

COVID-19 Recovery: Public Health and Infection Control Key Principles & Safety Plan For Acute Care Settings

Updated: 3 June 2020

Please note that VCH is taking the necessary precautions to provide the best possible care in a safe environment for our patients, residents, visitors, staff and medical staff. Every patient needing care, regardless of COVID-19 status, is welcomed at VCH.

Please follow Public Health guidelines and Infection Control principles when planning your recovery efforts for your area of work. For more information, please visit <http://www.vch.ca/covid-19> or the IPAC website at <http://ipac.vch.ca/Pages/Emerging-Issues.aspx>.

Please note: amendments to this document will occur as COVID-19 recovery phases evolve.

Name of Facility:	
Address:	
Name of Program:	
Date of Creation / Last Review:	

To create your COVID-19 Key Principles & Safety Plan, please follow the instructions below:

- Review each of the element in this document with a JOHSC member/safety representative or if not available with a frontline staff member.
- Within the coloured box mark **"Y"** if the facility/department/program plan to implement the recommendation and N/A if not applicable. Complete any check boxes or blank fields as required. Provide brief comments to describe the implementation at your site. *You may refer to other documents with more detail where applicable.*

Examples:

Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the IPAC Guidelines .	Y
Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the IPAC Guidelines .	N/A

- Communicate your safety plan to your team and post in an area that is easily accessible. **The safety plan must be posted as per the PHO order (i.e. on the OHS Board).**
- A copy of the completed Key Principles & Safety Plan must be sent to EmployeeSafety@vch.ca to retain as a record.

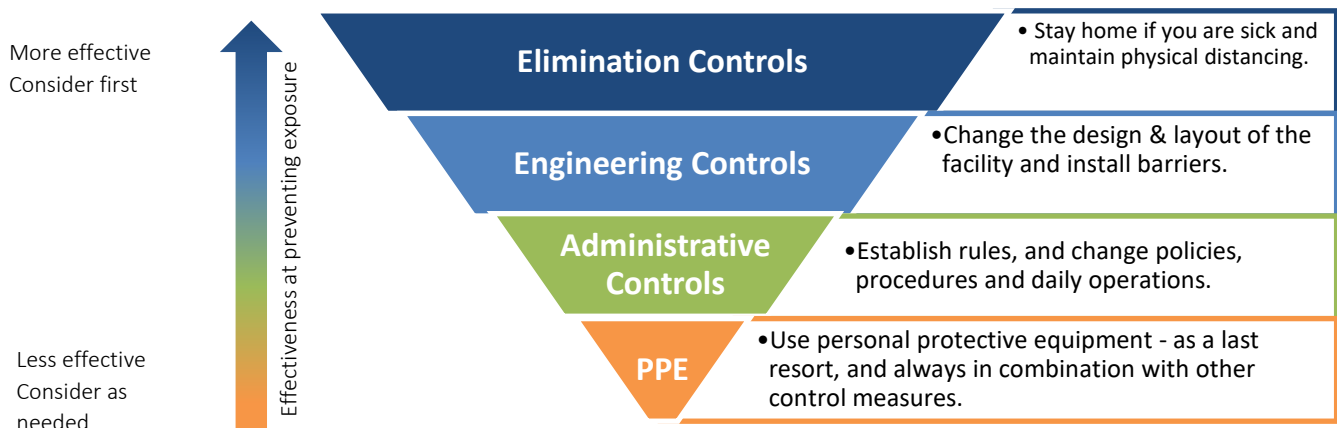
Quick Reference:

