

COVID-19 SAFETY PLAN

A COVID Safety Plan requires you to assess the risks, implement protocols, develop policies, develop communications, monitor your workplace, and assess and address risk. This plan was drawn up using the WorkSafeBC template and the Doctor Is In Safety Plan appendix.

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-industry-information/health-care>
https://www.doctorsofbc.ca/sites/default/files/safety_plan_document.docx

STEP 1: ASSESS THE RISKS AT YOUR 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.

- ✓ We have involved the clinic director, doctors, clinic manager, staff, and administration.
- ✓ We have identified areas where people gather, such as the lunchroom, exam rooms, waiting room.
- ✓ 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 doors, computer keyboard and mouse, telephone, light switches, et cetera.

STEP 2: IMPLEMENT PROTOCOLS TO REDUCE THE RISKS

- ✓ Review industry specific protocols on worksafebc.com. Implement protocols specific to your industry. Identify additional protocols necessary.
- ✓ Orders, guidance and notices issues by the provincial health office and relevant to your industry.
- ✓ Your health and safety association or other professional and industry associations.

A number of guidance documents are available for community-based physicians to help minimize risks of transmission. These may be updated as the need arises:

- The Provincial Health Officer's order for a Workplace Covid-19 Safety Plan dated 14 May 2020.
https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/class_order_employers_covid-19_safety_plans_covid-19_may_14_final.pdf
- WorkSafe BC for Health Professionals: Protocols for Returning to Operation, posted online 22 May 2020.
<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals>

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STEP 2: IMPLEMENT PROTOCOL TO REDUCE THE RISKS CONT.

- College of Physicians and Surgeons of British Columbia – Providing In-person Care during COVID-19: Guidance for Registrants.
<https://www.cpsbc.ca/news/COVID-19-updates/providing-in-person-care>
- Ministry of Health and BCCDC – COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings.
https://www.bccdc.ca/HealthProfessionalsSite/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf
- WorkSafe BC's OFAA protocols during the COVID-19 pandemic: A guide for employers and occupational first-aid attendants.
<https://www.worksafebc.com/en/resources/health-safety/information-sheets/ofaa-protocols-covid-19-pandemic?lang=en>
- DTO – A GPSC Initiative – Getting Patients Back to Practice: For Both Virtual and In-Clinic Visit Models.
https://www.doctorsofbc.ca/sites/default/files/dto_getting_patients_back_to_practice.pdf
- The Doctor is In: Guideline for re-opening and safety plan.
<https://www.doctorsofbc.ca/news/doctor-supporting-physicians-re-opening-offices>
- Provincial Health Services – COVID-19 Virtual Health Toolkit.
<https://www.phsa.ca/health-professionals/profession-resources/office-of-virtual-health/covid-19-virtual-health-toolkit>
- ✓ Frontline workers, supervisors, health and safety committee.
 - AMC has always had protocols in place for staff illness and coverage.
 - In February 2020 AMC implemented the Clinic Pandemic Preparedness Checklist-adapted from Daly, P (2007) BCMJ vol 49 no 5.
<https://www.bcmj.org/articles/pandemic-influenza-and-physician-offices>
 - Training of staff regarding the safety plan, office practices and procedures, cleaning, patient triage, patient check-in, patient flow, telehealth options.
 - Review proper office and medical cleaning routines with janitorial staff.

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REDUCE THE RISK OF PERSON-TO-PERSON TRANSMISSION

To reduce the risk of the virus spreading through droplets in the air, different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level.

First level – elimination

Second level – engineering controls

Third level – administrative controls

Fourth level – PPE

First level protection (elimination): Limit the number of people at the workplace and ensure physical distance whenever possible.

- ✓ We have established an occupancy limit for our premises.
- ✓ In order to reduce the number of people at the office, we have virtual care, rescheduling work tasks, and are limiting the number of staff and patients in the workplace.
- ✓ We have established limits for common areas such as lunchrooms, examination rooms, waiting rooms, washrooms.
- ✓ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.

