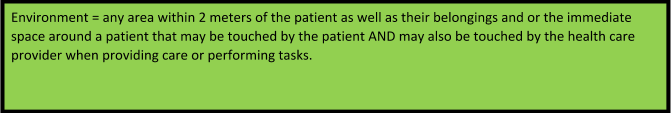
**COVID-19 OFFICE SAFETY PLAN**

**CONTEXT**

The COVID-19 pandemic will be over when the proportion of the population that is immune is large enough that transmission between people is no longer sustained. This can happen in two ways:

1. after enough people have been infected and have recovered; and/or

2. when enough people have been immunized with a vaccine. The goal of our restrictions is to slow the spread of COVID-19 – protecting our most vulnerable and ensuring our health-care system can respond to increased demand while we develop a vaccine.  
  
  


[DYNAMIC MODELLING](https://www.straight.com/files/v3/files/covid19_update_modelling-digital.pdf)



• While a return to near normal levels is expected to radically increase transmission, the move to 60% of normal is expected to result in a relatively flat transmission rate.

• This presents opportunities to improve economic, social and personal well-being for citizens – to find the right balance.

• This should provide a sustainable **“new-normal” for the coming 12 to 18 months**, while a vaccine is developed and deployed. We will continue to refine and tweak the balance of actions based on closely monitoring transmission rates.

**PURPOSE**



To align with the Public Health / BCCDC / The Provincial Health Officer / Safety Guidelines and WorkSafeBC / Professional Collages and associations / Interior Health Authority and Provincial and Federal Governing Authorities.

**SCREENING FOR IN OFFICE VISITS**

**Considerations:**

1. Does the patient feel the benefit of assessment / therapy exceeds the risk of leaving their home?
2. Is the medical benefit to the individual patient worth the risk to you and your office staff by having them travel to your community office?
3. Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
4. Will offering care in a community setting lessen the burden on hospital facilities?
5. Will the care provided prevent the need for a patient to access acute care in the foreseeable future?

**Booking:**

1. All patients to be “seen” via virtual visit / phone prior to booking in-person appointments at the direction of the Doctor. No direct in-person appointments should be booked.
2. Prior to booking, complete reason for appointment, and screen as per office screening questionnaire.
3. If a patient screens positive, review with the patient’s family physician OR staff may direct to call the Kelowna COVID screening site (UPCC, 250 469 6985).

**Visit Expectations Protocol:**

1. All patients will be screened for respiratory symptoms, fever cough or any other concerning symptoms at the time of their in-person visit. Signage is placed on building and office doors.
2. Patients will be advised to bring and wear their own non-medical mask or face covering; if they do not have one available, we will provide one when they arrive at the clinic (there may be a charge depending on supplies). Ensure the mask has been donned correctly (covers nose and chin and is pinched over the bridge of their nose, if applicable). Patients should be advised to leave the mask on their face while waiting for the physician.
3. All patients must use hand sanitizer before entering the clinic.
4. Patients are requested to not bring non-essential bags or extra personal belongings into the exam room.
5. If a patient is unable to attend alone (pediatric, seniors, or strong patient preference) allow one additional person per visit, preferably a household member.
6. A Macro in your EMR can be created for easy documentation of screening. ie. *Patient has completed a Respiratory Risk assessment prior to todays in office visit as per visit Protocol.*

**PATIENT RISK MITIGATION**



1. Actively promote and implement core measures for managing social interaction congregate social areas. Some of the waiting room chairs were removed to allow physical distancing if patients sitting in waiting room.
2. Require and sustain higher levels of frequent cleaning of “high touch” areas.
   1. After each visit: Disinfect all exam room surfaces (chairs, countertop, B/P cuff, exam table documentation table, Door handles, etc…). Allow to air dry.
   2. Place an indicator on the door board that the room has been cleaned and is ready for the next patient.
3. Where appropriate and practical, increase use of temporary physical barriers (Plexiglas has been placed at MOA desk).
4. Continue access to phone and virtual visits, first and limiting in-persons visits, where appropriate.
5. Signage on the building and office door alerting patients NOT to enter if any COVID symptoms or contacts.
6. Limiting waiting room congestion, queuing and traffic flow to maximize physical distancing.  If the waiting room exceeds the safe occupancy number then patients may be asked to wait in the hallway or outside. \*\*\* If a physician is running more than 30 minutes behind, waiting patients may be asked to rebook as long as their booking is not urgent if the waiting room is exceeding capacity.
7. Ask patients to attend alone. If a patient is unable to attend alone (pediatric, seniors, or strong patient preference) allow one additional person per visit, preferably a household member.
8. Patients must use hand sanitizer provided and are requested to wear a mask upon entering the office.
9. Visits should be short, to minimize time in office.
10. Minimal close contact with staff should be practiced (ie Dr does the vital signs and same day injections). Staff will continue to weigh prenatal patients, urine dips, teach initial baby weighing protocols and for the 2 month baby visits measure the baby head circumference and length.

