

# COVID 19 SAFETY PLAN

## Step 1: Assess the risks at our workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

If you are struggling to undertake this assessment, please reach out to WorkSafeBC for assistance.

Working with your staff and other team members, discuss the following and document what you find:

- We have identified areas where people gather, such as lunch rooms, exam rooms, waiting rooms and meeting rooms.
- We have identified job tasks and processes where individuals are close to one another and/or members of the public.
- We have identified the office, medical and other equipment that staff and team members share while working.
- We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

## Step 2: Implement protocols to reduce the risks

A number of guidance documents are available for community-based physicians to help minimize risks of transmission. These may be updated—or others may be added—in the future:

- The Provincial Health Officer's [order](#) from May 15th.
- the College's [Guidance on providing in-person care during COVID-19](#)
- the BCCDC's [COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#)
- WorkSafeBC's [Health Professionals: protocols for returning to operation](#)

### First level protection (elimination)

- We have established and posted an occupancy limit for our premises. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person. This allows for variation depending on the size of the facility and may be a sensible approach for determining

maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]

- ❑ In order to reduce the number of people at the office, we have considered work-from-home arrangements, virtual care, rescheduling work tasks, and limiting the number of staff and patients in the workplace.
- ❑ We have [established and posted occupancy limits](#) for common areas such as lunch rooms, examination rooms, waiting rooms, washrooms, and elevators.
- ❑ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.

In developing your safety plan, consider the following and document the measures you are using to maintain physical distance in your practice:

- Where possible, staff will maintain physical distancing (e.g. avoid eating meals together, will increase the space between desks/workstations or alternate which desks/workstations are used).
- We have a sign on the door indicating patients should wait in their cars/outside when they first arrive and call us to check-in. This is reinforced by a message on our website and telephone system. We have [emailed our patients](#) to let them know all the changes taking place in our office and what to expect.
- We will call patients when we are ready for them to come in.
- We have allocated a limited number of appointments per day, based on 1 per hour (modify to suit) AND/OR we have staggered appointments to allow for physical distancing in common areas.
- All patient appointments will take place via phone or video. If required and appropriate, a scheduled in-person appointment will be offered.
- We will only allow patients with scheduled appointments themselves to enter the office. We will make exceptions for pediatric patients or caregivers if necessary (judge as you see fit).
- Scheduled appointments for those at higher risk (e.g. immunocompromised, multiple comorbidities or the elderly) will be done in the morning, with normal risk patients seen later in the day, and any higher risk patients (if those are seen in the clinic) at the end of the day. This has been communicated to all staff.
- We have limited surfaces that allow for physical contact:
  - Removed magazines, toys and clipboards from waiting rooms and exam rooms;
  - Installed contactless doors (or propped doors open) and garbage bins (or removed lids);
  - Removed extra chairs from examination rooms.
- We have developed pick-up and drop-off protocols that eliminate people coming into the office:
  - We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts.

## Second level protection (engineering)

Although the requirements and limitations of each office are unique, general recommendations to consider include the following.

- We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- We have included barrier cleaning in our cleaning protocols.
- We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).

In developing your safety plan, consider the following and document the measures you are using to engineer physical distance in your practice:

- We have indicated increments of 2 metres in front of the front desk.
- We have implemented a telephone check-in system OR we have implemented an online check-in system.

## Third level protection (administrative)

Training our staff, ourselves and our colleagues in safe work practices is key to prevent transmission of COVID.

- We have identified rules and guidelines for how staff and team members should conduct themselves.
- We have clearly communicated these rules and guidelines to staff and team members through a combination of training and signage.
- If sick, physicians and team members must remain at home. They may continue to provide patient care via telephone or video.
- All staff will perform hand hygiene and don appropriate PPE (i.e. a surgical mask) immediately upon entering the office. The [BCCDC Hand Hygiene poster](#) is being used to educate staff and team members.
- All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID.
- We will conduct temperature checks upon arrival and ensure all staff and team members continuously self-monitor for symptoms. We will use the [Alberta Health Services Daily Fit for Work Screening tool](#) and [accompanying instructions](#).
- We have put up laminated signage in the areas frequented by patients (e.g. washrooms and above examination room sinks) outlining the appropriate [hand washing protocols](#), [alerting high-risk patients](#) (i.e. respiratory symptoms, recent travellers) to notify staff immediately, cough etiquette, etc.
  - If paper signage is used, we will date when it should be discarded (monthly).
  - If laminated signage is used we will wipe it down regularly.

