

Environmental Cleaning and Disinfectants for Clinic Settings

Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Environmental cleaning for COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in hospitals and health care settings are strong enough to deactivate coronaviruses and prevent their spread. **Cleaning of visibly soiled surfaces followed by disinfection is recommended for prevention of COVID-19 and other viral respiratory illnesses.**

Suggested cleaning and disinfecting frequencies for clinic settings:

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

For electronic equipment please comply with manufacturer's instructions to not void the warranty.

IPC v3.1





Environmental Cleaning and Disinfectants for Clinic Settings

The below list of common disinfectants is provided as a guide to choosing products. Most janitorial product outlets carry all of these products. Pre-made solutions (no dilution needed) or ready-to-use wipes can be used. **Always follow the manufacturer's instructions.**

IMPORTANT NOTES:

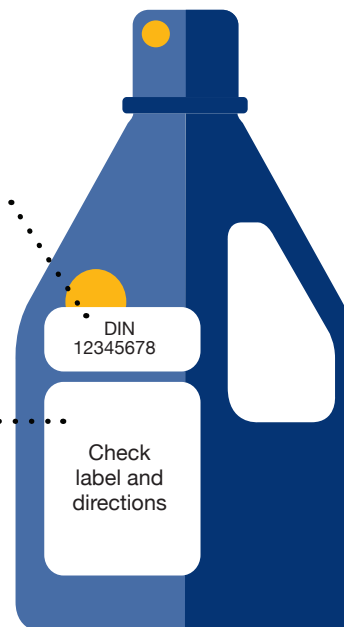
- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, wet contact time, and safe use (e.g. wearing gloves, good ventilation, etc.)
- Clean visibly soiled surfaces before disinfecting (unless otherwise stated on the product).
- Diluted bleach solution should be made fresh each day to ensure the correct ppm of chlorine as it breaks down over time.

Drug Identification Number (DIN):

A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
- Accelerated hydrogen peroxide (0.5%)
- Alkyl dimethyl ammonium chlorides



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2}:

Agent and concentration	Uses
1. 1:100 dilution Chlorine: bleach – sodium hypochlorite (5.25%) 500 ppm solution 10 ml bleach to 990 ml water	Used for disinfecting surfaces and medical equipment (e.g. counters, door knobs, stethoscope, BP cuff). Allow surface to air dry naturally.
2. 1:50 dilution Chlorine: bleach - sodium hypochlorite (5.25%) 1,000ppm solution 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste (e.g. vomit, diarrhea, mucus, feces) (after cleaning with soap and water first). Allow surface to air dry naturally.
3. Accelerated Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces and medical equipment.
4. Quaternary Ammonium Compounds (QUATs) noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for disinfecting of surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products.

IPC v3.1



Help prevent the spread of COVID-19

In order to reduce risk of exposure to the virus that causes COVID-19, we are limiting the number of people in this space.

Address/room/space:

Occupancy limit: _____ **people**

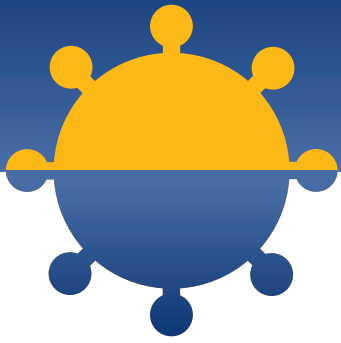
Communicate with patients

Many patients will be hesitant to enter your practice or office space. Communicating with patients prior to expanding in-person care will help them to feel informed and safe.

- Leverage the [Doctor's Technology Office Virtual Care Tool Kit](#) and the [DTO's Getting Patients Back to Practice document](#) for help—the latter includes sample messaging.
- Consider using the [virtual care messaging from Doctors of BC](#).
- Recognize that, in communications, it takes repeated messaging ([often up to seven times](#)) before someone “mentally acknowledges” the message you are trying to communicate.

WEBSITE	Add (or link to) appropriate and up-to-date COVID-19 resources, updated information about the safety policies being implemented at the office, options for virtual care, link to a virtual COVID assessment tool , etc.
EMAIL AND SOCIAL MEDIA	Using the Doctor's Technology Office Virtual Care Tool Kit , identify how your practice will use emails (e.g. to request appointments, for medical advice, for medication renewals) and who will monitor these. Send an email to patients containing COVID-19 resources as well as measures you are taking to ensure their safety. Ask them to complete and send in the CMPA's consent form and document this in your EMR. Consider adding a link in your signature line directing recipients to COVID-19 information on your website. Echo these key messages on social media.
VOICEMAIL MESSAGE	Outline your office's response to COVID and measures that patients should be taking (i.e. asking for patience due to high volume of calls, directing them to the appropriate contact for changing their appointment, etc.).
APPOINTMENT REMINDERS	Modify messages to highlight COVID-19 and outline what patients should do if they have symptoms. Explain how a visit will be different from in the past.
PHONE OUTREACH	Contact patients without email to check-in, outline your expansion plans, and book any needed appointments. Leverage MOAs, Residents or other team members and bill as appropriate.
PROACTIVE OUTREACH, QI AND WORKFLOW IMPROVEMENTS	Through phone or video, conduct virtual proactive care with vulnerable patients, those with mental health issues, chronic disease, complex conditions, lower socio-economic status, substance use, the elderly or the isolated. Update demographics. Conduct QI projects. Implement EMR templates and other workflow improvements.

You can find sample text for these communications in the [DTO's Getting Patients Back to Practice](#). A sample email to patients is included in [Appendix—Email to patients](#).



