

COVID-19 Recovery: Public Health and Infection Control

Key Principles & Safety Plan

Community Based Social Support Programs

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 clients, residents, visitors, staff and medical staff. Every client 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 Community Based Social Support Programs. 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 Program:	
Address:	
Date of Creation / Last Review:	

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

1. Review each of the element in this document with a JOHSC member/safety representative or if not available with a frontline staff member.
2. 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

3. 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).**
4. A copy of the completed Key Principles & Safety Plan must be sent to EmployeeSafety@vch.ca to retain as a record.

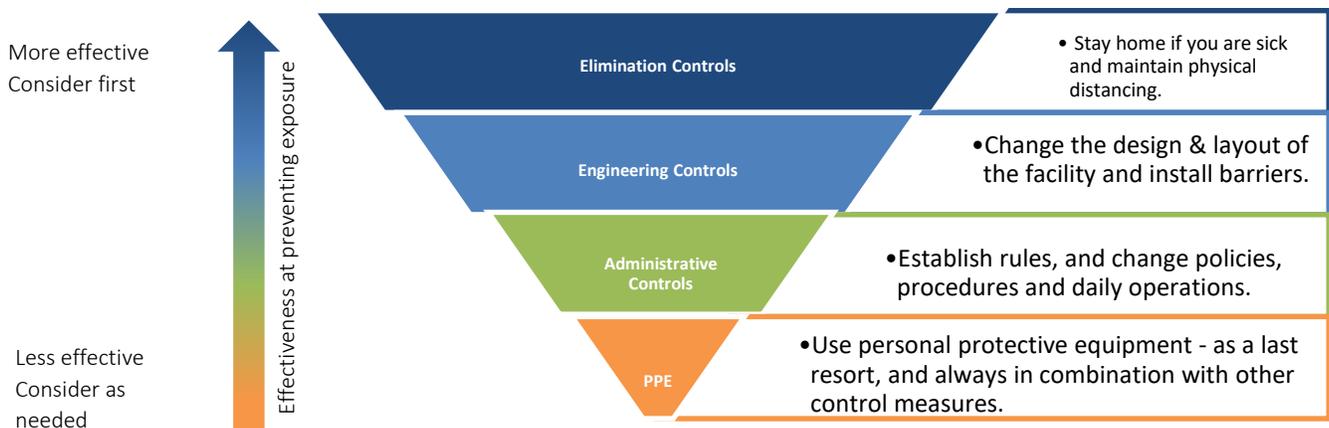
Quick Reference:

1. Clients
 - a. [In person visits](#)
 - i. [When arriving at the facility](#)
 - ii. [When accessing services at the facility](#)
 - iii. [After facility visit](#)
2. [Family/Visitors/Support](#)
3. [Facility Staff/Medical Staff/Volunteers](#)
4. Equipment/Supplies/Environment
 - a. [Elevators and stairwells](#)
 - b. [Cleaning and disinfecting the facility](#)
 - 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. Clients

In person visits

Clients accessing community based social support programs and services should be made aware that they will be taken care of regardless of their COVID-19 status. Should a client present with symptoms, the program will have a plan in place to assist the client or can make a referral to ensure that the client receives the care they require. Please refer to the resources below:

- Urgent & Primary Care Centres
 - [City Centre Urgent Primary Care Centre](#)
 - [North Vancouver Urgent Primary Care Centre](#)
 - [REACH Urgent and Primary Care Centre](#)
- Testing Facilities
 - [Testing Centre Finder](#) – for mobile or desktop
 - [Testing Centre Finder](#) – for I/E users
- [COVID-19 Assessment Team](#)

Programs and services will need to assess their facilities and determine the maximum number of people who can access services while maintaining physical distancing throughout the site according to Medical Health Officer. Facilities may need to post maximum occupancy signage and have a method of tracking the number of clients accessing the facility to ensure occupancy levels are not exceeded to ensure the safety of the clients and staff within the facility.

When arriving at the facility...

a) Screening at the facility entry point(s)

Recommend continuing controlled access with specific entry points for public access and staff with facility staff, security and/or volunteers.

At the entrance of the facility, facility staff will conduct screening. Please refer [script](#) for full screening for guidance.

- Note: Based on population served, each facility should determine appropriate barriers for screening staff; this could include maintaining physical distancing of 2 meters, wear PPE, or have a physical barrier.

At arrival, clients should perform hand hygiene.

- **Action:** Ensure clients remove 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 facility entrances to remind clients about the importance of frequent hand hygiene, physical distancing and respiratory hygiene.

If the client is not symptomatic, they can wear their own masks during their visit.

COVID-19-like symptomatic clients require droplet and contact precautions for staff. Each facility will have to determine how to manage a client who presents with symptoms of COVID-19.

- Facility recommends client be tested for COVID-19 at a testing centre.
- Client performs hand hygiene, is provided a mask and placed in a private room.
- Client performs hand hygiene, is provided a mask and placed in a curtained room.
- Client performs hand hygiene, is provided a mask and placed in an area with 2 square metres of space surrounding the client.

If the facility cannot accommodate physical distancing requirements for a client presenting with symptoms of COVID-19:

- Facility can contact the COVID assessment team to assist client to self-isolate if under housed.
- Facility can provide care packages (e.g. food, toiletries, clothing, etc.) and client does not have to enter the facility.

