

COVID-19 Recovery: Public Health and Infection Control Key Principles & Safety Plan For Community-Based Clinics

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 Prevention and Control principles when planning your recovery efforts for Community-based Clinics. 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 Clinic	
Address:	
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.

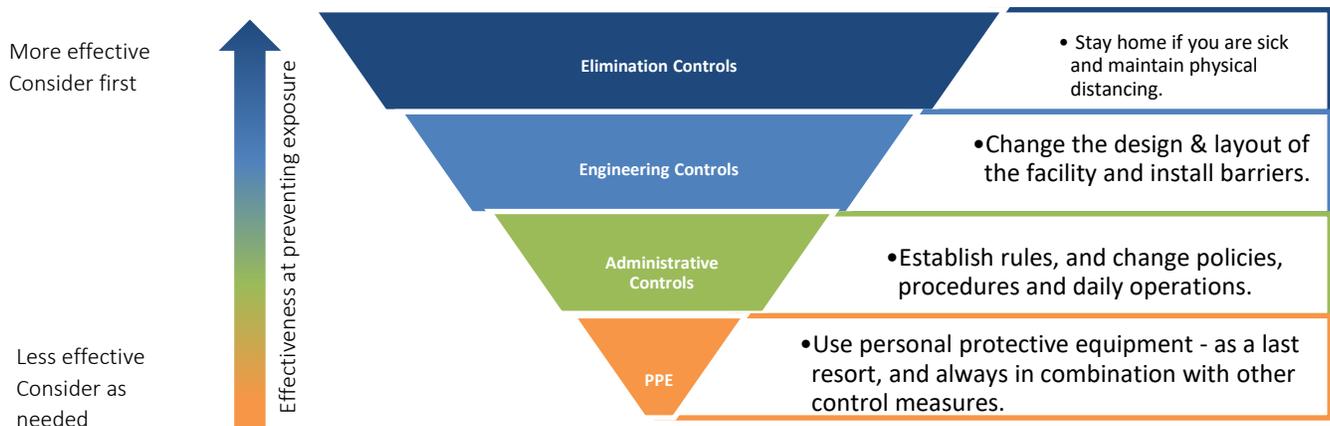
Quick Reference:

1. Patients/Clients
 - a. [Virtual visits](#)
 - b. [In person visits](#)
2. [Family/Visitors/Support](#)
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	
Virtual visits	
Virtual visits and telephone-consultation will be offered on a case by case basis determined by the Most Responsible Clinician/Staff. Action: Define process and criteria for virtual visits (priority of patients/conditions, timing, storage and security, IT support, etc.)	
For cleaning and disinfecting electronic devices, follow the VCH Guidelines for Cleaning and Disinfecting Devices .	
In person visits	
Initial patient and client bookings may need to be limited in order to ensure that patients/clients can follow physical distancing recommendations while accessing services, but may need to be prioritized by urgency. Action: Local EOC in partnership with Medical Leadership will determine the number of patients to be seen per Clinic.	
Before coming to the clinic...	
Clinical Designate should connect with 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 Community Screening Standard Operating Procedure (SOP) and the following script for guidance. - If patient has any COVID-19-like symptoms, the Most Responsible Clinician/Staff should determine if patient needs to be seen in person or virtual visit is possible.	
Patients/clients should be reminded to notify staff of any changes in their health prior to coming to clinic. - 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. Action: Ensure that patients have clinic information to notify (e.g. contact information, clinician name, and extension number).	
Patients/clients should be reminded that they will undergo screening assessment at many points throughout their clinic visit (e.g.: Phone pre-booking, at the entrance of the facility, at the clinic level, etc.)	
When arriving at the clinic...	
a) Screening at the clinic entry point(s)	
Continue controlled access with specific entry points for public access and staff with security and/or volunteers.	
Please refer to the Community Screening SOP , the high-level screening script and the full screening script for guidance. - Note: It is recommended to have a clinical partner at the entrance to support with questions/concerns requiring clinical expertise. - Note: Based on patient population served, each clinic should determine appropriate barriers for greeters/security/volunteers; this could include maintaining physical distancing of 2 meters, wearing PPE, or having a physical barrier.	
At arrival, patients/clients should perform hand hygiene. Action: Ensure patients/clients remove procedure gloves, if applicable, and perform hand hygiene. Gloves should not be put back on. Waste receptacles should be provided for glove disposal. Action: Place posters at entrances to clinical areas to remind and support visitors of frequent hand hygiene, physical distancing and respiratory hygiene.	