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**

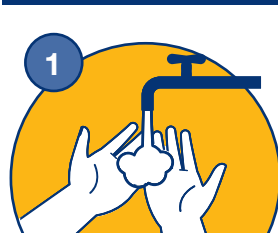


**Either will clean your hands:
use soap and water if hands
are visibly soiled.**



Remove hand and wrist jewellery

HOW TO HAND WASH



Wet hands with warm
(not hot or cold)
running water



Apply liquid or foam soap



Lather soap covering
all surfaces of hands
for 20-30 seconds



Rinse thoroughly
under running water



Pat hands dry thoroughly
with paper towel



Use paper towel
to turn off the tap

HOW TO USE HAND RUB



Ensure hands are visibly
clean (if soiled, follow hand
washing steps)

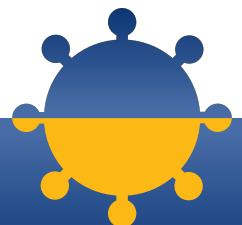


Apply about a loonie-sized
amount to your hands

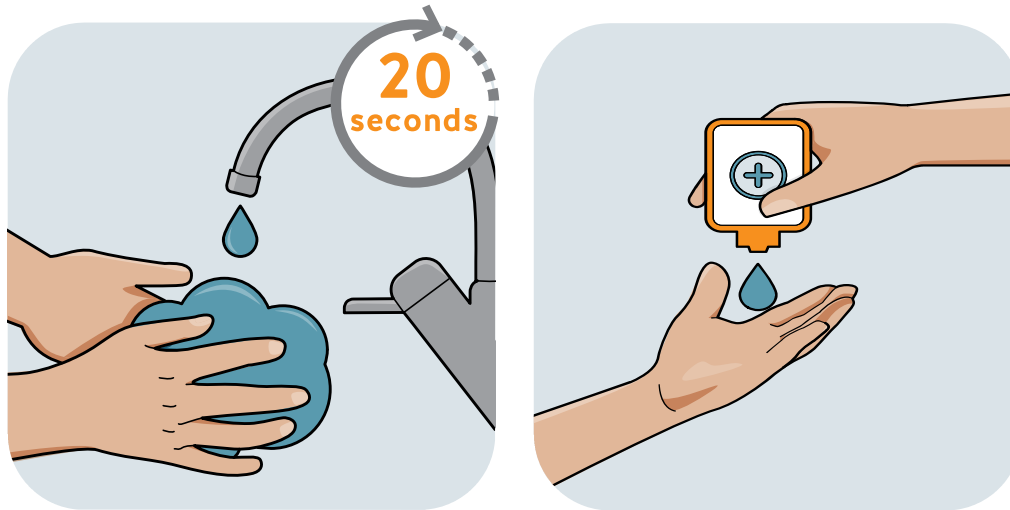


Rub all surfaces of your hand
and wrist until completely
dry (15-20 seconds)

COVID19_HH_001



Help prevent the spread of COVID-19



Wash your hands often with soap and water for 20 seconds. If soap and water aren't available, use an alcohol-based hand sanitizer.

Wash your hands:

- When you arrive at work
- Before and after going on a break
- After using the washroom
- After handling cash or other materials that have come into contact with the public
- Before and after handling shared tools and equipment
- Before and after using masks or other personal protective equipment

Daily Fit for Work or Essential Visitor Screening Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to preexisting conditions or allergies can still go to work or visit.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
3.	Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

Please share your completed questionnaire with the screener.

If you answer “YES” to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. For healthcare workers, complete the [Healthcare Worker Self-Assessment Tool](https://ahs.ca/covid) at ahs.ca/covid to determine your need for COVID-19 testing. Please inform **ALL** managers/leads you report to.

If you answer “NO” to all of the above, you can proceed to work or with your visit. If you develop symptoms, please complete a new questionnaire.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

An online questionnaire tool for staff and physicians is now available - visit ahs.ca/fitforwork

Daily Fit for Work Screening during COVID-19 for Community Physicians and Teams

Healthcare workers should not be attending work while experiencing influenza-like-illness (ILI) or other illnesses. This creates risk for staff and patients. To minimize exposure, fitness for work screening should be done prior to staff, physicians or contractors entering the workplace. Upon reporting to work, all staff should complete the questionnaire in Appendix 1.

Principles

The screening process outlined in this document ensures a safe work and clinical environment. Screening will be done in a manner that treats people with respect and dignity, providing them with information so they fully understand the reason for the screening and the impact of attending work when not well. Staff, physicians or contractors who refuse to be screened may not be permitted to attend work as scheduled.

Screening Criteria

- All staff, physicians and contractors complete screening prior to starting a shift, by completing a standard questionnaire to assess health risk
 - Questionnaire is available for download ([printable version](#)) and is included in [Appendix 1](#)
 - A designated staff member should review the completed questionnaire with the healthcare worker to determine if the healthcare worker can report to work
 - If determined to be unfit for work, the healthcare worker should return home and not report to work (see “when screening indicates unfit for work” below)
- Depending on the clinic’s preference, a temperature check may be required
 - For additional information on thermometer use and cleaning, see [Appendix 2](#)
- The collection, use and disclosure of screening information is solely for the purpose of determining fitness for work for the scheduled shift
- Staff, physicians and contractors working at the clinic, regardless of role or patient contact, will be subject to screening to ensure they are not presenting with ILI symptoms and increasing the chance of spread of any ILI
- Clinics will be responsible for notifying staff about the screening process, potential waits and any request to arrive early for screening prior to their shift

When Screening Indicates Unfit for Work

- When a healthcare worker is determined to be unfit for work through the review of a questionnaire, the next steps include:
 - Returning home
 - Notifying managers/medical leaders and following any applicable absence processes for their role
 - Completing the online [Healthcare Worker Self-Assessment](#) tool to determine if COVID- 19 testing is required
 - Referring to the [Return to Work Guide](#)
- Each clinic can determine a process for notifying managers if a staff member is determined to be unfit for work
- Decision to replace the shift will be the manager/medical leadership’s responsibility, as per normal staffing protocols

Tracking and Storage of Completed Questionnaires

This section is optional for primary care and community specialist physician clinics.

