

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

Updated: 24 January 2022

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 welcome 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 [VCH COVID-19 Page](#) or the [IPAC website](#).

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

Quick Reference:

1. Patients

- 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. 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.)

4. Equipment/Supplies/Environment

- a. Elevators and stairwells
- b. Cleaning and disinfecting clinical, administrative and public areas
- c. Layout and Flow

The Key Principles & Safety Plan has been divided into leveled measures of precautions each having an increasing level of effectiveness. Please refer to the color legend below:

Elimination/Substitution	
Engineering	
Administrative	
Personal Protection	
Other strategy	

1. Patient	
Urgent/Emergent/Elective Surgical Procedures:	
Urgent procedures should proceed as medically indicated, regardless of the patient's COVID-19 status, and should not be delayed for testing or test result.	
For scheduled procedures, patients 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. 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 reporting new symptoms consistent with COVID-19 should undergo pre-operative COVID-19 testing.	
Elective surgical procedures for confirmed COVID-19 patients and those patients who have had contact with, or an exposure to, a COVID-19 patient 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.	
Elective surgical patients who develop any new signs or symptoms consistent with COVID-19 should contact their surgeon's office and 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 (MOA) 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 Pediatrics 	
Diagnostic Procedures:	
Patients should receive a pre-admission package that includes instructions regarding self-assessment for COVID. The self-assessment tool is available on the BCCDC website. Please advise patients to follow the recommendations from the self-assessment or to contact 8-1-1 or their primary care provider.	
MOA or clerk should contact patients by phone to determine if patients or family members have developed COVID-19 like symptoms. Please refer to the following script . <ul style="list-style-type: none"> - Elective procedures for confirmed COVID-19 patients and those patients who have had contact with, or exposure to, a COVID-19 patient should be delayed until the patient is deemed recovered and non-infectious according to the provincial protocols, or the procedure becomes urgent or emergent. 	

<p>Patients 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 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 should be reminded that they will undergo the same screening assessment again when they arrive at the hospital.</p>	
<p>Patients 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>Recommend 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. 	
<p>At arrival, patients should perform hand hygiene.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action: Ensure patients 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, respect other's personal space, and respiratory etiquette. 	
<p>All patients must wear a medical 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 should perform hand hygiene.</p>	
<p>As part of the check-in process, the patient 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>	
<p>Throughout the visit, patients should perform hand hygiene.</p>	
<p>Follow Point-of-Care Risk Assessment as per Infection Prevention and Control (IPAC) recommendations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If patients cannot effectively be screened (e.g., dementia), staff should use a Point-of-Care Risk Assessment to determine their level of risk at PPE required to provide safe care. 	
<p>When accessing common spaces (e.g., waiting room, lounge, cafeteria), patients should perform hand hygiene and respect other's personal space throughout their visit.</p>	
<p>Any patients who develop COVID-19-like symptoms require droplet and contact precautions.</p>	
<p>After hospital stay...</p>	
<p>As part of the discharge process, patients should be provided with the appropriate discharge documentation outlining the necessary Public Health and IPAC practices they should follow.</p>	
<p>Patients/clients must be provided with a medical mask.</p>	
<p>Patients/clients should perform hand hygiene before leaving the facility/building.</p>	

2. Family/Visitors/Support

In-person visits

Limit number of visitors to 2. This may differ by hospital unit, clinic and/or patient.	
Recommend continuing controlled access with specific entry points for public access and staffed with greeters/security/volunteers.	
At the entrance of the facility, screening questions will be asked. Please refer to the following script . <input type="checkbox"/> Action: Family/visitor/support who do not present with COVID-19-like visible symptoms must wear a medical masks during their visit.	
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.	
At arrival, family/visitors/support should perform hand hygiene. <input type="checkbox"/> Action: Ensure family/visitors/support 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 and respiratory etiquette.	
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 put on (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 (don) and remove (doff) PPE	

3. Personnel/Staff/Medical Staff

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

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 complete any tasks essential to patient safety, notify manager if appropriate, then leave work. - Staff are to call the Provincial Workplace Call Centre (1-866-922-9464) to report their absence due to illness. Medical staff should email posh.covid@ubc.ca . - Schedule testing. - Follow current Public Health guidelines for timing of return to work .	
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.	
Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If scheduling in-person meetings, maintain physical distancing as possible. Safety huddles should still occur to share pertinent information to work safely.	
Staff/Medical staff should be encouraged to clean and disinfect their own workspace following the IPAC Guidelines . For shared workspaces, staff/medical staff should clean and disinfect space before and after use.	

Each area should identify a designated examination/isolation room and/or waiting area for placement of patient presenting with COVID-19 symptoms, follow the Bed Placement for Influenza-Like Illness (ILI) including COVID-19 guideline.	
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 with COVID-19-like symptoms requires diagnostics, surgery or any other procedure, try to schedule at the end of the day, if possible.	
- If that is not possible and the patient 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 avoid sharing food and snacks.	
For the most up-to-date PPE recommendations , refer to the IPAC document.	
Staff/Medical staff not providing direct patient care (e.g., reception, unit clerk, contracted services, administrative staff, offices, etc.)	
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 complete tasks essential to patient safety, notify manager if appropriate, then leave work.	
- Staff are to call the Provincial Workplace Call Centre (1-866-922-9464) to report their absence due to illness. Medical staff should email posh.covid@ubc.ca .	
- Schedule testing.	
- Follow current Public Health guidelines for timing of return to work .	
Staff/Medical staff must perform frequent hand hygiene.	
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.	
Staff/Medical staff should be encouraged to clean and disinfect their own workspace following the IPAC Guidelines .	
Staff/Medical staff should avoid sharing food and snacks.	
For the most up-to-date PPE recommendations , refer to the IPAC document.	

4. Equipment/Supplies/Environment

HVAC systems should be examined to reduce recirculation of air in both clinical and non-clinical areas. Indoor air temperature and humidity should be maintained for any adjustments to the system	
Pets and other animals other than those identified as Certified Guide or Service animals should be limited from facility	
Elevators and stairwells	
Encourage staff who are able to use stairwells while respecting other's personal space to reduce elevator crowding.	
Cleaning and disinfecting clinical, administrative and public areas	
<i>Cleaning clinical areas.</i>	

<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"> o 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 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. - 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>De-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.</p>	
<i>Layout and flow</i>	
<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. <input type="checkbox"/> Action: Ensure appropriate hand hygiene are in place and hand hygiene products are maintained</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>Products (e.g., creams, lotions) are dedicated to a single user, when possible.</p>	
<p>Patient/client room recommendations follow Bed Placement Guidelines</p>	