<p>Only patients/clients with visible and/or self-declared COVID-19-like symptoms, who are not wearing surgical/procedure mask already, will be required to wear a surgical/procedure mask provided by the health authority.</p> <ul style="list-style-type: none"> - Other considerations: If the Clinic has physical distancing constraints, the use of masks for all patients and 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>	
<p>b) Screening at destination</p>	
<p>At arrival, patients/clients should perform hand hygiene. <i>How this will be achieved:</i></p>	
<p>As part of the check-in process, the patient/client will be asked screening questions. At the entrance of the clinic, greeters/volunteers will conduct screening. Please refer to the Community Screening SOP, the high-level screening script and the full screening script for guidance.</p>	
<p>COVID-19-like symptomatic patients require droplet and contact precautions and will be directly placed in a dedicated room and/or waiting room for direct placement of high risk/COVID-19-like symptomatic patients/clients.</p>	
<p>During clinic stay...</p>	
<p>Throughout the visit, respiratory etiquette should be followed, such as coughing and sneezing into the elbow, avoid touching the face, mouth, nose, eyes and, if applicable, mask.</p> <ul style="list-style-type: none"> - Waste receptacles should be provided for respiratory etiquette. 	
<p>Throughout the visit, patients/clients should perform hand hygiene. <i>How this will be achieved:</i></p>	
<p>Follow Point-of-Care Risk Assessment as per Infection Prevention and Control Recommendations.</p> <ul style="list-style-type: none"> - If patient/client cannot effectively be screened (e.g. dementia), staff should use a Point-of-Care Risk Assessment to determine their level of risk and PPE required to provide safe care. 	
<p>COVID-19-like symptomatic patients require droplet and contact precautions for staff.</p>	
<p>If possible, patients/clients should maintain physical distancing throughout their visit.</p>	
<p>After clinic visit...</p>	
<p>Patients/clients should perform hand hygiene before leaving the clinic and facility/building. <i>How this will be achieved:</i></p>	
<p>Patients/clients with COVID-19-like symptoms that were offered a surgical/procedure mask, should continue to wear the mask until they arrive home.</p>	

2. Family/Visitors/Support

For facilities and programs that normally allow guests or visitors, there is no reason to limit asymptomatic guests or visitors due to COVID-19 concerns. Please refer to the [VCH Visitors Policy](#).

Family/visitor/support who present with COVID-19-like visible symptoms should not be permitted to enter the facility for the safety of patients and staff.	
Follow “ <i>patient/client guidelines</i> ” above .	

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	
<p>Staff/Medical staff should not come to work with COVID-19-like symptoms.</p> <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 distance. Safety huddles should still occur to share pertinent information to stay at work safely.	
<p>Staff/Medical staff must practice effective hand hygiene before, during and after each patient - washing their hands with soap and water or an alcohol-based hand sanitizer.</p> <p><u>How this will be achieved:</u></p>	
Respiratory etiquette should be followed, such as coughing and sneezing into the elbow, avoid touching the face, mouth, nose, eyes and if applicable, mask.	
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.	
Staff/Medical staff where possible should follow cohort starting or be scheduled together in teams or groupings to minimize the interaction.	
<p>Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment.</p> <p><u>How this will be achieved:</u></p>	
Each clinic should identify a dedicated examination room and waiting room for direct placement of high risk/COVID-19-like symptomatic patients/clients.	