Management of information will be in accordance with privacy requirements related to health information:

- Only those who require access to perform their job duties and responsibilities will have access to completed questionnaires
- Clinics will establish an appropriate tracking process and a mechanism to ensure all paper questionnaires collected at site are properly labelled by date and safely stored for 14 days
- Storage of paper questionnaires should be in a secure location not accessible to the public and locked wherever possible

Staffing and Location of Screening Areas

- Depending on the clinic size, the clinic may choose to have a dedicated area for screening
- Location of screening areas will be at the discretion of the clinic and should consider the following:
 - Limit number of entrances to maximize compliance and resources required to perform screening
 - Consider the physical space needs to enable screening, tracking and discussion with a clinician on next steps, as appropriate
 - Physical space should also consider how to ensure appropriate social distancing for those waiting for screening
 - Ensure screening is done in a discreet and private manner, and staff have an opportunity to be taken to an adjacent location for further discussion, as appropriate, regarding results and impact on attendance at work
 - [Signage](#) will be required to direct healthcare workers where to go for screening and to notify patients that the process is occurring. Clinics will be responsible for posting signage

Self-Isolation Instructions for Healthcare Workers

For the most updated and detailed information on self-isolation, visit the [Alberta Health](#) website.

Returning to Work

- Prior to returning to work, whether test results for COVID-19 were positive or negative, all healthcare workers should review the [Return to Work Guide](#) and follow instructions for the recommended mandatory isolation period
- Return to work decisions should be made in consultation with the Return to Work Guide and discussion with one's manager or medical staff leader, as appropriate
- The [COVID-19 Assessment Tool for HealthCare Workers](#) is a helpful decision flow tool offered on the Alberta Health website
- For asymptomatic individuals, review the [Expedited Return to Work for Asymptomatic Persons](#) page in the assessment tool

Appendix 1: Daily Fit for Work Screening-Healthcare Worker Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
3.	Did you have close contact* with someone who has a probable** or confirmed case of COVID- 19?	Yes	No
4.	Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

Please share your completed questionnaire with the screener.

If you answer “YES” to any of the above, you are not permitted to attend work at this time and you must self-isolate. Complete the [Healthcare Worker Self-Assessment Tool](#) to determine your need for COVID-19 testing. Please inform **ALL** managers to whom you report.

If you answer “NO” to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Appendix 2: Thermometer Instructions

3-Step Adult Temperature Measurement



Step 1
Slide across forehead.
Place probe flush on center of forehead and depress button. Keeping button depressed slowly slide probe mid-line across forehead to the hair line.



Step 2
Slide behind ear.
Keeping button depressed, lift probe from forehead, touch behind ear halfway down the mastoid process and slide down to the soft depression behind the earlobe.



Step 3
Release button and read.

How to improve the accuracy of your measurements on adults



Measure only the up-side on a patient in a lateral position.

The down-side will be insulated preventing the heat from dissipating, resulting in falsely high readings.



Think of a sweatband. Measure straight across the forehead and not down the side of the face.

At mid-line, the temporal artery is about 2 mm below the surface, but can go deeply below the surface on the side of the face.



Measure exposed skin.

Brush the hair and bangs aside if covering the area to be measured.

Proper Cleaning of Thermometers

Cleaning the case:

- Case should be wiped down with 70% isopropyl alcohol wipes in between EVERY person; allow this to dry (approx. 30 seconds)
- Thermometer cannot be immersed in water or fluid of any kind

Cleaning the sensor lens:

- It is required that the lens on the end of the probe be kept clean and free of dirt, greasy films or moisture
- Clean the lens with a cotton swab dampened with the above alcohol wipe (note: this does not need to be done in between each scan but should be done once daily)
- The thermometer needs to dry for 10 minutes prior to using it again after the lens is cleansed



Abnormal Readings

If you receive an abnormally high or low reading, confirm the reading by:

- Repeating the reading with the same Temporal Scanner; a correct reading will be reproducible
- Repeating the reading with another Temporal Scanner; two Temporal Scanners with the same reading will confirm the reading

- Note: Sequential readings on the same patient in rapid succession will cool the skin; it is best to wait approximately 30 seconds for the skin to recover from the cold probe

Possible Causes of Abnormal Readings

Type of Abnormal Temperature	Possible Cause	Helpful Hint
Abnormally Low Temperature	Dirty lens	Clean lens of scanner daily
	Releasing the button before finished measuring	Release the button after finished measuring
	Measuring when an ice pack or wet compress is on the forehead	Remove ice pack or wet compress, wait 2 minutes, and re-take temperature
	Measuring a completely diaphoretic patient	Complete diaphoresis includes diaphoresis of area behind the ear and suggest that the temperature is rapidly dropping. Use an alternative method of temperature measurement in these cases until the patient is dry and the temporal artery measurement can be repeated
	Improperly scanning down the side of the face	Scan straight across the forehead. The temporal artery is closest to skin in that area
Abnormally High Temperature	Anything covering the area to be measured would insulate and prevent heat from dissipating, resulting in false high readings	Confirm measurement site has not recently been in contact with heat insulators, such as hats, blankets, or hair Scan the area not covered or wait approx. 30 seconds for the previously covered area to equilibrate to the environment

Display Diagnostics Chart

The following summarizes the conditions that may occur while the Temporal Scanner is in use, and the associated indications:

Condition	Display	Range
High Target	HI	>110 °F (43 °C)
Low Target	LO	<61 °F (16 °C)
High Ambient	HI A	>104 °F (40 °C)
Low Ambient	LO A	<60 °F (16 °C)
Low Battery	bAtt	
Dead Battery	Blank display	
Processing Error	Err	Restart. Return to manufacturer for repair if error message persists
Scanning Error (normal operation)	SCAN	

Help prevent the spread of COVID-19

Please do not enter this workplace if you:

- Have any of the following symptoms:
 - Fever
 - Chills
 - New or worsening cough
 - Shortness of breath
 - New muscle aches or headache
 - Sore throat
- Have travelled outside of Canada within the last 14 days
- Are a close contact of a person who tested positive for COVID-19

All other visitors, please wash your hands or clean them with hand sanitizer before and after your visit. Please maintain physical distancing of 2 metres.