**STAFF RISK MITIGATION**  


1. Actively promote and monitor personal self-care actions in your organization.
   1. Routine screening/questions of staff for symptoms checking.
   2. Time off for illness as per recommendations of the BCCDC.
   3. Physical distancing when possible.
2. Adaptations for working safely at home during these periods of possible exposure quarantine and/or illnesses.
3. Assess PPE supplies weekly.
4. Plexiglas barriers for MOAs .
5. Regular hand washing, use of hand sanitizer and/or gloves when appropriate. <https://www.interiorhealth.ca/AboutUs/QualityCare/IPCManual/Hand%20Hygiene%20Guidelines.pdf>
6. Use of mask/safety glasses /face shield
7. Move all exam room supplies into cupboards or drawers.
8. Only take specialty supplies needed into the room as needed.
9. Staff booking appointments should inform patients about public health measures and screen them for possible COVID symptoms prior to attending the office.
10. Patients with COVID symptoms will not be booked for in office visits but can be booked for a telehealth visit and/or referred to the self-assessment tool on the website [https://bc.thrive.health/covid19/en and /](https://bc.thrive.health/covid19/en%20and%20/). Patients with COVID symptoms to be assessed at UPCC as indicated.
11. **PERSONAL RISK MITIGATION:**

**Consider:**

**Before Work**

* + 1. Remove all watches and jewelry
    2. Wear Clean clothes to work
    3. Ensure you have dedicated work shoes
    4. Bring a change of clean clothes in a washable bag
    5. Bring any food in disposable bag
    6. No nail polish, Proper hand hygiene
    7. If long hair, have secured back

**During Work**

* + 1. Sanitize phone & glasses
    2. Sanitize workstation and stethoscope
    3. Hand hygiene before / after each patient interaction & when touching new surfaces
    4. Sanitize eating surfaces and proper hand hygiene before eating. No shared food.
    5. No hand shaking or high fives
    6. Wear appropriate PPE as directed

**After Work**

* + 1. Change into clean clothes. Put work clothes in a washable bag. Wear clean clothes home.
    2. Sanitize phone, glasses & Stethoscope
    3. Remove dedicated work shoes
    4. Shower at work or immediately at home
    5. Sanitize water bottles/ plastic ware in dishwasher
    6. Wash work clothes and bag

**OFFICE RISK MITIGATION:**



* Follow dilution instructions for cleaners (use PPE, good ventilation, etc.)
* Clean visibly soiled surfaces with soap and water before disinfecting

|  |  |
| --- | --- |
| **Type of surface to be cleaned** | **Cleaning Frequency** |
| Shared equipment  (Goggles/face shield, Stethoscopes, B/P cuffs, Otoscopes)  Exam bed, baby scales | BETWEEN PATIENTS |
| Horizontal and touch surfaces  (counters, tables, chairs) | AFTER A PERSON WHO PRESENTED WITH RESPIRATORY SYMPTOMS LEAVES (note these patients not seen at SMC at this time) AND AT LEAST DAILY |
| Frequently - touched surfaces  (doorknobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms.) | AT LEAST TWICE A DAY |
| General cleaning of exam rooms  (Floors, garbage, tables, vertical surfaces) | AT LEAST TWICE A DAY |

[**Cleaning and Disinfection instructions for eye/facial protection**](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf)