- 1. Patients/Clients**
 - a. [Urgent/Emergent/Elective Surgical Procedures](#)
 - b. [Diagnostic Procedures](#)
 - c. [When arriving at the hospital](#)
 - d. [During hospital stay](#)
 - e. [After hospital stay](#)
- 2. Family/Visitors/Support**
 - a. [Virtual visits](#)
 - b. [In-person visits](#)
- 3. Personnel/Staff/Medical Staff**
 - a. Staff/Medical Staff [providing direct patient care](#) (e.g., nurses, physicians, allied, contracted services etc.)
 - b. Staff/Medical staff [not providing direct patient care](#) (e.g., reception, nursing station, contracted services etc.)
 - c. [Administrative staff, offices, and all other staff not working in direct patient care](#)
- 4. Equipment/Supplies/Environment**
 - a. [Elevators and stairwells](#)
 - b. [Cleaning and disinfecting clinical, administrative and public areas](#)
 - c. [Layout and Flow](#)

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These elements are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

The elements have been divided into leveled measures of precautions each having an increasing level of effectiveness. Please refer to the color legend below:



1. Patient/Clients	
Urgent/Emergent/Elective Surgical Procedures:	
Elective surgical procedures for confirmed COVID-19 patients and those patients who have had contact with, or an exposure to, a COVID-19 patient (known and being followed by public health officials) should be delayed until the patient is deemed recovered and non-infectious according to the provincial protocols, or the surgical procedure becomes urgent or emergent.	
For scheduled procedures, patients/clients should receive a pre-admission package that includes instructions regarding self-assessment for COVID. The self-assessment tool is available on the BC Centre for Disease Control (BCCDC) website: https://bc.thrive.health/ . Please advise patients to follow the recommendations from the self-assessment or to contact 8-1-1 or their primary care provider.	
For urgent or emergent treatments, patients/clients reporting new symptoms consistent with COVID-19 should undergo pre-operative COVID-19 testing.	
Elective surgical patients should self-monitor for symptoms prior to surgery and phone their surgeon's office if they develop any signs or symptoms consistent with COVID-19 or have contact with any confirmed COVID-19 individuals.	
Elective surgical patients reporting new symptoms consistent with COVID-19 should be tested as per provincial testing guidelines.	
For scheduled surgical procedures, the COVID-19 Surgical Patient Assessment Form should be completed 24 to 72 hours prior to scheduled surgical procedure, by the pre-admission unit (nurse, medical office assistant or anesthesiologist) over the phone, and then repeated in person when the patient arrives at the hospital on the day of surgery. <ul style="list-style-type: none"> - For urgent or emergent surgical procedures, the COVID-19 Surgical Patient Assessment Form shall be completed upon arrival to the pre-operative area. - There needs to be a mechanism in place within each facility or surgical unit to ensure the COVID-19 Surgical Patient Assessment Form is included in the patient chart. 	
Please refer to the guidelines applicable to the patient population: <ul style="list-style-type: none"> o Adults o Obstetrics o Paediatrics 	
Urgent procedures should proceed as medically indicated, regardless of the patient/client's COVID-19 status, and should not be delayed for testing or test result.	
Diagnostic Procedures:	
Medical Office Assistants (MOAs) or clerk should contact Patients/Clients by phone to determine if patients/clients or family members have developed COVID-19 like symptoms and have recent travel history. Please refer to the following script . Elective procedures for confirmed COVID-19 patients and those patients who have had contact with, or exposure to, a COVID-19 patient (known and being followed by public health officials) should be delayed until the patient is deemed recovered and non-infectious according to the provincial protocols, or the procedure becomes urgent or emergent.	
Patients/clients should receive a pre-admission package that includes instructions regarding self-assessment for COVID. The self-assessment tool is available on the BC Centre for Disease Control (BCCDC) website: https://bc.thrive.health/ . Please advise patients to follow the recommendations from the self-assessment or to contact 8-1-1 or their primary care provider.	