If you are displaying symptoms of COVID-19, refer to HealthLink BC at 811.

Optimal Use of Personal Protective Equipment (PPE)

All health-care workers and support employees who have direct contact with patients or whose work requires close proximity to patients (less than two metres) must wear a procedure mask and eye protection. In addition, gloves must be worn for direct patient contact.

GLOVES



- Wear only for direct patient care.
- Perform hand hygiene before and after each use.
- Change gloves between patients. Do not wear gloves between patient encounters due to risk of environmental contamination.

NOTE: Hand hygiene remains the best way to prevent the spread of this virus.

GOWNS



- Wear gowns for all patients suspected or confirmed with COVID-19. Change between patients if supplies permit.
- In hospitalized patients, in situations where gown supply is low, a new gown is required when caring for patients with carbapenemase producing organisms (CPO), C. difficile, or MRSA.
- Remove gowns if performing tasks in non-patient care areas such as nursing stations, medication rooms, break rooms & meeting rooms.

SURGICAL MASKS



- Use the same mask for as long as possible.
- Use the same mask for interactions with multiple non-COVID-19 patients, and continue to use in non-patient care areas.
- Discard masks when damp, soiled, damaged or before drinking/eating.
- Do not touch the front of the mask.

NOTE: Always perform hand hygiene if mask is adjusted, touched, or removed.

N95 RESPIRATORS



- Wear for airborne isolation patients and aerosol generating medical procedures (AGMPs) only.
- Continue to wear N95 respirators as long as possible, including use for multiple patients interactions.
- Reusing N95 respirators (taking off/putting back on) is NOT recommended.
- Save N95 respirators for reprocessing unless damaged, until further supply is available. For more information, please refer to the March 27 memo on collecting used N95 masks.

EYE PROTECTION

(mask with visor, face shield, eye goggles, safety glasses)



- Wear throughout shift.
- Clean when removed for breaks, at end of shift, or soiled.
- Staff wearing eyeglasses may require a face shield if goggles/safety glasses cause eyewear to fog up.
- For face shields, a single staff member may reuse the item (after cleaning) for as long as possible.
- Follow cleaning guidelines.

CLOTHING



- Wear regular clothes and shoes to the facility and, upon arrival, change into work clothes or scrubs (if previously assigned).
- Use dedicated footwear while at work.
- At the end of the shift, change back into regular clothing and shoes before leaving the facility.

Donning PPE – Droplet & Contact Precautions

1) PREPARE

- Remove watches, jewelry and any personal items. Ensure ID lanyard is covered or removed
- Secure hair back

2) ASSEMBLE SUPPLIES

- Long sleeved gown, surgical/ procedure mask, eye protection, gloves, hand hygiene supplies

3) PERFORM HAND HYGIENE

4) DON GOWN

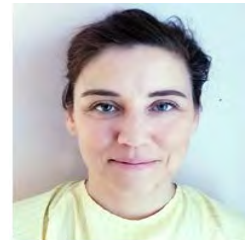
Secure neck ties



Secure waist ties



Wear gown close to neck



5A) DON MASK AND EYE PROTECTION

Place straps over ears / Mold mask to nose /Fit mask under chin



Safety glasses
Option



Face Shield
Option



5B) DON MASK WITH FACE SHIELD ATTACHED

Place straps over ears / Mold mask to nose /Fit mask under chin



6) DON GLOVES

Gloves over cuff



READY

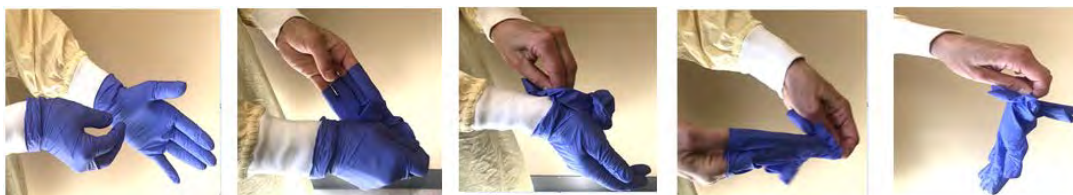


Doffing PPE – Droplet & Contact Precautions

Doffing conducted greater than 2 meters from the patient

1) REMOVE GLOVES

- Remove gloves using glove to glove technique



2) PERFORM HAND HYGIENE

3) REMOVE GOWN

- Untie lower and upper ties
- Grasp back of gown

- Lean slightly forward
- Roll gown away from body
- Fold gown inside out

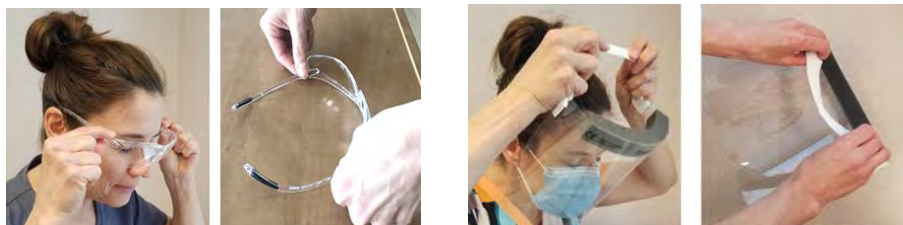
Discard:

- Fabric gown in laundry
- Disposable gown in waste



4) PERFORM HAND HYGIENE

5) REMOVE EYE PROTECTION: SAFETY GLASSES OR OTHER EYE PROTECTION OPTIONS



- Lean slightly forward & close eyes
- Grasp glasses by arms & shield by back strap
- Pull away from face
- Place on wipe-able surface

6) PERFORM HAND HYGIENE

7) REMOVE MASK OR REMOVE MASK WITH EYE SHIELD



- Lean slightly forward & close eyes
- Pull mask away from face
- Collect all masks / eye protection for reprocessing