## Fourth level protection (PPE)

- We have reviewed the information on selecting and using PPE and instructions on how to use appropriate PPE.
- We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- We understand that if PPE is not available, staff and physicians are not expected to risk their own health by providing in-person care.
- We have trained staff and team members to use PPE properly, following manufacturers' instructions for use and disposal.
- We are following the PPE guidelines for (asymptomatic OR both asymptomatic and symptomatic) patients in community, as recommended by the [BCCDC](#) and/or our Regional Health Authority (e.g. [Island Health Community PPE Guidelines](#)).
  - We will encourage patients to wear their own masks.
  - We will keep our mask on at all times, and keep our hands away from our face. If we touch it or remove it, or it becomes soiled or wet, we will change it.

## Reduce the risk of surface transmission through effective cleaning and hygiene practices

The COVID-19 virus can survive on some surfaces for many days, therefore cleaning and disinfecting measures should be heightened to minimize risk of transmission. As defined by the BC Centre for Disease Control (2020), **cleaning** is the removal of soiling while **disinfection** is the killing of viruses and bacteria, and is never used on the human body. When the term “disinfection” is used in this document, it is assumed that cleaning will occur prior to disinfection.

- We have reviewed the information on [cleaning and disinfecting](#) surfaces.
- Our office has enough handwashing facilities on site for all our staff and patients.
- Handwashing locations are visible and easily accessed.
- We have policies that specify when staff and team members must wash their hands and we have communicated good hygiene practices to staff and team members. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [[Handwashing](#) and [Cover coughs and sneezes](#) posters are available at [worksafebc.com](#).]
- We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after clinic, after lunch, after use).
- Staff and team members who are cleaning have adequate training and materials.
- We have removed unnecessary tools and equipment to simplify the cleaning process — e.g., coffee makers and shared utensils and plates.

In developing your safety plan, consider the following and document the cleaning protocols you are using in your practice, including who is responsible for what and how often cleaning occurs:

- We have removed unnecessary items or items that are hard to disinfect from exam rooms and will only bring them into the room as necessary (e.g. tissue boxes, soft office furniture, any equipment not regularly used).
- We have placed the patient chair as far away as possible from the physician chair/stool in the exam room.
- In order to minimize exposure to patients, staff will provide verbal instructions—such as instructing patients in how to use a scale, baby weigh-station or wall-mounted measuring tape—instead of doing it for them.
- We have established a cleaning and disinfection schedule and moved to (ideally) twice daily cleaning of frequent touch surfaces.
- We have assigned each staff member to a dedicated work area as much as possible and discouraged the sharing of phones, desks, offices, exam rooms and other medical and writing equipment.
- We have made hand hygiene supplies readily available for both patients, staff and team members. Our hand sanitizers are [approved by Health Canada](#).
- We have increased disinfection of frequently touched surfaces in common areas (i.e. computer keyboards, door handles, phones, armrests, elevator buttons, banisters, washrooms, etc.), even if not visibly soiled.
- Between patients, we will disinfect everything that comes into contact with the patient (i.e. pens, clipboards, medical instruments, stethoscopes).
- Team members will use the same stethoscope provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- We have put up signage encouraging patients to only use the office washroom if there is an urgent need.
- We have set up a sanitizing station near the entrance for all patients entering the office.
- We have introduced additional garbage bins throughout the premises.

### Step 3: Develop policies

Our policies ensure that staff, team members and others showing symptoms of COVID-19 are prohibited from the office.

- Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case [must self-isolate for 14 days and monitor](#) for symptoms.
- Visitors are prohibited or limited in the office.
- Ensure staff and team members have the training and strategies required to address the risk of violence that may arise as patients and members of the public adapt to

restrictions or modifications to the office. Ensure an appropriate [violence prevention program](#) is in place.

