

Helmcken Cove Family Practice Covid 19 Safety Plan

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.

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

- √ We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
- √ We have identified areas where people gather: waiting area, kitchen at the back
- √ We have identified job tasks and processes where individuals are close to one another and/or members of the public: interacting with patients as they enter and exit; weight/height assessment, physical exams, BP tru.
- √ We have identified the office, medical and other equipment that staff and team members share while working – people use their own equipment.
- √ We have identified surfaces that people touch often, such as doorknobs, and light switches – yes.

Step 2: Implement protocols to reduce the risks

Ensure everyone is aware of office protocols and changing practices

- √ Document office protocols in an employee handbook with instruction guides (i.e. scripts for communicating with patients and cleaning protocols) and keep these up to date – see appendices of this document.
- √ Re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.
- √ Educate staff on changing office practices and procedures to minimize COVID transmission and exposure (i.e. [cleaning protocols](#), altered patient flow) with refresher training as needed.

- √ Educate staff on how to communicate the new office protocols to patients (e.g. waiting in their cars or outside staging areas prior to entering the clinic, how to check-in if not in-person, maintaining physical distancing in waiting rooms, calling prior to appointments to inquire about respiratory symptoms, etc.).
- √ Review proper office and medical cleaning routines with janitorial staff/contractors.

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.]
- √ We have established and posted occupancy limits for common areas such as lunch rooms, examination rooms, waiting rooms, washrooms, and elevators.
- √ 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 implemented measures to keep staff and others at least 2 metres apart, wherever possible including:
 - o 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).
 - o We have a sign on the door indicating patients should wait in their cars/outside when they first arrive until their appointment time. 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
 - o Patients are to come to the locked door and knock, then step back by 6 feet. The door will be unlocked when there is a designated space available in an exam room. They can then enter the office, will be screened and mask/hand sanitizer will be ensured.
 - o When work volume and flow allows, we have established a protocol for unidirectional flow through our office.

- o We have allocated a limited number of appointments per day, based on 1 per hour AND/OR we have staggered appointments to allow for physical distancing in common areas.
- o We have eliminated patients waiting in our waiting room entirely—they will immediately be taken back to an examination room.
- o All patient appointments will take place via phone or video. If required and appropriate, a scheduled in-person appointment will be offered.
- o 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).
- √ We have limited surfaces that allow for physical contact:
 - o Removed magazines, toys and clipboards from waiting rooms and exam rooms;
 - o We have taken frequently needed items out of the cupboards to limit door handle contact.
 - o Removed extra chairs from examination rooms.
- √ We have developed pick-up and drop-off protocols that eliminate people coming into the office:
 - o When possible, pick-ups and drop-offs will be done outdoors to prevent the need for patients to enter the clinic and to minimize in-person contact as much as possible;
 - o We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts.

Second level protection (engineering)

- √ 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 indicated increments of 2 metres in front of the front desk (n/a in our space).
- √ We have implemented an in-person check in system at the door

Third level protection (administrative)

- √ 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.
- √ We will include plans for regular team meetings to continue up-to-date communications.
- √ 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 immediately upon entering the office, and don appropriate PPE (i.e. a surgical mask) when interacting with others. 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.

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 patients in the community, as recommended by the [BCCDC](#) and/or our Regional Health Authority (e.g. [Island Health Community PPE Guidelines](#)).
- √ We will not be seeing symptomatic patients in the office. This is presented via [signage](#) on our door and messaging on our website and phone system.
- √ We will keep our mask any times we are within 2m of distance from an individual, and keep our hands away from our face. If we touch 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
- √ 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
- √ We have established a cleaning and disinfection schedule and moved to (ideally) twice daily cleaning of frequent touch surfaces.
- √ 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).
- √ We have set up a sanitizing station near the entrance for all patients entering the office.
- √ As we are not seeing symptomatic patients, we are using local testing and assessment centres to minimize patient exposure

Step 3: Develop policies

- √ Process for employees to report concerns/employers to address them (appendix A)
- √ Sickness policies (ie when staff are expected to stay home) (appendix B)

- √ Daily routines for staff: opening, during the day closing (appendix C)
- √ Patient triage for in person visits and for those who screen positive for resp syx or risk of Covid (appendix D)
- √ Patient communication and flow for virtual and in person visits (appendix E)

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.