<p>Patients/clients should be reminded to notify staff of any changes in their health prior to coming to the hospital.</p> <ul style="list-style-type: none"> - As above, please advise patients to follow the recommendations from the self-assessment tool (https://bc.thrive.health/) or the recommendations outlined by 8-1-1 or their primary care provider. <p><input type="checkbox"/> Action: Please ensure that patients have hospital contact number to notify of any changes.</p>	
<p>Patients/clients should be reminded that they will undergo the same screening assessment again when they arrive at the hospital.</p>	
<p>Patients/clients should be notified that all procedures are subject to the discretion of the Most Responsible Care Giver (MRCG) and may be cancelled or rescheduled at any point.</p>	
<p>When arriving at the hospital...</p>	
<p>A) Screening at the hospital entry point(s)</p>	
<p>Continuing controlled access with specific entry points for public access and staffed with greeters/security/volunteers.</p>	
<p>At the entrance of the facility, general screening questions will be asked. Please refer to the following script.</p> <ul style="list-style-type: none"> - Note: It is recommended to have a clinical partner at the entrance to support with questions/concerns requiring clinical expertise. - Note: Clients/patients should maintain two meters distance from greeters/security/volunteers, wear PPE, or have a physical barrier. 	
<p>At arrival, patients/clients should perform hand hygiene.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action: Ensure patients/clients remove gloves, if applicable, and perform hand hygiene. Gloves should not be put back on. <input type="checkbox"/> Action: Place posters at entrances to clinical areas as a reminder to practice frequent hand hygiene, physical distancing (if appropriate), and respiratory etiquette. 	
<p>Only patients/clients with visible and/or self-declared COVID-19-like symptoms, who are not wearing a surgical/procedure mask already, will be required to wear a surgical/procedure masks provided by the Health Authority.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Other considerations: If the facility/site has physical distancing constraints, the use of masks for all patients/clients, regardless of COVID-19 status, may be considered. 	
<p>If the patient/client is not symptomatic, they can wear their own masks during their visit.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action: ensure directions are accessible to avoid wandering while travelling to destination. 	
<p>B) Screening at destination</p>	
<p>At arrival, patients/clients should perform hand hygiene. <u>How this will be achieved:</u></p>	
<p>As part of the check-in process, the patient/client will be asked screening questions. Please refer to the following script.</p>	
<p>COVID-19-like symptomatic patients require droplet and contact precautions and will be directly placed in an exam room.</p>	
<p>During hospital stay...</p>	
<p>Throughout the visit, respiratory etiquette should be followed, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and masks.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action: Place posters at entrances to clinical areas as a reminder to practice frequent hand hygiene, physical distancing (if appropriate), and respiratory etiquette. 	

Throughout the visit, patients/clients should perform hand hygiene. <u>How this will be achieved:</u>	
Follow Point-of-Care Risk Assessment as per Infection Prevention and Control recommendations. <input type="checkbox"/> If patients/clients cannot effectively be screened (e.g., dementia), share should use a Point-of-Care Risk Assessment to determine their level of risk at PPE required to provide safe care.	
Any patients who develop COVID-19-like symptoms require droplet and contact precautions.	
When accessing common spaces (e.g., waiting room, lounge, cafeteria), patients/clients should perform hand hygiene and maintain physical distancing throughout their visit. <u>How this will be achieved:</u>	
After hospital stay...	
As part of the discharge process, patients/clients should be provided with the appropriate discharge documentation outlining the necessary Public Health and Infection Control Practices they should follow.	
Patients/clients should perform hand hygiene before leaving the facility/building. <u>How this will be achieved:</u>	
Patients/clients should be provided with a mask if clinically indicated (e.g., on droplet precautions at time of discharge).	