First level measures in place:

- Signage on front door and in clinic.
- Door has an automatic opener.
- Limited the number of chairs in the waiting room.
- Decals on the floor indicating 2m distancing.
- Removed toys, magazines, clipboards.
- Have garbage bins in waiting room, exam rooms, nurse's station, lunchroom, washrooms, front desk, and offices. Lids have been removed.
- POS machine is cleaned after each use.
- Hand sanitizer stations mounted in the waiting room, nurse's station, hallways, lunchroom.
- Liquid soap dispensers and paper towels are available in the patient and staff washroom, as well as nurse's station and exam rooms.

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First level measures in place (continued):

- Advertisement placed in the newspaper advising patients to call before they visit the clinic. Website and phone message give the same information.
- All staff and doctors wear surgical masks and other PPE used as necessary.
- Direct staff-patient contact has been minimized. Staff no longer take vitals like blood pressure, temperature, weight and height measurements. This is done in an exam room by a doctor.
- Doctors have charting stations in their offices.
- Telehealth visits can be done by the doctors from home.
- Patients at higher risk (immune-compromised, have multiple co-morbidities or elderly) that have to be seen in-person stay in vehicle until an exam room has been cleaned. They are also given a mask if they do not have their own.

Second level protection (engineering): Barriers and partitions

- ✓ We have installed barriers where workers cannot keep physically distant from co-workers, patients, or others.
- ✓ We have included barrier cleaning in our cleaning protocols.

Second level measures in place:

- Plexiglass shields are installed at the front reception desk.
- Shields are cleaned by the MOAs during the day if soiled, and cleaned nightly in keeping with the detailed clinic cleaning protocol.
- Shields are stable – they have a secure base.
- Doctors and staff are able to keep safe distancing most of the time due to the layout of the clinic.

Third level protection (administrative): Rules and Guidelines

- ✓ 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.

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Third level measures in place:

- We implemented the “Clinic Pandemic Preparedness Checklist” in February 2020 – adapted from Daly, P (2007) BCMJ vol 49 no 5.
<https://www.bcmj.org/articles/pandemic-influenza-and-physician-offices>

Ongoing – measures updated as required. Communication to staff and doctors via group meeting, training in-person and providing various printed/online educational materials and signage used with specific reference to:

- BCCDC guidance for Primary Care
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/primary-care>
- PPE protocols, donning and doffing
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- Posters and signage – hand hygiene, PPE and cleaning
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters>
- Cleaning protocols
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control>
- Patient handouts
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/patient-handouts>
- Patient triage and waiting room protocols.
- Scheduling to manage the number of doctors and staff and where they are stationed.
- Implemented virtual care – telephone and video visits.
- Doctors can work from home or the clinic.
- Staff booking telehealth appointments for patients.
- The doctor decides whether an in-person visit is necessary.
- Patients at higher risk (immune-compromised, have multiple co-morbidities or elderly) that have to be seen in-person, immediately on arrival are put into an exam room that has been cleaned and not yet used that day. They are also given a mask if they don't have their own.
- Any patient seen for non-COVID-19 medical conditions and that show ill symptoms is kept separate from other patients and put directly into the isolation room with a mask.
- All patients are asked to use hand sanitizer.
- The number of people handling paper has been limited by faxing forms, consultation requests, medical record requests, lab requisitions, prescriptions, et cetera.

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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 team members to use PPE properly, following manufacturers' instructions for use and disposal.

Fourth level measures:

- Everyone is instructed to change out of their scrubs/work clothes on return home, shower and put on clean clothes. Immediately launder used scrubs/work clothes and sanitize other items that may have come into contact with any pathogens.
- Inside shoes are kept at the clinic, while outside shoes are left at the back door or typing room.
- Purses, bags, et cetera are kept in a shelf in the conference room.
- Doctors and staff wear surgical masks throughout the workday. They are changed as they become soiled, wet, or possibly exposed to droplets/pathogens. Hand hygiene is used when putting on and taking off masks.
- Symptomatic and immune-compromised patients are given a surgical mask on entry to the clinic, if they don't have their own.
- All patients are encouraged to wear their own masks and use hand sanitizer.
- Other PPE is available as required:
 - Masks with face shield
 - Gloves
 - Isolation gowns (disposable)
 - Reusable goggles – can be disinfected
 - Reusable face shields – can be disinfected
- We generally do not perform aerosol generating medical procedures. Although not considered necessary in the clinic setting, all doctors have been fitted for N95 masks at the Campbell River Hospital.