8) PERFORM HAND HYGIENE

9) DON GLOVES & USE ACCEL WIPE TO CLEAN EYE PROTECTION AND THE WIPE-ABLE SURFACE

10) PERFORM HAND HYGIENE

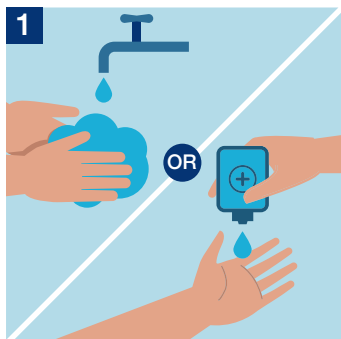
- Extended use and reprocessing of ALL masks / eye protection required to preserve supply (IH-EOC Apr 9.2020)
- Deposit used masks in collection bins



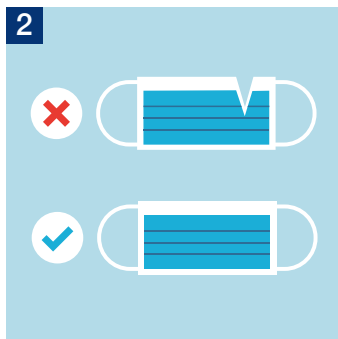
Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

How to Wear a Face Mask



1 Wash your hands with soap and water for 20-30 seconds or perform hand hygiene with alcohol-based hand rub before touching the face mask.



2 Check the new mask to make sure it's not damaged.



3 Ensure colour side of the mask faces outwards.



4 Locate the metallic strip. Place it over and mold it to the nose bridge.



5 Place an ear loop around each ear or tie the top and bottom straps.



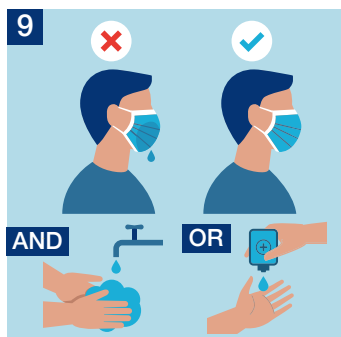
6 Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.



7 Press the metallic strip again to fit the shape of the nose. Perform hand hygiene.



8 Do not touch the mask while using it, if you do, perform hand hygiene.



9 Replace the mask if it gets wet or dirty and wash your hands again after putting it on. Do not reuse the mask.

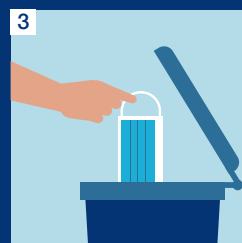
Removing the Mask



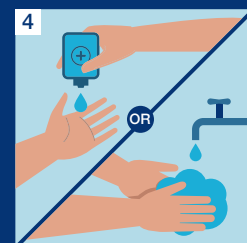
1 Perform hand hygiene.



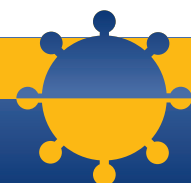
2 Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.



3 Discard the mask in a waste container.



4 Perform hand hygiene.





COVID-19

c o r o n a v i r u s

Help slow the spread with homemade cloth

FACE COVERINGS



Be sure they:

- Fit snugly but comfortably against side of the face
- Secure with ties or ear loops
- Include multiple fabric layers
- Allow for breathing without restriction
- Launder and machine dry without damage or change to shape



Make homemade cloth face coverings to ensure healthcare providers have enough surgical masks to stay safe.

Help prevent the spread of COVID-19

Cover coughs and sneezes



Cough or sneeze into your sleeve, not your hands. Avoid touching your face with your hands.

Or

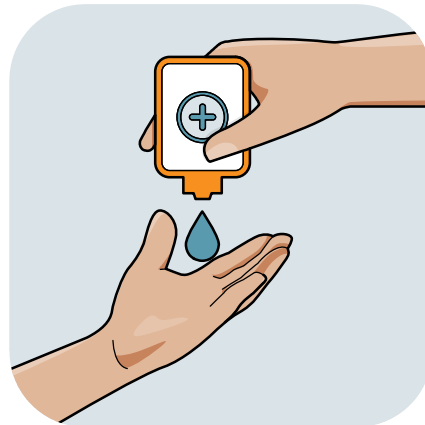


Cover your mouth and nose with a tissue and put your used tissue in a wastebasket.



Wash your hands with soap and water for at least 20 seconds.

Or



Clean hands with alcohol-based hand sanitizer.

OFAA protocols during the COVID-19 pandemic

A guide for employers and occupational first aid attendants

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions you may take to include public health directives such as physical distancing, hand hygiene, and disinfection in your procedures.

1. When you receive a call for first aid, if possible, gather the following information:
 - What are the circumstances surrounding the call for assistance?
 - Are critical interventions likely required? If so, call 911 or have an emergency transport vehicle (ETV) prepared.
 - Are there any obvious signs of COVID-19? If so, send the patient home or to a hospital.
2. If no critical interventions are required, if possible and appropriate, interview the patient from a distance. Ask the following questions:
 - Is anyone sick or in self-isolation in your household?
 - Have you been in contact with anyone who has been sick?
3. When you arrive at the patient's location, assess the situation:
 - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?

- If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario below).

4. If the patient can't self-treat, don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
 - Face shield or surgical-type mask
 - Pocket mask
 - Gloves
 - Coveralls (disposable or washable)
 - Apron or lab coat
 - Glasses or goggles

Because the global supply of PPE is scarce, you may need to consider other options. There are various types of masks, face shields, and respirators that you can consider.

5. After treatment, sanitize all equipment with either soap and water or 70% isopropyl alcohol. Remove and wash any PPE that is not disposable, as well as any exposed clothing. Wash your hands thoroughly. If critical interventions are required and there is no way of determining background information, don appropriate PPE and limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 metres (about 6 feet) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 metres from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

Scenario: OFA Level 1 and Level 2 with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and conducts a primary survey to determine what, if any,

critical interventions are required. The attendant positions the patient in the three-quarter-prone position to ensure that the airway is open and clear and no further interventions are needed. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away. The attendant monitors the patient until the ambulance arrives.

Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway (OPA) to protect and maintain the airway. The attendant then conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away.

Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use any PPE or other measures available to provide a barrier between the helpers and the patient, including covering the patient with a blanket. Once the patient is loaded, ensure the helpers remove their PPE and wash their hands with soap and water.

Additional resources

Below are links to key resources from the public health agencies that are providing guidance on COVID-19.

Public health agency websites

For more information about the COVID-19 situation, including public health alerts and FAQs, please see the COVID-19 pages on the following websites:

- [HealthLinkBC](#)
- [BC Centre for Disease Control](#)
- [Public Health Agency of Canada](#)

Self-assessment tool

The BC Ministry of Health has developed an online [BC COVID-19 Symptom Self-Assessment Tool](#) to help people determine whether you need further assessment or testing for COVID-19.

Information for employers & businesses

The BC Centre for Disease Control has collected [COVID-19 information for Employers & Business](#), where you will find information for essential businesses.

Canadian Centre for Occupational Health and Safety

To help support workplaces during the COVID-19 pandemic, the CCOHS has made a number of online products and resources available on [its website](#).

Phone resources

- 1.888.COVID19 (1.888.268.4319):
For non-medical information about COVID-19. Available 7:30 a.m. - 8 p.m., 7 days a week.
- 8-1-1 (HealthLink BC): To talk to a nurse if you need advice about how you are feeling and what to do next.

Working from home:

A guide to keeping your workers healthy and safe

Working from home on a regular basis can benefit both you and your workers by reducing business expenses, allowing for a more flexible lifestyle, and improving the environment. Sometimes it can also be necessary to work from home temporarily while dealing with health concerns, child care arrangements, or other issues that may unexpectedly arise in daily life.

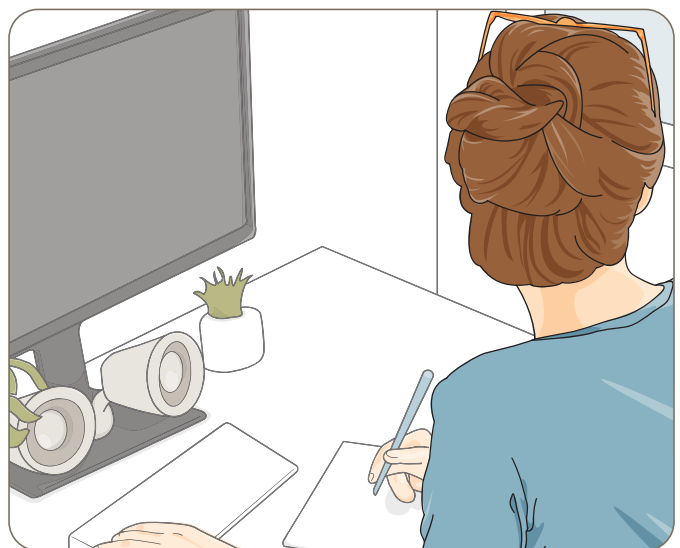
As an employer, you must ensure the health and safety of your workers when they work from home. It's important to understand that working from home is an extension of the workplace, and the [Workers Compensation Act](#) and [Occupational Health and Safety Regulation](#) still apply. With consideration and planning, working from home can be positive and safe for both workers and employers.

This guide discusses a health and safety policy for working from home and outlines some useful tips and resources to help ensure the health and safety of your workers.

Develop a health and safety policy for working from home

As an employer, ensure you have a working from home health and safety policy in place, and that everyone understands their roles, duties, and responsibilities. This policy should require workers to assess their workspace and report any potential hazards to their manager. Your policy should also include the following information:

- Protocols for evacuating from the worker's home to a safe location if needed and how workers can contact you in case of emergency
- Safe work practices and how to report any work-related incidents or injuries
- Communication protocols and procedures for check-ins if a worker is working alone or in isolation
- Requirements for education and training
- Ergonomic considerations



Reduce risks while working from home

Setting up a safe workspace at home will be different for everyone, but there are some common risks. As an employer, ensure that you and your workers adequately identify and control unsafe conditions and activities

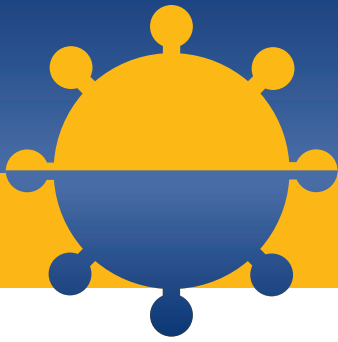
that may cause injury or illness. Some factors to consider include the following:

- Environment
(e.g., asbestos, mould, tobacco smoke)
- Electrical safety
- Ergonomics
- Slips, trips, and falls
- Violence
- Working alone

For more information on these topics and related resources, visit [worksafebc.com](https://www.worksafebc.com).

Find more information

- **Setting up, organizing, and working comfortably in your home workspace** (WorkSafeBC publication)
- **How to Make Your Computer Workstation Fit You** (WorkSafeBC publication)
- **Ergonomics** (WorkSafeBC webpage)
- OHS Guidelines on the **Definition of working alone or in isolation (G 4.20.1)** and **Procedures for checking the well-being of workers (G.4.21)**



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



REDUCE THE SPREAD OF COVID-19



PHYSICAL DISTANCING IN PROGRESS

**Maintain a distance of at least
2 arms lengths from others.**



Ministry of
Health



BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

COVID-19: Testing Guidelines for British Columbia

June 1, 2020

Guidelines for COVID-19 testing in BC are updated based on the changing epidemiology, testing capacity, and our evolving understanding of test sensitivity in clinical settings. At this time, it is critical to ensure timely identification of new infections and their contacts to prevent community spread of COVID-19.