Only 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. Other considerations: If the facility has physical distancing constraints, the use of masks for all clients, regardless of COVID-19 status may be considered.	
<i>While accessing services at the facility...</i>	
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. • Waste receptacles should be provided for respiratory etiquette.	
Throughout the visit, clients should perform hand hygiene.	
Follow Point-of-Care Risk Assessment as per Infection Prevention and Control Recommendations.	
COVID-19-like symptomatic clients require droplet and contact precautions for staff.	
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 restrict the number of clients that can access common spaces to maintain physical distancing requirements.	
If possible, clients should 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.	
<i>After facility visit...</i>	
Clients should perform hand hygiene before leaving the facility/building.	
Clients with COVID-19-like symptoms that were offered a mask, should continue to wear the mask until they arrive home.	

2. Family/Visitors/Support

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. Please refer to the VCH Visitors Policy .	
Family/visitor/support who present with COVID-19-like visible symptoms should be offered a surgical/procedure mask and the facility should access their resources to help accommodate the client.	

3. Facility Staff/Medical Staff/Volunteers

Personnel should be minimized where feasible to reduce the number of interactions in the workplace	
Facility Staff/Medical Staff/Volunteers providing direct client care 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 distance.	
Facility Staff/Medical Staff/Volunteers must practice effective hand hygiene before, during and after each client - washing their hands with soap and water or an alcohol-based hand sanitizer.	

Respiratory etiquette should be followed, such as coughing and sneezing into the elbow, avoid touching the face, mouth, nose, eyes and if applicable, mask.	
Facility Staff/Medical Staff/Volunteers should be encouraged to clean and disinfect their own work space following the IPAC Guidelines .	
Facility Staff/Medical Staff/Volunteers should avoid unnecessary travel between rooms/areas for assessment and/or treatment.	
Each facility should identify a dedicated examination room and waiting room for direct placement of high risk/COVID-19-like symptomatic clients.	
<p>If a client with COVID-19-like symptoms must be seen in the facility, Facility Staff/Medical staff should place the appointment at the end of the day if possible. If not possible (e.g. drop in visits) client should be placed in the dedicated examination room and/or waiting room for direct placement of high risk/COVID-19-like symptomatic 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 using appropriate disinfectant wipes, following VCH Cleaning and Disinfecting Guidelines. • Is 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. 	
If a client with non COVID-19-like symptoms , Facility Staff/Medical Staff/Volunteers should follow routine department practices for cleaning and disinfection between clients.	
Facility Staff/Medical Staff/Volunteers should limit the exchange of papers, shared pens and other office equipment.	
Facility Staff/Medical Staff/Volunteers should avoid handshakes and any other physical contact with others in the workplace.	
Facility Staff/Medical Staff/Volunteers should avoid sharing food and snacks.	
For the most up-to-date PPE recommendations, refer to the IPAC document for the Community Setting .	

4. Equipment/Supplies/Environment

Elevators and stairwells

Physical distancing should be encouraged in elevators.

- 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.
 - Recommendations to consider:
 - 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.
- **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 to use stairwells and maintain physical distancing to reduce elevator crowding.

<i>Cleaning and disinfecting the facility</i>	
<p><i>Cleaning clinical areas.</i></p> <ul style="list-style-type: none"> Any equipment used for client care should be cleaned and disinfected by the direct provider. For cleaning instructions, disinfecting and frequency of equipment, refer to: <ul style="list-style-type: none"> Public Health Agency of Canada – COVID-19 Cleaning and Disinfecting Public Spaces and Hard-surface disinfectants and hand sanitizers. BC Centre for Disease Control- Cleaning and Disinfectants for public settings. VCH PICNet - Best Practices for Environmental Cleaning and Prevention and Control of Infections in All Healthcare Settings and Programs. 	
<p>When possible, single use equipment and supplies are recommended.</p>	
<p>Equipment used in the dedicated room and/or waiting room for direct placement of high risk/COVID-19-like symptomatic clients, should not be shared with non COVID-19 clients.</p>	
<p>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.</p>	
<p><i>Cleaning Administrative Offices</i></p> <ul style="list-style-type: none"> Administrative Offices should be cleaned and disinfected twice a day, and when needed. 	
<p><i>Cleaning other areas</i></p> <ul style="list-style-type: none"> Shared showers and washrooms should be cleaned and disinfected after each use. Lunchrooms, lounges, and offices in the facility should be cleaned and disinfected twice a day, and when needed. 	
<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 twice a day, and when needed. 	
<p>All staff are recommended to clean and disinfect their own or shared work space following the JPAC Guidelines, and to de-clutter and minimize equipment and supplies so effective environmental cleaning can be achieved.</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 De-clutter Audit Tool.</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> <ul style="list-style-type: none"> Action: Ensure appropriate hand hygiene stations are in place and hand hygiene products are maintained 	
<p>Staff shared spaces, waiting rooms, cafeterias, coffee shops and common areas (lounges) seats should be spaced to maintain physical distancing.</p> <ul style="list-style-type: none"> If staff lounge is not large enough to accommodate spatial separation, consider staggered start times, staggered breaks or alternate break areas. Recommendation 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. harm reduction products and personal care items) are dedicated to a single user when possible.</p>	
<p>Alternative solutions to waiting in the office should be considered. Some can include: text message and/or call when client is ready to be seen.</p> <ul style="list-style-type: none"> There might be times when clients wait outside the facility and time restrictions may be necessary 	

to ensure clients may access services.	
Reception area and facility hallways should have visual cues to guide physical distancing (two meters) and if possible, one-way directional flow.	

5. Other elements implemented (*as applicable*)