2. Family/Visitors/Support	
To reduce risks of COVID-19 for patients, clients, family, residents and staff, virtual visits should be prioritized over in-person visits. Exceptions can be made for birth, death, compassionate reasons, and pediatrics. Please refer to the VCH Visitors Policy .	
Virtual visits	
Patients should be provided with alternatives to in-person visits. <input type="checkbox"/> Action: Define process and criteria for virtual visits (priority of patients/conditions, timing, storage and security, IT support, etc.) <input type="checkbox"/> Action: Ensure patients have access to and can use their own personal devices.	
If needed, information on “How to request a tablet” and “Guidelines for Cleaning and Disinfection of Tablets” can be accessed here .	
In-person visits	
Family/visitor/support who present with visible and/or self-declared COVID-19-like symptoms should not be permitted to enter the facility for the safety of patients and staff.	
Limit number of visitors to 1-2, once per day for 2 hours , with some exceptions permitted. (e.g., pediatric and maternity patients, patients with complex care needs including behavioral or mental health needs).	

Continuing controlled access with specific entry points for public access and staffed with security and/or volunteers.	
At the entrance of the facility, screening questions will be asked. Please refer to the following script . - Note: Family/visitors/support should maintain two meters distance from greeters/security/volunteers, have a physical barrier or wear PPE. - Note: Family/visitor/support who do not present with COVID-19-like visible symptoms can wear their own masks during their visit.	
At arrival, family/visitors/support should perform hand hygiene. <input type="checkbox"/> Action: Ensure patients/clients remove gloves, if applicable, and perform hand hygiene. Gloves should not be put back on. <input type="checkbox"/> Action: Place posters at entrances to clinical areas as a reminder to practice frequent hand hygiene, physical distancing (if appropriate), and respiratory hygiene.	
Family/visitors/support can wear their own masks during their visit if no COVID-19-like symptoms present. <input type="checkbox"/> Action: Place posters at entrances to clinical areas to remind and support visitors of frequent hand hygiene, physical distancing (if appropriate), and respiratory hygiene.	
Family/visitors/support must agree to restrict the visit to 2 hours per visit and avoid gathering in public spaces, if possible (e.g., cafeteria, lounges, waiting areas). <input type="checkbox"/> Action: Place signage with friendly reminders for visitors	
Throughout the visit, respiratory etiquette should be followed, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and masks.	
Family/visitors/support who are visiting active and suspected COVID-19 positive patients must don appropriate PPE supplied by the Site (contingent on accessibility and availability). <input type="checkbox"/> Action: Frontline staff should provide education on how to safely put on and remove PPE	

3. Personnel/Staff/Medical Staff

Staff/Medical Staff providing direct patient care (e.g., nurses, physicians, allied, contracted services etc.)

Personnel should be minimized where feasible to reduce the number of interactions in the workplace	
Staff/Medical staff should not come to work with COVID-19-like symptoms. - If staff/medical staff develop symptoms consistent with COVID-19 while at work, they should don a surgical/procedure mask, complete any essential tasks, notify manager if appropriate, then leave work. - Staff/medical staff are to also call the Provincial Workplace Call Centre (1-866-922-9464). - Testing is strongly recommended, and timing for return to work will be determined by Public Health.	
Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If not possible, maintain physical distancing. Safety huddles should still occur to share pertinent information to work safely.	
Each area should identify a designated examination/isolation room and/or waiting area for placement of patient presenting with COVID-19 symptoms, follow your IPAC guidelines for patient placement .	
Staff/Medical staff must practice effective hand hygiene before, during and after each patient – cleaning their hands with soap and water or an alcohol-based hand sanitizer.	
Staff/Medical staff should follow respiratory etiquette, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and mask. Perform hand hygiene if mask is touched/removed/adjusted.	