Step 5: Monitor your workplace and update your plans as necessary

- √ We have a plan in place to monitor risks including regular team meetings. 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 health and safety committees or other staff and team members

Step 6: Assess and address risks from resuming operations

n/a for us

Appendix A

Process for employees to report concerns/ employers to address them

- √ Employees with concerns about safety or other issues should report same to one of the doctors on site (first Verbally, followed by a summary email addressed to or shared with all doctors)
- √ That doc will share with the other docs to discuss a plan to address concern
- √ Plan will be fed back to all office members

Appendix B

Sickness policy

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, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches.
- ❑ 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.

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 one of our physicians even with mild symptoms.
- ❑ 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.

Sick leave policy:

Each employee is eligible for 1 week of sick pay (5 days) of paid days that they can take for any illness. If any employee is asked to isolate or quarantine due to COVID-19 as directed by public health, they will be eligible to apply for CERB for Federal Government Income support. We will readdress this sick policy as the pandemic evolves and in case of any loss of CERB funding.

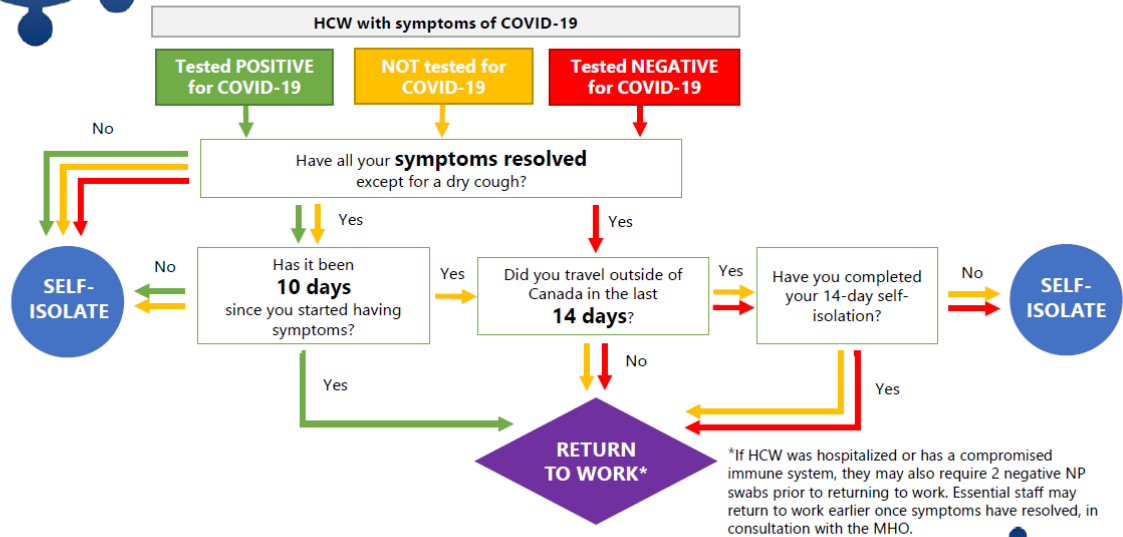


Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



BC Health Care Worker Return to Work Decision Tree



Ministry of Health



BC Centre for Disease Control



IPC v1.1

Appendix C

Daily routines for staff and physicians

Community Settings

Before Work



Remove all watches and jewelry



Wear clean clothes into work



Ensure you have dedicated work shoes



Bring a change of clean clothes in washable bag



Bring any food in disposable bag



No nail polish. Proper hand hygiene

During Work



Sanitize phone, ID badge & glasses



Sanitize work-station and stethoscope



Hand hygiene before/after each patient interaction & when touching new surfaces



Sanitize meal surfaces and proper hand hygiene before eating. No shared food.