Guidance for COVID-19 Testing by Nucleic Acid Tests (NATs)

- 1. Test all individuals with new respiratory or systemic symptoms compatible with COVID-19, however mild.**
Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia, rhinorrhea, nasal congestion, loss of sense of smell, headache, muscle aches, fatigue, or loss of appetite.
- 2. Individuals in the following groups should be prioritized for testing:**
 - a. Residents and staff of long-term care facilities
 - b. Individuals requiring admission to hospital or likely to be admitted, such as pregnant individuals near-term, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.
 - c. Healthcare workers
 - d. Individuals with a higher probability of being infected with COVID-19 such as contacts of a known case of COVID-19 and travellers just returned to Canada
 - e. Residents of remote, isolated, or Indigenous communities
 - f. People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
 - g. People who are homeless or have unstable housing
 - h. Essential service providers, such as first responders
- 3. Healthcare providers can order a COVID-19 test for any patient based on their clinical judgment.**
- 4. COVID-19 testing is not recommended for individuals without symptoms.**
- 5. The Medical Health Officer may recommend testing for others,** such as those who are part of an investigation of a cluster or an outbreak.



Guidance on Specimen Collection and Labelling

Specimen Collection

Collect a **Nasopharyngeal (NP) Swab** using the instructions provided in this video “How to perform a nasopharyngeal swab”. Note the instructions for donning and doffing of personal protective equipment (PPE).

<https://youtu.be/f0xSKPm8IKA> (produced by UBC ENT and Providence Healthcare)

Use the swab/collection device provided by your institution. The following swabs are currently validated and are available for use in BC:

- Copan UTM Viral transport media– Red top
- Copan UTM Viral transport media– Blue top**
- VWR Starplex Multitrans Collector
- EZPro Swab-RT UTM transport media with Nasopharyngeal Swab (ESBE kit)
- Hologic Aptima Unisex Swab Specimen Collection Kit**
- DO NOT use the orange packaged Hologic Aptima Multitest swabs for NP collection

For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) in a sterile screw-top container **in addition to a nasopharyngeal swab**.

**Use with care when inserting into the nasopharyngeal cavity, as these swabs may cause mild trauma. Gently insert only as far as possible, and avoid forcing against resistance. Inserting approximately 2-3 cm will allow swabbing of the mid-turbinate area. In this case, swab bilateral mid-turbinate using a single swab to optimize sampling quality.

Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

Please add one of the following codes to the specimen label:

- **HCW1** – Health Care Worker – Direct Care
- **HCW2** – Health Care Worker – Non Direct Care
- **LTC** – Long Term Care Facility
- **OBK** – Outbreaks, clusters or case contacts
- **HOS** – Hospitalized
- **CMM** – Community or Outpatient, including Urgent and Primary Care Centres
- **CGT** – People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors’ residences.
- **TRE** – Tree planters

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician, and the test name (COVID-19 NAT).



Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements.
<http://www.elabhandbook.info/phsa/>

Paper Requisitions are available here: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>

June 1, 2020
COVID-19: Testing Guidelines for British Columbia



Ministry of
Health



BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**

Non-medical inquiries

(ex. travel, physical distancing):

1-888-COVID19 (1888-268-4319)

or text 604-630-0300





Interior Health
Every person matters



March 26, 2020

To: Physicians and Nurse Practitioners

**From: Berni Easson, Director Clinical Operations, Community & Primary Care
Thompson & South Cariboo
Dr. Phillip Sigalet, Dr. Graham Dodd**

**Re: Kamloops Primary Care Respiratory Assessment Clinic
Information and Patient Referral Process**

Thank you for continuing to provide primary care to your patients in this critical time. The Thompson Region Division of Family Practice and Interior Health have collaborated on a Primary Care Respiratory Assessment clinic located in the Northhills Centre (currently vacant Seniors Health & Wellness Centre). As per COVID-19 processes, most primary care providers are now talking to patients by phone or video link before seeing them. If you feel that certain patients have significant respiratory symptoms and should be seen by a provider wearing PPE this clinic is an option.

This clinic is for patients with:

- Medical needs that can't be met virtually and have respiratory symptoms that could be COVID-19.

This clinic IS NOT for patients who:

- Should simply be self-isolating at home
- Who are sick enough to require hospitalization or ER level care/investigation

This clinic can do swabs but is not a COVID-19 screening clinic.

To refer a patient to the clinic (process algorithm attached):

- Fax a referral with as much clinical information you think is necessary to 250-312-3291
- Your patient will be contacted by the clinic for an appointment.
- After the assessment you will receive a fax of the physician notes from the visit along with follow-up plans.

Other Information

Northhills Lab:

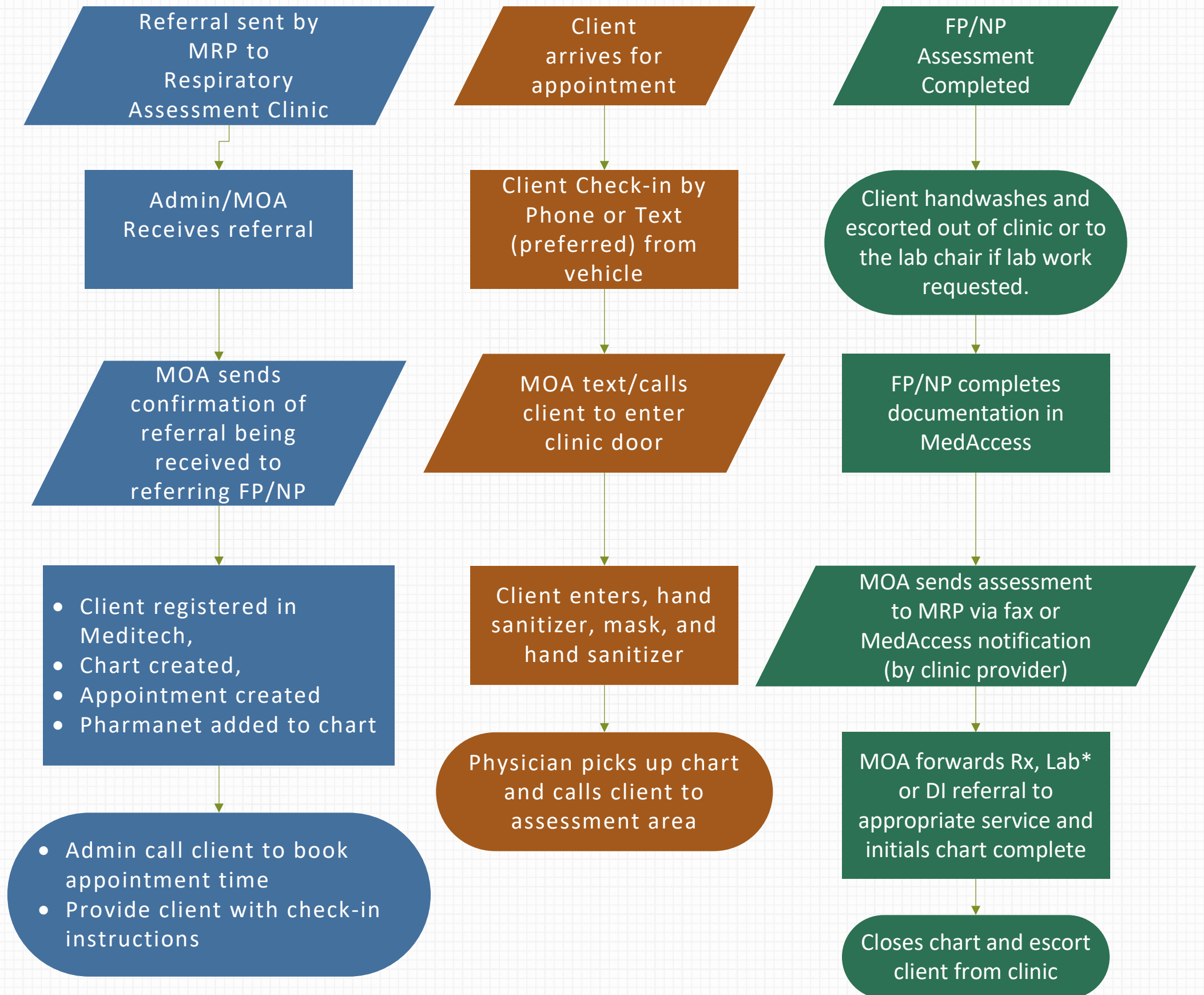
This lab will be the preferred lab for outpatient lab testing for patients who are displaying respiratory symptoms. **Please advise all patients that lab visits need to be pre-booked** – Phone number 250-312-3290.

Northshore X-ray:

This X-ray facility will be the preferred site for outpatient imaging for patients who are displaying respiratory symptoms. **Please advise all patients that Xray visits need to be pre-booked** – Phone number 250-314-2420.

Kamloops Primary Care Respiratory Assessment Clinic Referral Source

Send referrals to: Fax: 250-312-3291
Attention: Primary Care Respiratory Assessment Clinic



***Lab tech will offer client access for MyHealthPortal.**



Hello,

After your virtual appointment today with your health clinic, your primary care provider feels you require an in-person visit. The family physicians and nurse practitioners of your community are working with Interior Health to provide you a secure environment to have this in-person appointment.

Given the social distancing measures due to COVID-19 and our requirement for physical distancing, we want to ensure both the provider and you the patient are well protected for this visit.

This in-person appointment will be occurring at the Kamloops Primary Care Respiratory Assessment clinic located at #61-700 Tranquille Road, North Kamloops and is accessible by appointment only.

Booking appointment

Your primary care provider has referred your information to the Kamloops Primary Care Respiratory Assessment clinic. THAT clinic will be connecting with you by phone to book your appointment. Thank you in advance for your patience as we confirm the time and date for your visit.

Arriving at the clinic

Here are four simple steps to ensure your appointment goes smoothly:

1. Arrive in the parking lot 5 minutes before your appointment.
2. Wait in the car until called in by the clinic.
3. You will enter at the green door.
4. Mask required. If you are not wearing a mask you will provided one.
5. Expect that your health care team will be wearing their personal protective equipment for the visit so please do not be alarmed. It is intended for everyone's safety.

Thank you in advance for your support in having success with your required in-person visit.



March 9, 2020

Primary Care Practitioners in Central Okanagan, South Okanagan Similkameen, Thompson, and North Okanagan Regions of Interior Health:

As the COVID-19 situation both globally and provincially is rapidly evolving, Interior Health is preparing for expanded testing throughout our region.

As of March 7, 2020, community testing for COVID-19 is now available during specific hours at the Urgent and Primary Care Centres (UPCCs) in Kelowna, Kamloops, and Vernon. The Penticton Health Unit is also available for testing as of March 9, 2020. Primary Care Providers are still encouraged to test in their offices.

You may refer patients by directly contacting the Penticton Health Unit or UPCC in your region. Contact information and hours of testing for each location are as follows:

Location	Hours of Testing	Contact Information
Penticton Health Unit	16:30 – 20:30 hours	250-770-3434
Kelowna UPCC	16:30 – 20:30 hours	250-469-6985
Vernon UPCC	16:00 – 20:00 hours	250-541-1097
Kamloops UPCC	16:30 – 20:30 hours	250-314-2667 (private line for physicians only) 250-314-2256 (for public use)

Ideally, for patients who call ahead to physician's offices or the ED, you may make the referral and direct them to the community testing locations above.

For updates and information, please see Interior Health's webpage: [Information on Coronavirus Disease \(COVID-19\)](#). In the weeks ahead, we will continue to refine our response to COVID-19.

Sincerely,

Sue Pollock, MSc, MD, FRCPC
Interim Chief Medical Health Officer

Bus: 250-469-7070, ext.12796
Fax: 250-868-7826
Email: sue.pollock@interiorhealth.ca
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