Staff/Medical staff should consider designated work clothing and change when going home. A clean area should be setup to allow storage of clean clothing. Consider showering prior to going home. Clothing to be laundered should be removed daily to prevent accumulation.	
Where possible, staff/medical staff should follow cohort starting or be scheduled together in teams or groupings to minimize the interaction.	
Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment. Where feasible, maintain 2 meters of distance between others.	
Staff/Medical staff should be encouraged to clean and disinfect their own work space following the IPAC Guidelines . For shared work spaces, staff/medical staff should clean and disinfect space before and after use.	
Staff/ Medical staff should review COVID-19 information and implement a Point-of-Care Risk Assessment to determine whether there are any additional precautions required for the procedure.	
If a patient/client with COVID-19-like symptoms requires diagnostics, surgery or any other procedure, try to schedule at the end of the day, if possible. <ul style="list-style-type: none"> - If that is not possible and the patient/client must be seen during the day, then the examination room should be closed until terminal/isolation clean can be performed by environmental services. - If the examination room cannot be closed, Staff/Medical Staff should clean and disinfect high touch points using appropriate disinfectant wipes. Refer to VCH's Cleaning and Disinfecting Guidelines. 	
If a patient with non COVID-19-like symptoms , Staff/Medical Staff should follow routine department practices for cleaning and disinfection between patients.	
Staff/Medical staff should limit the exchange of papers. If documents must be exchanged, leave them on a clean surface.	
No sharing pens and other office equipment. If not possible, consider cleaning before and after use.	
No handshakes and any other physical contact with others. Where feasible, maintain 2 meters of distance between others.	
No sharing food and snacks.	
For the most up-to-date PPE recommendations, refer to the IPAC document for the Acute Setting .	
Staff/Medical staff not providing direct patient care (e.g., reception, nursing station, contracted services etc.)	
Personnel should be minimized where feasible to reduce the number of interactions in the workplace	
Staff/Medical staff should not come to work with COVID-19-like symptoms. <ul style="list-style-type: none"> - If staff/medical staff develop symptoms consistent with COVID-19 while at work, they should don a surgical/procedure mask, complete any essential tasks, notify manager if appropriate, then leave work. - Staff/medical staff are to also call the Provincial Workplace Call Centre (1-866-922-9464). - Testing is strongly recommended, and timing for return to work will be determined by Public Health. 	
Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If not possible, maintain physical distancing. Safety huddles should still occur to share pertinent information to work safely.	
Staff/Medical staff must perform frequent hand hygiene. <u>How this will be achieved:</u>	

Staff/Medical staff should follow respiratory etiquette, including cover cough and sneeze and avoid touching the face, mouth, nose, and eyes. Perform hand hygiene if mask is touched/removed/adjusted. Where feasible, maintain 2 meters of distance from others.	
Staff/Medical staff should be encouraged to clean and disinfect their own work space following the IPAC Guidelines .	
Medical staff should limit the exchange of papers. If documents must be exchanged, leave them on a clean surface.	
No sharing pens and other office equipment. If not possible, consider cleaning before and after use.	
No handshakes and any other physical contact with others.	
No sharing food and snacks.	
For the most up-to-date PPE recommendations, refer to the IPAC document for the Acute Setting .	
Administrative staff, offices, and all other staff not working in direct patient care	
Shared workstations should be minimized where possible to reduce cross-interaction with surfaces.	
Follow “Staff/Medical staff not providing direct patient care ” guidelines above .	

4. Equipment/Supplies/Environment	
Only Certified Guide or Service animals should be allowed into facility.	
HVAC systems should be examined to reduce recirculation of air in both clinical and non-clinical areas.	
Elevators and stairwells	
Physical distancing is encouraged in elevators. <ul style="list-style-type: none"> - Elevator occupancy number will vary according to size of the elevator and social distancing requirements. The capacity for elevators will be defined by local EOCs in partnership with Public Health and Infection Prevention and Control. <ul style="list-style-type: none"> ▪ Recommendations to consider: <ul style="list-style-type: none"> ○ Small Elevator – 2 people maximum ○ Large Elevator – 4- 6 people maximum ○ Masks can permit increased occupancy. ▪ An elevator monitor is recommended to assist and direct accordingly. □ Action: Place posters to remind of elevator etiquette, physical distancing and place floor layout in the queue line and inside the elevators to guide users. 	
Encourage staff who are able to use stairwells while maintaining physical distance reduce elevator crowding.	
Cleaning and disinfecting clinical, administrative and public areas	
De-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.	
Cleaning clinical areas. <ul style="list-style-type: none"> - During the examination any medical/clinic equipment used (e.g., blood pressure cuffs, clipboard) should be cleaned and disinfected by the direct care provider using the routine department practices for cleaning and disinfecting between patients. <ul style="list-style-type: none"> ○ When possible, single use equipment and supplies are recommended. - Common areas and high-touch surface areas should be cleaned and disinfected at least once a day, with a focus on high touch points such as reception counters, seating areas (including clinic room 	