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

- ✓ 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, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of time 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.

CLEANING PROTOCOLS

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.

- We have established a cleaning and disinfection schedule and increased disinfection of frequent touch surfaces in the waiting room, nurse's station, lunchroom, and other work areas.
- The exam rooms, including exam tables, instruments, and other touch surfaces are disinfected between each patient visit.
- Exam table paper is removed and discarded after each patient.
- Other items patient/staff may touch like pens, the POS machine, et cetera are disinfected after each use.
- There are garbage bins (lined with disposable plastic bags and no lids) in the waiting room, at the front desk, at all workstations, nurse's station, each exam room, lunchroom. They are emptied at regular intervals during the day, using safe disposal methods.
- Hand sanitizer stations are available in the waiting room, exam rooms, nurse's station, and lunchroom.
- Cleaning staff have been trained.
- Cleaning staff and MOAs use appropriate PPE when handling chemicals.

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CLEANING PROTOCOLS cont

- Disinfectant products most commonly used:
 - Bleach (sodium hypochlorite)
 - 02448459 – Accel Prevention Wipes (hydrogen peroxide)
 - Solution of ethanol (77%) 98.5%, hydrogen peroxide 0.1%, glycerol 1.4% (WHO recommended formulation)

BCCDC Cleaning and Disinfectants for Clinic Setting PDF

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
 - 500 ppm (10ml bleach to 990ml water) – Used for disinfecting surfaces and medical equipment (e.g. counters, doorknobs, stethoscopes, BP cuffs). Allow surface to air dry naturally.
 - 1000 ppm (20 ml bleach to 980 ml water) – Used for disinfecting surfaces contaminated with bodily fluids and waste (e.g. vomit, diarrhea, mucous, feces) (after cleaning with soap and water first). Allow surface to air dry naturally.
- Accelerated hydrogen peroxide (0.5%) – Used for cleaning and disinfecting surfaces and medical equipment.
- Quaternary Ammonium Compounds (QUATs) or alkyl dimethyl ammonium – Used for disinfecting of surfaces (e.g. floors, walls, furnishings).

BCCDC guide – Environmental service staff in health care facilities, cleaning, laundry and waste management.
http://www.bccdc.ca/Health-Info-Site/Documents/Environmental_Service_Providers_Health_Care.pdf

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STEP 3: DEVELOP POLICIES

Ensure there is an established process for employees to report concerns and for employers to address them and that health and safety committees are in place when required. Develop the necessary policies to manage your office, including policies around who can be present, how to address illness that arises at the office, and how staff and team members can be keep safe in adjusted working conditions.

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 report to the clinic manager, even with mild symptoms.
- ✓ Sick staff or team members should be asked to wash or sanitize their hands, be provided with a mask, and isolate. 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 (eg: difficulty breathing, chest pain), call 911.
- ✓ Clean and disinfect any surfaces that the ill staff or team member has come not contact with.

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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 regarding effective hygiene practices.
- ✓ We have posted signage at the main entrance indicating who is restricted from entering the premises.
- ✓ Clinic management has been trained on monitoring staff and team members and the office to ensure policies and procedures are being followed.

STEP 5: MONITOR YOUR WORKPLACE AND UPDATE YOUR PLANS AS NECESSARY

Things may change as your business operates. If you identify a new area of concern, or if it seems like something is not working, take steps to update your policies and procedures. Involve workers in this process.

- ✓ We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- ✓ Staff and team members know who to go to with health and safety concerns.
- ✓ When resolving safety issues, we will involve staff and team members.