

## COVID-19 Recovery: Public Health and Infection Control Key Principles & Safety Plan Community Based Residential/Inpatient Treatment Facilities

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 & 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.*

<b>Name of Facility:</b>	
<b>Address:</b>	
<b>Name of Program:</b>	
<b>Date of Creation / Last Review:</b>	

### **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 <a href="#">IPAC Guidelines</a> .	Y
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Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a> .	N/A
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- 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](mailto:EmployeeSafety@vch.ca) to retain as a record.

**Quick Reference:**

**1. Clients**

- a. [Facility admission](#)
- b. [When arriving at the treatment facility](#)
- c. [During treatment facility stay](#)
- d. [After treatment facility stay](#)

**2. Family/Visitors/Support**

- a. [Virtual visits](#)
- b. [In-person visits](#)

**3. Personnel/Staff/Medical Staff**

- a. Staff/Medical Staff [providing direct client care](#) (e.g., nurses, physicians, allied, contracted services etc.)
- b. Staff/Medical staff [not providing direct client care](#) (e.g., reception, nursing station, contracted services etc.)
- c. [Administrative staff, offices, and all other staff not working in direct client care](#)

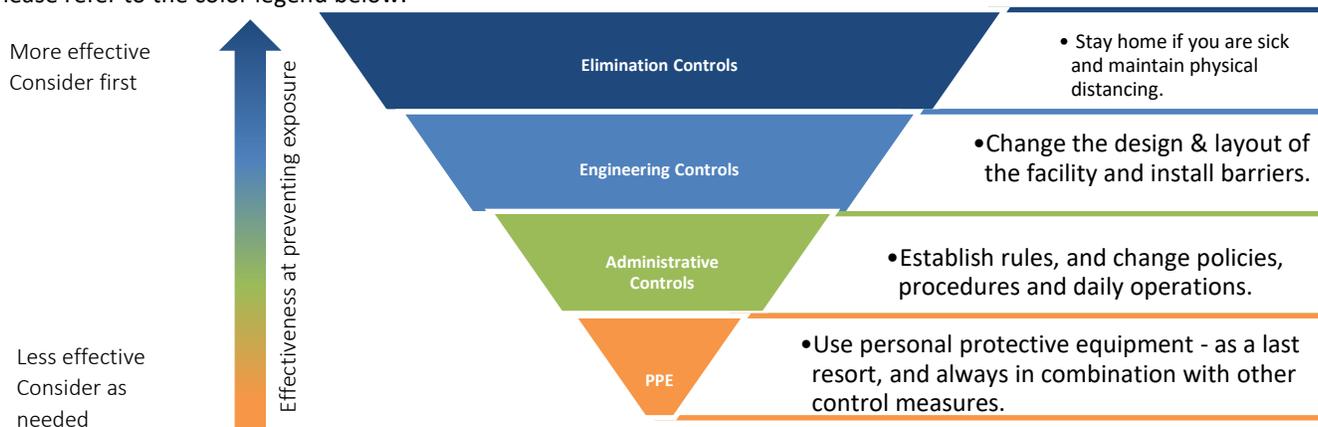
**4. Equipment/Supplies/Environment**

- 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:



*Note: Vancouver Coastal Health continues to strive to ensure clients continue to receive the necessary treatments and services they required during the COVID-19 pandemic. Community based residential/inpatient treatment facilities have variable care environments that may not have the capacity to safely care for clients who are suspected or positive for COVID-19. Site leadership teams should use this recovery document to plan and implement their services. It may be necessary to conduct a risk/benefit analysis to ensure that the needs of all clients can be met while maintaining the safety of the staff providing care and other clients accessing services.*

