

## Esquimalt Medical Clinic COVID-19 Safety Plan

### Step 1: Assessment of workplace risks

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 made recommendations based on the following:

- We have reviewed recommendations from WorkSafeBC, the Provincial Health Officer, Doctors of BC, the College of Physicians and Surgeons, and BCCDC.
- 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.

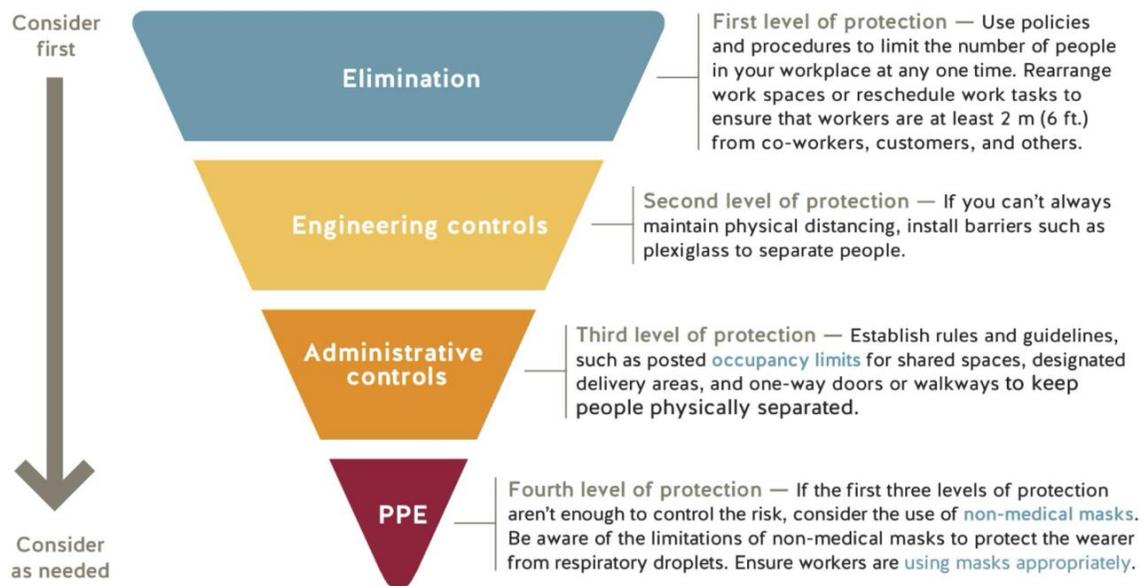
### Step 2: Implementation protocols to reduce the risks

We have ensured staff and other team members are aware of office protocols and changing practices by doing the following:

- Documentation of office protocols in an employee handbook with instruction guides (i.e. scripts for communicating with patients and cleaning protocols—see below) and with updates as required.
- Re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.

- Education of 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.
- Cross-training of staff in essential tasks to prepare for absenteeism.
- Education of staff on how to communicate the new office protocols to patients (e.g. waiting outside office until instructed to enter clinic/proceed directly to exam room for appointment, maintaining physical distancing in common areas, inquiring about respiratory symptoms at time of appointment bookings and prior to entry for in-person appointments).
- Review of proper office and medical cleaning routines with janitorial staff.

## Reduce the risk of person-to-person transmission



Source: WorkSafeBC COVID-19 Safety Plan Template

## First level protection (elimination)

- Based on Public Health guidelines we have established and posted an absolute maximum occupancy limit of 8 members of the public for our premises, in practice the ideal maximum of 5 members of the public at a given time will be observed. Examination rooms will have an occupancy limit of one patient, with the exception of caregivers and pediatric patients (in these cases, maximum of two per examination room).
- In order to reduce the number of people at the office, we have implemented work-from-home arrangements, virtual care, rescheduling work tasks, and limiting the number of staff and patients in the workplace.
- We are avoiding use of lunch rooms. The waiting room will remain unoccupied. The washroom facility will not be accessible to patients except for when needed in the course of medical assessment (e.g. urine sample).
- We have implemented measures to keep staff and others at least 2 meters apart, wherever possible, including the following:
  - Where possible, staff will maintain physical distancing, and remain at one workstation during the work day. If switching stations or leaving your station for the day, all surfaces in the station are to be disinfected.
  - 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 (one per half-hour for maximum of two physicians working concurrently).
  - We have eliminated patients waiting in our waiting room entirely—they will immediately be taken back to an examination room.
  - We no-longer accept “walk-in” appointments. There is a sign on the door informing patients that no walk-ins are being accepted and redirecting them to a

phone number. This message is also on our website and phone system. Patients can book a same day virtual appointment. They will be screened and an in-person appointment offered if appropriate.