<p>If a patient with COVID-19-like symptoms must be seen in the clinic, Staff/Medical staff should place the appointment at the end of the day if possible. If not possible (e.g. drop in visits) patients/client should be placed in the dedicated examination room and/or waiting room for direct placement of high risk/COVID-19-like symptomatic patients/clients.</p> <ul style="list-style-type: none"> - Staff should clean and disinfect high touch points and anything in the room that was in contact with the client (e.g. blood pressure cuffs) using appropriate disinfectant wipes, following VCH Cleaning and Disinfecting Guidelines. - If possible, the examination room should be closed until terminal clean can be performed. If the examination room cannot be closed and terminal clean cannot be performed, Staff/Medical Staff should clean and disinfect high touch points using appropriate disinfectant wipes, following VCH Cleaning and Disinfecting Guidelines, and the examination room/waiting room should be terminally cleaned at the end of the day. 	
<p>If a patient with non COVID-19-like symptoms, Staff/Medical Staff should follow routine department practices for cleaning and disinfection between patients.</p>	
<p>Staff/Medical staff should limit the exchange of papers, shared pens and other office equipment.</p>	
<p>No handshakes and any other physical contact with others in the workplace. Where feasible, maintain 2 meters of distance between others.</p>	
<p>No sharing food and snacks.</p>	
<p>For the most up-to-date PPE recommendations, refer to the IPAC document for the Community Setting.</p>	
<p>Staff/Medical Staff should follow the most up-to-date Community dress code.</p>	
<p>Staff/Medical staff not providing direct patient care (e.g. reception)</p>	
<p>Personnel should be minimized where feasible to reduce the number of interactions in the workplace</p>	
<p>Staff/Medical staff should not come to work with COVID-19-like symptoms.</p> <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. 	
<p>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 stay at work safely.</p>	
<p>Staff/Medical staff must perform frequent hand hygiene. <u>How this is achieved:</u></p>	
<p>Respiratory etiquette should be followed, such as coughing and sneezing into the elbow, avoid touching the face, mouth, nose, eyes and if applicable, mask.</p>	
<p>Staff/Medical staff should be encouraged to clean and disinfect their own work space following the IPAC Guidelines.</p>	
<p>Staff/Medical staff should limit the exchange of papers, shared pens and other office equipment.</p>	
<p>No handshakes and any other physical contact with others in the workplace. Where feasible, maintain 2 meters of distance from others.</p>	
<p>No sharing food and snacks.</p>	
<p>For the most up-to-date PPE recommendations, refer to the IPAC document for the Community Setting.</p>	

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 the facility	
HVAC systems should be examined to reduce recirculation of air in both clinical and non-clinical areas.	
Elevators and stairwells	
Physical distancing should be encouraged in elevators.	
<ul style="list-style-type: none"> - Elevator occupancy number will vary according to size of the elevator and physical 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 to 6 people maximum ▪ Masks can permit increased occupancy - If possible, an elevator monitor is recommended to assist and direct accordingly. <p>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.</p>	
Encourage staff to use stairwells and maintain physical distancing 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 provider, using the routine department practices for cleaning and disinfecting. <ul style="list-style-type: none"> o When possible, single use equipment and supplies are recommended. o Equipment (e.g. vital sign machine) used in the dedicated room and/or waiting room for direct placement of high risk/COVID-19-like symptomatic patients/clients, should not be shared with non COVID-19 patients. - Common areas and high-touch surface areas should be cleaned and disinfected at least twice 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 instructions, disinfecting and frequency of equipment, 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. 	
<i>Cleaning other clinical areas:</i>	
<ul style="list-style-type: none"> - Other clinical areas such as lunch rooms, lounges, and offices on the unit should be cleaned and disinfected twice a day, and when needed. 	
<i>Cleaning Administrative Offices:</i>	
<ul style="list-style-type: none"> - Administrative Offices should be cleaned and disinfected twice a day, and when needed. 	
<i>Cleaning Public Areas:</i>	
<ul style="list-style-type: none"> - Public areas, such as hallways and stairways, should be cleaned and disinfected twice a day, and when needed. 	

All staff are recommended to clean and disinfect their own or shared work space following the IPAC Guidelines , and to de-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.	
Layout and flow	
Non-essential items (remote control, magazines, toys, etc.) should be removed from waiting and gathering areas. Refer to De-clutter Audit Tool .	
Recommend using automatic door plates, where available.	
Hand hygiene stations should be available and easily accessible at all doorway entrances and exits. Action: Ensure appropriate hand hygiene stations are in place and hand hygiene products are maintained.	
Staff shared spaces, waiting rooms, cafeterias, coffee shops and common areas (lounges) seats should be spaced to maintain physical distancing. - If staff lounge is not large enough to accommodate spatial separation, consider staggered start times, staggered breaks or alternate break areas. - Recommendation to consider: o All seating should be two meters apart. If this is not possible, tape off enough seating to maintain two meters separation.	
Products (e.g. creams, lotions) are dedicated to a single user when possible.	
Alternative solutions to waiting in the office should be considered. Some can include: text message and/or call when patient is ready to be seen.	
Reception area and clinic hallways should have visual cues to guide physical distancing (2 meters) and if possible, one-way directional flow.	

5. Other elements implemented (as applicable)