1. Clients	
<b>Facility Admission:</b>	
<p>Prior to admission, designated intake staff should connect with the client by phone to determine if the client has developed COVID-19 like symptoms and have a recent travel history. Please refer to the following <a href="#">script</a>.</p> <ul style="list-style-type: none"> <li>- If the client has any COVID-19 like symptoms, clinical staff should direct the client to a testing centre.</li> <li>- If possible, site leadership may choose to delay admission to the treatment facility until test results are received.</li> </ul>	
<p>Prior to their admission date, clients should be reminded to notify staff of any changes in their health prior to arriving at the treatment facility for their admission.</p> <ul style="list-style-type: none"> <li>- The self-assessment tool is available on the <a href="#">BC Centre for Disease Control (BCCDC) website</a>. Please advise clients to follow the recommendations from the self-assessment or to contact 8-1-1 or their primary care provider.</li> <li><input type="checkbox"/> <b>Action:</b> Ensure clients have the necessary contact information (e.g. phone number, extension number, clinician name) to notify the treatment facility of changes in their health status.</li> </ul>	
<p>Clients should be reminded that they will undergo screening assessment at many points throughout the admission process as well as during their stay at the treatment facility.</p>	
<b>When arriving at the treatment facility...</b>	
<p>Recommend controlled access with specific entry points to the treatment facility.</p>	
<p>If applicable, greeters, staff or volunteers may be required at the treatment facility entrance to help direct clients during the admission process.</p>	
<p>Upon arrival to the facility, staff will conduct client screening for symptoms of COVID-19 as part of the intake assessment. Please refer to the following <a href="#">script</a>.</p> <ul style="list-style-type: none"> <li>- Note: Clients should maintain two meters distance from facility staff, wear PPE, or have a physical barrier in place.</li> </ul>	
<p>Clients who screen positive for symptoms of COVID-19 during the screening process should:</p> <ul style="list-style-type: none"> <li>- Be placed on droplet contact precautions.</li> <li>- Tested for COVID-19.</li> <li>- Placed in a single client room.</li> </ul> <p><b>Note:</b> If site has no capacity to place in a single room, an alternate plan will need to be developed with the COVID Assessment Team.</p>	
<p>At arrival, clients should perform hand hygiene. <u>How this is achieved:</u></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Action:</b> Ensure clients remove gloves, if applicable, and perform hand hygiene. Gloves should not be put back on.</li> <li><input type="checkbox"/> <b>Action:</b> Place posters at facility entrances to remind clients to practice frequent hand hygiene, physical distancing (if appropriate), and respiratory hygiene.</li> </ul>	
<p><b>Only 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.</b></p> <ul style="list-style-type: none"> <li>- <b>Other considerations:</b> If the facility/site has physical distancing constraints, the use of masks for</li> </ul>	

all clients, regardless of COVID-19 status, may be considered.	
If the client is not symptomatic, they can wear their own masks during their stay.	
<b>During treatment facility stay...</b>	
It may be necessary to restrict the number of clients that can access common spaces to maintain physical distancing requirements	
It is recommended that clients have single rooms with access to private washroom	
Facilities that do not have the capacity for single client rooms with private washroom access should minimize the number of clients per room where possible.	
Throughout the visit, respiratory etiquette should be followed, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and masks.	
Hand hygiene stations should be strategically placed throughout the treatment facility and clients and staff should be reminded to clean their hand regularly	
Follow <a href="#">Point-of-Care Risk Assessment</a> as per Infection Prevention and Control recommendations.	
Any clients who develop COVID-19-like symptoms require droplet and contact precautions.	
When accessing common spaces (e.g., waiting room, lounge, cafeteria), clients should perform hand hygiene and maintain physical distancing throughout their visit.	
It may be necessary to have multiple seating's for meal periods to decrease the number of clients accessing the dining area and maintain physical distancing requirements	
Bed spaces in multi-client rooms should be spaced 2 meters apart in a head to toe fashion.	
<b>After treatment facility stay...</b>	
<p>Clients should perform hand hygiene before leaving the facility/building.</p> <p><u>How this is achieved:</u></p>	
As part of the discharge process, clients should be provided with the appropriate discharge documentation outlining the necessary Public Health and Infection Prevention & Control Practices they should follow.	
Clients should be provided with a surgical/procedure mask if clinically indicated (e.g., on droplet precautions at time of discharge).	

## 2. Family/Visitors/Support

To reduce risks of COVID-19 for clients, family 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

**Clients should be provided with alternatives to in-person visits.**

- Action:** Define process and criteria for virtual visits (priority of clients/conditions, timing, storage and security, IT support, etc.)
- Action:** Ensure clients 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 clients and staff.

