refer your patients to a chiropractic office that remains open.

UWS supports chiropractic care as an essential service under the following guidelines:

1. Care can be legally provided within scope of state, provincial and federal regulations.
2. Sufficient Personal Protective Equipment (PPE) and cleaning materials are available to protect the patient, the provider and health care support staff.
3. Excuse any member of the health care team who wishes to avoid engaging in direct patient contact for any reason without prejudice.
4. Patients are prescreened for COVID-19 based on the following factors:



- a. Signs and symptoms of fever, cough, or shortness of breath require referral or consultation with a health care facility that evaluates and treats infectious disease.
 - b. Individuals with known direct contact with an individual with the above signs and symptoms within 14 days after exposure.
 - c. Individuals who have traveled to regions known to be highly infected with COVID-19.
 - d. Patient outreach and screening prior to arrival for symptoms, including obtaining a temperature. All screening procedures of staff and patients should be documented, including any referrals for additional evaluation and/or treatment. Staff should have their temperatures checked at least twice daily.
4. No compromised individual may be in proximity of a potentially infected patient. Compromised individuals include:
- a. Patients over the age of 60.
 - b. Patients with significant health issues, especially of the cardiopulmonary systems.
 - c. Patients who are immunocompromised.
5. Cares are limited to those individuals who demonstrate a clear clinical necessity.
- a. Individuals who have significantly impacted activities of daily living (ADLs) secondary to a condition that is amendable to integrated chiropractic care.
 - b. Care to other health care providers, such as hospital workers, emergency medical service personnel, police and fire department staff with clinically significant concerns that are amendable to integrated chiropractic care.
 - c. Care for patients where their long-term health would be negatively impacted by the discontinuation of care; for example, postsurgical rehabilitation, or care following a traumatic injury. The chiropractic physician's professional expertise is paramount in making such determinations.
6. Avoidance of maintenance or preventative care, or non-symptomatic screening examinations.
7. Avoidance of non-essential individuals, such as friends or family members, entering the care facility.

We all have a serious responsibility to carefully make decisions about the care of our patients and our communities during these unprecedented times. The adage of taking the most conservative pathway and placing the interests of the patient ahead of all other considerations will help to guide us as we move forward.

If you have questions or concerns, please contact Dr. Bill Moreau, UWS Chief Medical Officer, at bmoreau@uws.edu.

Sincerely,

Bill Moreau, DC, DACBSP, FACSM
University of Western States – Chief Medical Officer