**WHAT ARE ESSENTIAL SERVICES IN PRIMARY CARE? (BC Family Dr March 2020)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Priority 1 | Patients who have urgent needs and require services / treatment and would otherwise have to go to hospital for care.  Essential preventive services. | - Acute exacerbation of chronic illness that doesn’t require hospitalization  -Complications of pregnancy and 3rd trimester uncomplicated visits  - Certain acute infections, such as otitis, UTI, cellulitis, STIs, acute diarrhea with blood  - Acute major illness/injury (including fractures or potential fractures or dislocations)  - Acute minor injuries (e.g. lacerations that require more than taping)  - Acute psychiatric illness  - Abdominal pain NYD  - Musculoskeletal pain with trigger features (i.e. not a basic sprained ankle)  - New onset headache  - Palliative care  - Patients recently discharged from hospital on new medications who must be followed closely (e.g. Warfarin)  - Patients requiring pneumococcal immunization  - Flu vaccine when it becomes available  - Other vaccines/prophylaxis required for outbreak control  - Routine childhood immunization |
| Priority 2 | Patients whose situation is non-critical and who require treatment / services that can be deferred for a few weeks (i.e. after the peak of the pandemic wave).  Alternate method for prescription renewal for long-term medications is appropriate. | - Stable chronic disease management, including asthma, diabetes, hypertension, and stable cardiac, pulmonary, renal, neurological or hepatic disease  - Uncomplicated pregnancy care – 1st or 2nd trimester \*  - Well baby visit \*\* |
| Priority 3 | Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g. automatic prescriptions) for the duration of the pandemic. | - Well child and adult checkups \*\*  - Nutrition and weight counselling  - Pap smears \*\*\*  - Routine adult immunizations  -Preventive services and clinics, forms |

\*AN visits; please refer to the BCWH guidelines regarding in person vs telehealth visits

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\_AntenatalVisitsDuringPandemic.pdf

\*\* Well baby visits; all babies should be seen within in the first week and then thereafter as needed if any weight gain or developmental concerns. All babies should also be seen in office for the 2 month visit (including weight and length and head circumference measurements). All subsequent well baby visits can be done by telehealth and then booked for in person examination, if needed (as determined by the FP). Ask parents to weigh their child at vaccination appointments.

\*\*\* Pap recalls; 6 and 12 month recalls should be booked. All 36 month recall paps should be postponed until priority 3 status is approved (or until SMC can organize evening or weekend pap clinics, staff permitting).

**PROCEDURES**

1. **Handwashing** with soap or sanitizer (BCCDC)**:** <https://bit.ly/2xyVx1L>
2. **Donning personal protective equipment** 
   * 1. Hand hygiene – Clean all surfaces of hands and wrists.
     2. Gown – Cover torso and wrap around back, fasten in back of neck and waist.
     3. Surgical/procedure mask – Secure ties in middle of head and neck, fit nose band to your nose and pull on bottom down to completely cover chin.
     4. Eye protection – Place goggles or face shield over face and eyes and adjust to fit.
     5. Gloves – Extend to cover wrist of gown

Video: <https://vimeo.com/392260043>

     3**. Doffing personal protective equipment**

1. Gloves - The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in a regular waste bin.
2. Perform hand hygiene - Clean all surfaces of hands and wrists.
3. Gown - Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn the gown inside out and roll into a bundle. Place in a soiled laundry hamper (if reusable) or in a regular waste bin (if disposable).
4. Perform hand hygiene - Clean all surfaces of hands and wrists. If you are NOT 2 meters away from the patient, exit the room now, perform hand hygiene, and finish the remaining steps.
5. Goggles or face shield - Do NOT touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).
6. Perform hand hygiene - Clean all surfaces of hands and wrists.
7. Surgical or procedure mask - Grasp ties or elastics at back and remove WITHOUT touching the front. Place in a receptacle for reprocessing or in regular waste bin.
8. Perform hand hygiene - Clean all surfaces of hands and wrists.
9. Exit room: Exit room and perform hand hygiene.

Video: <https://vimeo.com/392260043>

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

**APPENDIX – ONE**

**SCHEDULING - Booking Grid for in-Office Visits**



Effective for July , August and September until Dr Larsen returns in Sept \*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Jen  Amy  Heather/Julie | Marianne  Sam  Jen (AM)  Amy (PM OR FRI) | Heather  Jane  Jeanne (AM)  Marianne (PM) | Dani  Jeanne  Breanne  Jane (AM) | Julie  Dani (AM)  Amy (AM OR TUESDAY) |

\* Subject to holiday and locum availability.