For facilities and programs that normally allow guest or visitors, there is no reason to limit asymptomatic guests or visitors due to COVID-19 concerns.	
Recommend continuing controlled access with specific entry points for public access and staffed with security and/or volunteers.	
At arrival, family/visitors/support should perform hand hygiene. <input type="checkbox"/> <b>Action:</b> Ensure clients remove gloves, if applicable, and perform hand hygiene. Gloves should not be put back on. <input type="checkbox"/> <b>Action:</b> 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"/> <b>Action:</b> Place posters at entrances to clinical areas to remind and support visitors of frequent hand hygiene, physical distancing (if appropriate), and respiratory hygiene.	
Throughout the visit, respiratory etiquette should be followed, including cover cough and sneeze and avoid touching the face, mouth, nose, eyes and masks.	
In consultation with site leadership and if client permitted to have a day pass, client and family may visit outside the treatment facility to enjoy the outdoor space. Clients and family visiting outdoors must follow physical distancing rules and must perform hand hygiene upon entering and exiting the facility. <input type="checkbox"/> Note: If client leaves the facility for visitation or engagement in community activities, they should be screened for COVID-19 symptoms upon return to the facility and monitored for development of symptoms throughout their stay. <input type="checkbox"/> Note: New admissions who “pass” the screening do not have to be isolated within the facility for 14 days.	
Family/visitors/support who are visiting active and suspected COVID-19 positive clients must don appropriate PPE supplied by the Site (contingent on accessibility and availability). <input type="checkbox"/> <b>Action:</b> Frontline staff should provide education on how to safely put on and remove PPE	

### 3. Personnel/Staff/Medical Staff

*Staff/Medical Staff providing direct client 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 if they are sick.

- 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.
- VCH 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.

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. Testing is strongly recommended, and timing for return to work will be determined by Public Health.

Staff/Medical staff must practice effective hand hygiene before, during and after each client – 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 avoid unnecessary travel between rooms/areas for assessment and/or treatment. <u>How this is achieved:</u>	
Staff/Medical staff should be encouraged to clean and disinfect their own work space following the <a href="#">IPAC Guidelines</a> . For shared work spaces, staff/medical staff should clean and disinfect space before and after use.	
Treatment facilities have a plan to isolate clients that may present or develop symptoms consistent with COVID-19 s, follow your <a href="#">IPAC guidelines for patient placement</a> .	
If a client <b>with COVID-19-like symptoms</b> requires diagnostics, surgery or any other procedure, try to schedule at the end of the day, if possible. <ul style="list-style-type: none"> <li>- If that is not possible and the client must be seen during the day, then the examination room should be closed until terminal/isolation clean can be performed by environmental services.</li> <li>- 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 <a href="#">Cleaning and Disinfecting Guidelines</a>.</li> </ul>	
If a client with <b>non COVID-19-like symptoms</b> , Staff/Medical Staff should follow routine department practices for cleaning and disinfection between clients.	
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.	
Staff/Medical staff should avoid handshakes and any other physical contact with others. Where feasible, maintain 2 meters of distance between others.	
No sharing of food and snacks.	
For the most up-to-date PPE recommendations, refer to the IPAC document for the <a href="#">Community Setting</a> .	
<b>Staff/Medical staff not providing direct client care (e.g., reception, nursing station, contracted services etc.)</b>	
Personnel should be minimized where feasible to reduce the number of interactions in the workplace	
Staff/Medical staff should not come to work when they are sick. <ul style="list-style-type: none"> <li>- 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.</li> <li>- Staff/medical staff are to also call the Provincial Workplace Call Centre (1-866-922-9464).</li> <li>- Testing is strongly recommended, and timing for return to work will be determined by Public Health.</li> </ul>	
Team meetings and in-person interactions should be replaced with virtual options, as much as possible. If not possible, maintain physical distancing.	

Staff/Medical staff must perform frequent hand hygiene. <i>How this is achieved:</i>	
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 work space following the <a href="#">IPAC Guidelines</a> .	
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. Where not possible, clean and disinfect 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 <a href="#">Community Setting</a> .	
<b><i>Administrative staff, offices, and all other staff not working in direct client care</i></b>	
Shared workstations should be minimized where possible to reduce cross-interactions with surfaces	
Follow “Staff/Medical staff not providing direct client care” guidelines <a href="#">above</a> .	
Follow the <a href="#">dress code</a> guidelines for administrative staff.	