- All patient appointments will take place via phone or video. If required and deemed appropriate by the MRP, 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.
- Patients with respiratory and/or gastrointestinal infectious symptoms will NOT be seen in clinic; these patients will be offered phone appointments and referred to an appropriate assessment site as determined by the physician.
- We have limited surfaces that allow for physical contact: We have removed magazines, toys and extra chairs from waiting rooms and exam rooms. Examination room doors are opened/closed by staff to avoid patients touching doorknobs.
- We have developed pick-up and drop-off protocols that eliminate people coming into the office: When possible, pick-ups and drop-offs will be done outdoors to prevent the need for couriers or patients to enter the clinic and to minimize in-person contact as much as possible. We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts (ex. lab requisitions faxed directly to LifeLabs, prescriptions faxed to pharmacies). Incoming packages are to sit in a designated area for a minimum of 3 hours before being opened.

### **Second level protection (engineering)**

- We have 2 metre demarcation at the clinic front door entrance.
- Check-ins for in-person appointments will be performed at the front door entrance. Patients will remain physically distanced from staff, and staff will wear appropriate PPE (i.e. face shield, mask and gloves).

### **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.
- 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. PPE is to be worn in common areas of the office and/or when in direct interaction with patients. Physicians and staff are expected to review proper donning and doffing protocol. The BCCDC Hand Hygiene poster is being utilized in the office.
- All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID. The BCCDC Hand Hygiene poster is being utilized in the office.
- All staff and team members will continuously self-monitor for symptoms. Any symptomatic individual is expected to remain at home, and phone the office to arrange for Covid-19 testing.

### **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.
- Patients seen in person will be asked to wear their own mask or face covering, and may be provided a surgical mask as supplies permit.

- We have trained staff and team members to use PPE properly, following manufacturers' instructions for use and disposal.
- Staff and physicians are to keep masks on at all times in common areas. Physicians are to don face shields and gloves for in-person patient appointments. All team members are to keep hands away from their faces. Masks are to be changed if removed or if they become soiled or wet.

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

The COVID-19 virus can survive on some surfaces for several days, therefore cleaning and disinfection 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, including a sanitizing station near the entrance for all patients entering the office.
- 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.
- We have established a cleaning and disinfection schedule and moved to twice daily cleaning of frequent touch surfaces. High touch surfaces in examination rooms will be cleaned after each patient encounter. Between patients, we will also disinfect everything that comes into contact with the patient (i.e. pens, medical instruments, stethoscopes) with alcohol pads or disinfectant wipes.
- Staff and team members who are cleaning have adequate training and materials.

- 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).
- We have placed the patient chair as far away as possible from the physician chair/stool in the exam room. Physicians are encouraged to utilize faxed prescriptions and requisitions in order to remain physically distanced from patients as much as possible.
- 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.
- As we are not seeing symptomatic patients, we are using local testing and assessment centres to minimize patient exposure.

### **Step 3: Compliance and continued policy development**

Employees are encouraged to report health and safety concerns to the policy managers verbally or in writing. Policy managers will meet weekly and as needed to respond to changing guidelines and/or team member concerns. Policy managers are responsible for maintaining/updating signage and for scheduling and keeping records of clinic meetings for COVID-19 safety training.