No hand-shaking or high fives



Wear appropriate PPE as directed

After Work



Change into clean clothes. Put work clothes in washable bag. Wear clean clothes home.



Sanitize phone, ID badge, glasses & stethoscope



Remove dedicated work shoes



Shower at work or immediately at home



Water bottles/Tupperware in dishwasher



Work clothes + bag in washer.

Opening/During the day protocols for staff

Cleaning – using Caviwipes:

1. Shared equipment: such as stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds that were touched - will be cleaned between patients by the physician who saw them.
 - a. If a procedure occurred, the MOA will do a full room clean of all contact surfaces
2. Frequently-touched surfaces: such as door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones will be cleaned at least twice a day.
3. General cleaning: Floors and Plexiglass will be cleaned at the end of the day.

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

Patients coming in

- o Patients are waiting in their car until their appointment time, when they will knock on the door. The MOA will unlock the door for them, then return to behind the plexiglass.
- o The patient will then be able to enter the office and prompted to clean their hands and don a non-medical mask if not already in place at our hand sanitizer station.
- o The MOA will screen the patient for Covid

Please do not enter this workplace if you:

- Have any of the following symptoms:
 - Fever
 - Chills
 - New or worsening cough
 - Shortness of breath
 - New muscle aches or headache
 - Sore throat
 - Have travelled outside of Canada within the last 14 days
 - Are a close contact of a person who tested positive for COVID-19
-
- o The patient will be directed to an open exam room
 - o The physician will then see the patient (wearing mask and eye protection)

Patients leaving

- o The office has established a procedure for unidirectional flow should it be required to allow social distancing
- o Patients be escorted out and will be advised not to stop at desk
- o The door will be locked behind them
- o The physician will then clean the exam room appropriately.

Closing protocols for staff

- mop floors of used exam room and bathroom and plexiglass using bleach solution
- wipe table tops/counters, chairs, door handles, workstations (keyboards/phones), bathroom surfaces

Pick up and drop off protocol

1. most documents are being transmitted via electronic communication to limit in person pick up and drop off
2. The door will remain locked and any pick ups will be planned.

Appendix D

Patient triage for in person visits, for those with resp syx, who goes where etc

For patients who call in complaining of respiratory symptoms or for those who screen positive for risk for Covid 19 – direct to Covid assessment site (consider asking a physician to review if unclear)

Priorities for in person visits:

New onset of acute symptoms

Issues where the physical exam will change the management of the issue and cannot be delayed

Follow up of abnormal pap smears

Physician/Patient discretion

Appendix E

Patient communication and flow for virtual and in person visits

The following communication was posted on our website and will be communicated to all patients by mass email as well as verbally on our phone message and when patients call to book.

1. ALL visits are occurring remotely first, by video (using doxy.me platform) or by phone. If a physical exam is necessary, we can arrange for that to be done in order of priority/urgency.

2. Make sure you are able to accept blocked calls on your phone as this may be how your physician will reach you for any telemedicine appointments.

3. IF YOU HAVE BEEN BOOKED FOR AN IN-PERSON APPOINTMENT WITH US

PLEASE DO NOT ATTEND THE OFFICE IF YOU HAVE ANY SYMPTOMS OF COVID-19 (click here for a comprehensive list)

ALL patients are asked to wear a non-medical mask to their appointment. If you absolutely do not have access to one, we have a limited supply to provide to you.

We ask that you come alone to your appointment if possible

Please wait outside or in your car until your appointment time

When it is time for your appointment, please knock on the clinic door and then step 6ft/2m back

- If there was a patient prior to you that has not yet exited, you may be asked to wait outside until we have space to accommodate you.

The door will be unlocked for you, then you may open the door and enter. Immediately perform hand hygiene at our sanitization station, and ensure your mask is on.

You will then be directed into a clinic room, there will be no waiting in the waiting room.

Your appointment is for a **FOCUSED PHYSICAL EXAM** for the issue discussed previously. It will be intentionally brief, and please keep all other questions or concerns for a follow up appointment.

Do not stop at the front desk, please call back to book future appointments or to speak with our staff.