#### 4. Equipment/Supplies/Environment

Only Certified Guide or Service animals should allowed into the facility.	
HVAC systems should be examined to reduce recirculation of air in both clinical and non-clinical areas.	

<i>Elevators and stairwells</i>	
<p>Physical distancing is encouraged in elevators.</p> <ul style="list-style-type: none"> <li>- 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"> <li>o Recommendations to consider:                   <ul style="list-style-type: none"> <li>▪ Small Elevator – 2 people maximum</li> <li>▪ Large Elevator – 4- 6 people maximum</li> <li>▪ Masks can permit increased occupancy.</li> </ul> </li> </ul> </li> <li>- An elevator monitor is recommended to assist and direct accordingly.</li> </ul> <p><input type="checkbox"/> <b>Action:</b> 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>	
<p>Encourage staff who are able to use stairwells while maintaining physical distance reduce elevator crowding.</p>	
<i>Cleaning and disinfecting clinical, administrative and public areas</i>	
<p>De-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.</p>	
<p><i>Cleaning clinical areas.</i></p> <ul style="list-style-type: none"> <li>- 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 clients.               <ul style="list-style-type: none"> <li>o When possible, single use equipment and supplies are recommended.</li> </ul> </li> <li>- 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, 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.</li> <li>- For cleaning, disinfecting and frequency of equipment instructions, refer to the <a href="#">Infection Prevention and Control Master Equipment Cleaning and Disinfection Manual</a> and/or refer to the facilities manual for specific equipment/supplies cleaning recommendations.</li> </ul>	
<p><i>Cleaning other clinical areas</i></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	
<p><i>Cleaning other clinical areas</i></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	
<p><i>Cleaning Administrative Offices</i></p> <ul style="list-style-type: none"> <li>- Follow the routine department practices for cleaning and disinfection.</li> </ul>	
<p><i>Cleaning Public Areas</i></p> <ul style="list-style-type: none"> <li>- Public areas, such as hallways and stairways, should be cleaned and disinfected on a daily basis, and when needed.</li> </ul>	
<p>All staff are recommended to clean and disinfect their own or shared work space/WOW following the <a href="#">IPAC Guidelines</a>.</p>	
<i>Layout and flow</i>	
<p>Non-essential items (remote control, magazines, toys, etc.) should be removed from waiting and gathering areas. Refer to the <a href="#">De-clutter Audit Tool</a>.</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>□ <b>Action:</b> 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"> <li>- If staff lounge not large enough to accommodate physical separation, consider staggered breaks or alternative break areas.</li> <li>- Recommendations to consider:             <ul style="list-style-type: none"> <li>○ All seating should be two meters apart. If this is not possible, tape off enough seating to maintain two meters separation.</li> </ul> </li> </ul>	
<p>Products (e.g., creams, lotions) are dedicated to a single user, when possible.</p>	
<p>Alternative solutions to waiting in the common areas should be considered. Some can include: text message and/or call when client is ready to be seen.</p>	
<p>Reception area and treatment centre hallways should have visual cues to assist in physical distancing (two meters) and if possible, one way directional flow.</p>	
<p>Client room recommendations are as follows:</p> <ul style="list-style-type: none"> <li>- <u>For COVID-19 Positive Clients:</u> <ul style="list-style-type: none"> <li>○ Cohort or private rooms only.</li> </ul> </li> <li>- <u>For COVID-19 Suspect Clients or those on droplet/contact precautions:</u> <ul style="list-style-type: none"> <li>○ Private rooms required.</li> </ul> </li> <li>- <u>All other clients:</u> <ul style="list-style-type: none"> <li>○ Private room, when possible.</li> <li>○ If 2-4 bed rooms, use curtains to separate clients and monitor clients' status on a regular basis (minimum daily) to readily identify suspect clients throughout admission.                 <ul style="list-style-type: none"> <li>▪ Use caution with shared bathrooms, ensure regular cleaning as part of unit cleaning schedule.</li> <li>▪ If beds are in shared area, beds should be 6 feet apart, with a head to toe layout.</li> </ul> </li> </ul> </li> </ul>	

## 5. Other elements implemented (*as applicable*)