Our policies ensure that staff and patients with symptoms of COVID-19 are prohibited from the clinic. Staff may continue to work from home. Those prohibited from entering the clinic include:

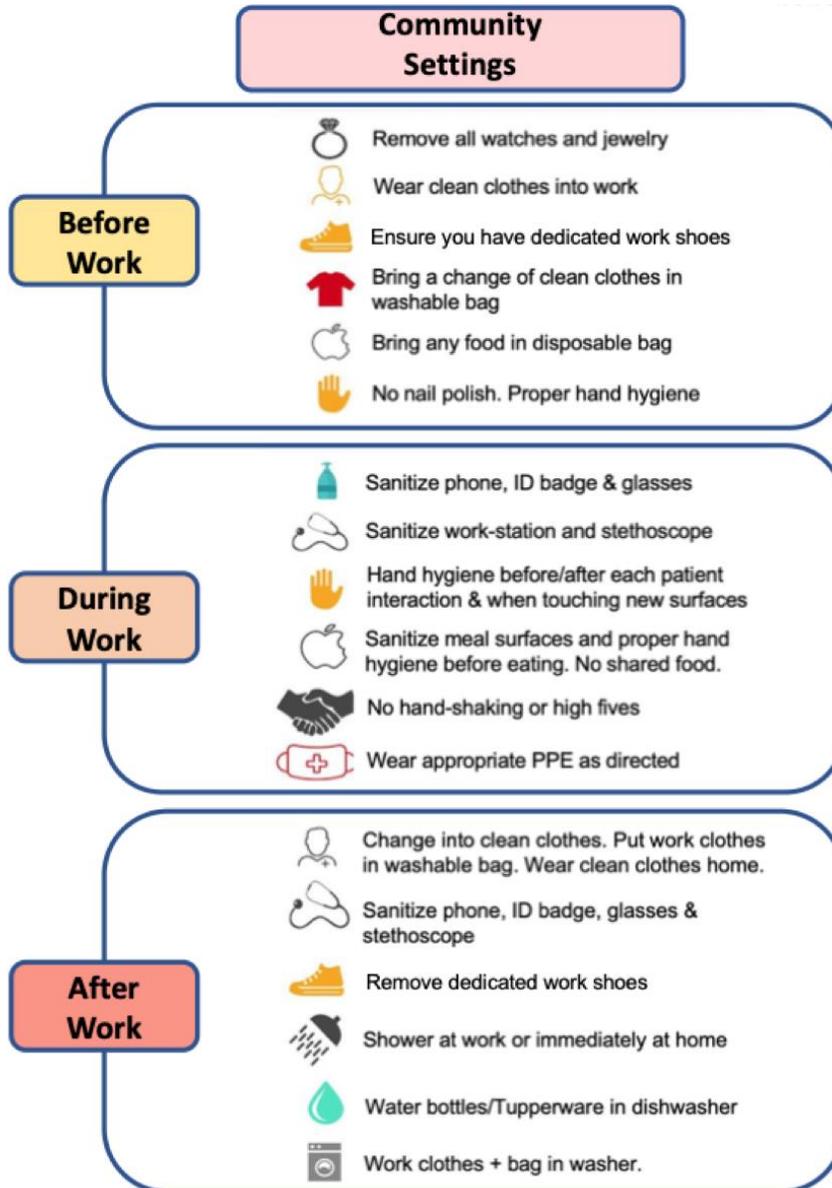
- Anyone who has had symptoms of COVID-19 in the last 10 days (unless negative swab within symptomatic period). Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, new muscle aches, vomiting, diarrhea and headache.
- Anyone directed by Public Health to self-isolate.
- 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 from the office.

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 an on-duty physician, even with mild symptoms.
- Sick staff or team members should be asked to wash or sanitize their hands, provided with a mask, and isolated until further direction is provided by the on-duty physician. Generally, a team member with mild symptoms should be sent straight home with outpatient COVID-19 testing arranged. 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.
- A violence prevention program will be developed to 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.
- Staff and physicians are encouraged to have a monthly check-in with a GP or counselor to address burnout or stress associated with the COVID-19 pandemic and changing workload.

# DAILY OPERATIONS REFERENCE DOCUMENTS

## 1. Daily precautions for all staff



## 2. Please review PE donning and doffing videos (courtesy of Island Health)

- Donning (<https://vimeo.com/392259790>)
- Doffing (<https://vimeo.com/392260043>)

### ***3. Handwashing***

Handwashing should be performed on arrival to EMC, as part of proper donning and doffing technique (refer to section 2), prior to and following lunch, following bathroom breaks, when hands are soiled, when a high-touch surface is contacted, and frequently as per the staff members' discretion. Please refer to BCCDC posters for review of effective handwashing technique.