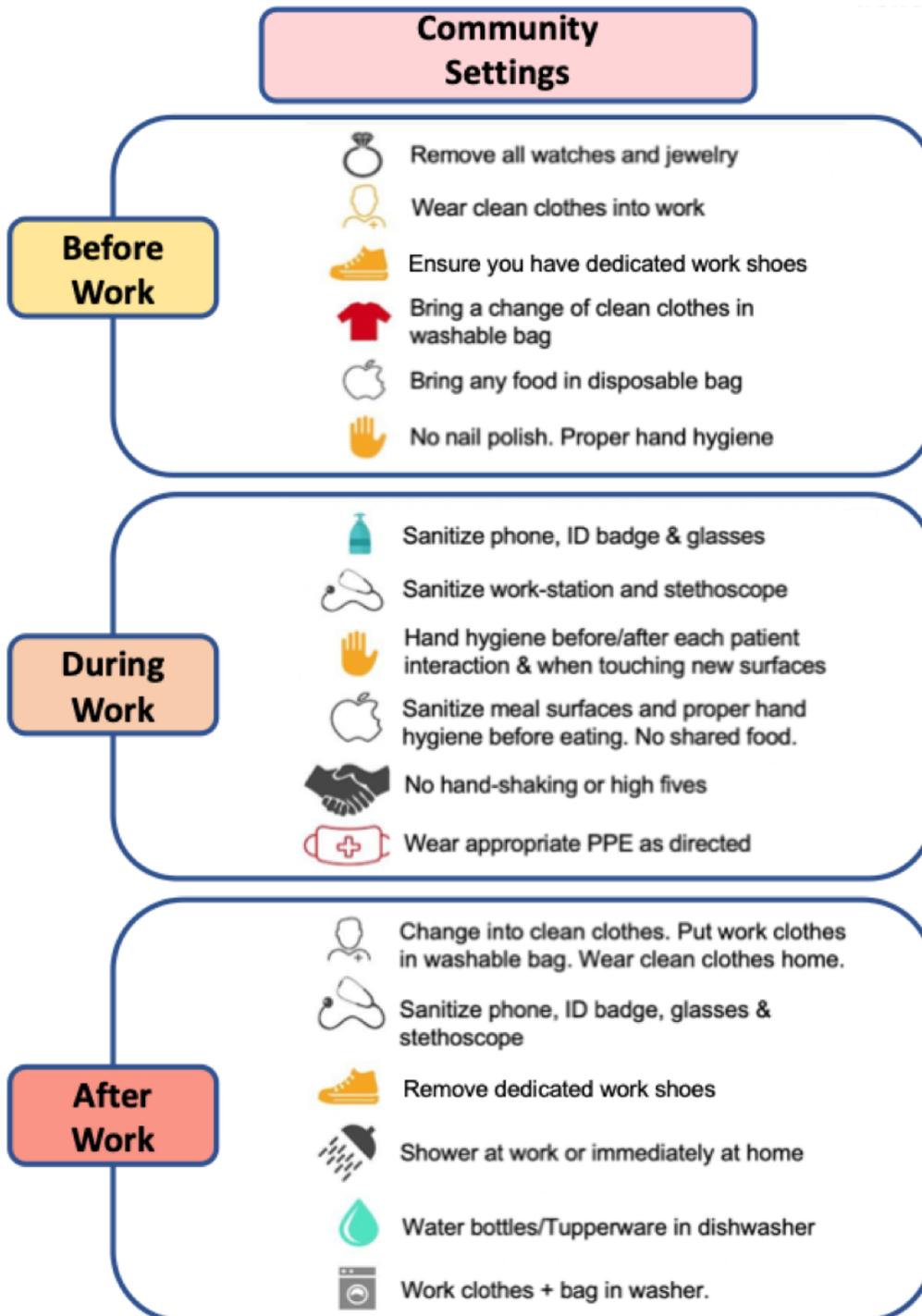
Our policy addresses staff and team members who may start to feel ill at work. It includes the following:

- Sick staff or team members should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the staff or team member to go straight home. [Consult the [BC COVID-19 Self-Assessment Tool](#), or call 811 for further guidance related to testing and self-isolation.]
- If the staff or team member is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill staff or team member has come into contact with.

We have the following Daily Routines in-place (see following pages):

- Daily precautions taken by all staff
- Staff tasks prior to opening of the office
- Safety measures to take prior to all appointments
- Clinic workflows for Physicians
- Staff tasks upon closing
- Pick up and drop off protocol

## Daily precautions taken by all staff



## Safety measures to take prior to all appointments

Preventative measures should be taken before contact with patients to minimize risk of transmission

- Call patients before their appointment to
  - screen them for risks—rescheduling if they become sick, are placed on self-isolation or have travelled out of the country within the last 14 days,
  - educate them of changes to office protocols, and
  - that they should attend appointments alone when possible and not bring friends or children.
- Email patients any forms that need to be filled out so clients can complete them before arriving at the clinic. This cuts down on needing pens, etc.
- Office Preparation
  - Post signage at the clinic entrance to assist with communicating expectations (i.e. [hand hygiene](#), [physical distancing](#), [respiratory etiquette](#), reporting illness or travel history, [occupancy limits](#) and [no entry if unwell or in self isolation](#))
  - Limit exchange of papers during transactions (i.e. receipts), move to contactless payments
  - Use single use items where necessary (i.e. disposable cups)
  - If clinic layout prevents physical distancing, consider alternative approaches (i.e. asking clients not to enter the clinic until receiving a text message)
- All patients should be screened for COVID symptoms prior to and upon arrival (patients should be notified of this upon booking their appointment)
  - Patients screening positive should be redirected home for a virtual appointment or referred to a Health Authority assessment clinic or the Emergency Department (depending on severity of symptoms) if physical examination is necessary
  - Patients screening positive should be referred to a testing site (patients can now self-refer)

## Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

- We have a training plan to ensure everyone is trained in workplace policies and procedures.
- All staff and team members have received the policies for staying home when sick.
- We have posted signage at the office, including [occupancy limits](#) and [effective hygiene](#) practices.
- We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors, staff and team members with symptoms.
- Clinic Leadership have been trained on monitoring staff and team members and the office to ensure policies and procedures are being followed.