<p>seats and armrests), doors, handrails, light switches, door handles, toilets, taps, handrails , phones, keyboards, and counter tops. The frequency and who conducts cleaning activities will be defined by local EOCs in partnership with Public Health and Infection Prevention and Control.</p> <ul style="list-style-type: none"> - For cleaning, disinfecting and frequency of equipment instructions, refer to the Infection Prevention and Control Master Equipment Cleaning and Disinfection Manual and/or refer to the facilities manual for specific equipment/supplies cleaning recommendations. 	
<p><i>Cleaning other clinical areas</i></p> <ul style="list-style-type: none"> - Other clinical areas such as lunch rooms, lounges, and offices on the unit should be cleaned and disinfected on a daily basis, and when needed. 	
<p><i>Cleaning Administrative Offices</i></p> <ul style="list-style-type: none"> - Follow the routine department practices for cleaning and disinfection. 	
<p><i>Cleaning Public Areas</i></p> <ul style="list-style-type: none"> - Public areas, such as hallways and stairways, should be cleaned and disinfected on a daily basis, and when needed. 	
<p>All staff are recommended to clean and disinfect their own or shared work space/WOW following the IPAC Guidelines.</p>	
<p>Layout and flow</p>	
<p>Non-essential items (remote control, magazines, toys, etc.) should be removed from waiting and gathering areas. Refer to the De-clutter Audit Tool.</p>	
<p>Alternative solutions to waiting in the common areas should be considered. Some can include: text message and/or call when patient is ready to be seen.</p>	
<p>Recommend using automatic door plates, where available.</p>	
<p>Hand hygiene stations should be available and easily accessible at all doorway entrances and exits.</p> <p><input type="checkbox"/> Action: Ensure appropriate hand hygiene are in place and hand hygiene products are maintained</p>	
<p>Staff shared spaces, waiting rooms, cafeterias, coffee shops and common areas (lounges) seats should be spaced to maintain a physical distancing.</p> <ul style="list-style-type: none"> - If staff lounge not large enough to accommodate physical separation, consider staggered breaks or alternative break areas. - Recommendations to consider: <ul style="list-style-type: none"> ▪ All seating should be two meters apart. If this is not possible, tape off enough seating to maintain two meters separation. 	
<p>Products (e.g., creams, lotions) are dedicated to a single user, when possible.</p>	
<p>Reception area and clinic hallways should have visual cues to assist in physical distancing (two meters) and if possible, one way directional flow.</p>	
<p>Patient/client room recommendations are as follows:</p> <ul style="list-style-type: none"> - <u>For COVID-19 Positive Patients:</u> <ul style="list-style-type: none"> ▪ Cohort or private rooms only. - <u>For COVID-19 Suspect Patients or those on droplet/contact precautions:</u> <ul style="list-style-type: none"> ▪ Private rooms required. - <u>All other patients:</u> <ul style="list-style-type: none"> ▪ Private room, when possible. ▪ If 2-4 bed rooms, use curtains to separate patients and monitor patients' status on a regular basis (minimum daily) to readily identify suspect patients throughout admission. <ul style="list-style-type: none"> ▪ Use caution with shared bathrooms, ensure regular cleaning as part of unit cleaning schedule. 	

5. Other elements implemented (*as applicable*)