### ***4. Prior to opening of the office***

- All staff use hand hygiene and don a mask immediately upon entering the clinic. This mask stays on until lunchtime, after which a new mask is donned.
- Open disinfected rooms and make sure exam rooms are set up properly.
- Place a sign at the front door and barrier in the waiting room to ensure only scheduled patients are entering the clinic and patients remain the required physical distance to personnel at all times.
- On arrival, patients will be screened for COVID-19 symptoms and exposure risk. If no symptoms or high risk exposure, patients will be instructed to remain outside of the office until they can be directed to an examination room.
- Two exam rooms will be utilized between two physicians working concurrently, with no more than one patient scheduled per half-hour per physician. One staff member will be designated for direction of patients to rooms and cleaning of examination rooms between patient encounters.
- Ensure that all necessary PPE is easily accessible (e.g. PPE station set up outside exam rooms).
- Physicians are encouraged to review daily in-person appointments and provide MOAs with preparation notes as applicable (e.g. place disinfected baby scale in room prior to infant examinations; prep injection trays with patient's full name and DOB, vial, alcohol swabs, needles, bandages).

## **5. Safety measures at the time of appointments**

### **MOAs:**

- The designated staff member for checking in patients should don a face shield and gloves in addition to a surgical mask.
- All patients should be screened for COVID-19 symptoms and exposure risk prior to booking of in-person appointments, and upon arrival to the clinic.

### Script for booking in-person appointment:

“Have you recently developed any symptoms consistent with COVID-19 infection, including common cold symptoms or gastrointestinal symptoms? Have you travelled outside of the province in the past 14 days? Are you aware of any exposures to a COVID-infected person in the past 14 days?\*

Please call our office if your answers to any of these questions change prior to your appointment. Also, you will be required to wear a face covering for entry into the clinic. This could include a medical-grade mask, homemade mask, or a clothing item covering your nose and mouth.”

IF YES to any questions -> book for a virtual appointment.

### Script on arrival for appointment:

“Have you recently developed any symptoms consistent with COVID-19 infection, including common cold symptoms or gastrointestinal symptoms? Have you travelled outside of the province in the past 14 days? Are you aware of any exposures to a COVID-infected person in the past 14 days?\*

Please remain outside of the office until we can direct you to an examination room. Please don your face covering now and use our hand sanitization station on entry into the clinic.”

\*IF YES to any questions -> redirect home for a virtual appointment, or to the emergency department if severely unwell/short of breath (contact an on-duty physician if guidance is required).

***Physicians:***

- All physicians seeing patients are to perform hand hygiene and put on a surgical mask upon entering the clinic if remaining in common areas or before seeing patients. These should remain on until removed for lunch, and replaced with a new mask after lunch.
  
- Prior to opening the clinic, review booked patients to see if you need any equipment prepared (e.g. baby scale, Chemstrip urine dipstick) and ask staff to have these items either in the room before the patient arrives or close to the room.
  
- When you are ready to see your first patient:
  1. Don PPE (mask should already be on)—gloves and eye protection.
  2. Assess your patient: take history from as far away as possible and then move to examination (try to spend as little time as possible in close contact).
  
- When the assessment is completed:
  1. Gloves remain on, open door for patient to leave.
  2. Ask patient to use hand sanitizer at front door as they leave.
  3. Still in the room: discard gloves, leave equipment on metal tray for cleaning OR take outside of room to wipe down. This includes stethoscopes and pens.
  4. Keep eye protection and mask on unless soiled.

## **6. Examination room cleaning for MOAs after each appointment**

When a patient has left the room after each appointment:

- a. Perform hand hygiene and put on gloves.
- a. Clear exam table paper if used.
- c. Wipe exam room chair and table with disinfectant wipe.
- d. Remove used equipment from metal tray.
- e. Disinfect metal tray, area around sink, and doorknob (door should be open).
- e. Discard gloves in room.
- f. Perform hand hygiene.

## **7. General office cleaning information**

### **MOAs:**

At lunch and at the end of day:

- a. Wipe down workstation equipment.
- b. Wipe down countertops at front desk.
- c. Wipe down door handles of examination rooms, bathroom, and front door.
- d. Wipe down bathroom sink and toilet handle.

### **Physicians:**

- a. Use a disinfectant wipe to clean workstation equipment at the beginning and end of your shift.
- b. At the end of your shift, clean reusable PPE and store in a designated area.