



Drs. Coetzer & Barnard Inc.

## COVID-19 Safety Plan

### **Step 1: Workplace risk assessment:**

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

#### Work done with team members of The Lighthouse Medical Clinic:

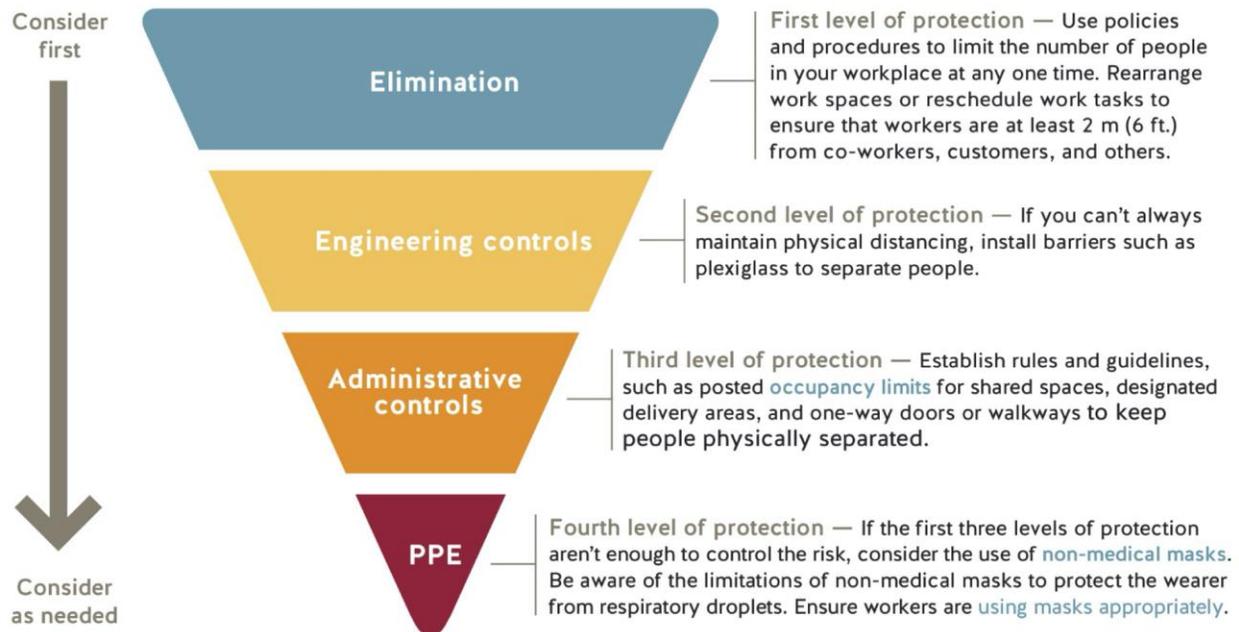
- ✓ We have involved all MOAs and Physicians in creating this plan.
- ✓ We have identified areas where people gather, such as lunch rooms, exam rooms and waiting room.
- ✓ We have identified job tasks and processes where individuals are close to one another and/or members of the public.
- ✓ We have identified the office, medical and other equipment that staff and team members share while working.
- ✓ We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

### **Step 2: Protocols implemented to reduce risks**

#### The following documents were consulted in developing this safety plan:

- The Provincial Health Officer's order from May 15th.
- the College of Physicians and Surgeons' Guidance on providing in-person care during COVID-19
- the BCCDC's COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings
- WorkSafeBC's Health Professionals: protocols for returning to operation

## Reduce the risk of person-to-person transmission



Source: WorkSafeBC COVID-19 Safety Plan Template

### First level protection (elimination)

- ✓ In order to reduce the number of people at the office, we offer virtual care, select in-office visits and limit the number of staff and patients in the workplace.
- ✓ We have established and posted occupancy limits for common areas such as our waiting room and elevator.
- ✓ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.
- ✓ Where possible, staff will maintain physical distancing (e.g. avoid eating meals together, will increase the space between desks/workstations or alternate which desks/workstations are used).
- ✓ We require patients with respiratory symptoms to wait in their cars/outside when they first arrive and call us to check-in. This is reinforced by a message on our website and telephone system. We have emailed our patients to let them know all the changes taking place in our office and what to expect.
- ✓ We will call those patients waiting in their cars/outside, when we are ready for them to come in.
- ✓ We have allocated a limited number of in-office appointments per day and we have staggered appointments to allow for physical distancing in common areas.
- ✓ We have ensured chairs in our waiting room are at least 2 metres apart and we have eliminated patients waiting in our waiting room entirely as much as possible — they will immediately be taken to an examination room.
- ✓ We do not accept “walk-in” appointments.

- ✓ Most patient appointments will take place via phone or video. If required and appropriate, a scheduled in-person appointment will be offered.
- ✓ We will only allow patients with scheduled appointments themselves to enter the office. We will make exceptions for pediatric patients (maximum one parent with child) or caregivers if necessary.
- ✓ We have limited surfaces that allow for physical contact:
  - Removed magazines, toys and clipboards from waiting rooms and exam rooms;
  - Doors are propped open and contactless garbage bins are available;
  - Removed extra chairs from examination rooms.
- ✓ We have developed pick-up and drop-off protocols that eliminate people coming into the office:
  - When possible, pick-ups and drop-offs will be done outdoors to prevent the need for patients to enter the clinic and to minimize in-person contact as much as possible;
  - We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts.

### Second level protection (engineering)

- ✓ We have installed barriers where staff can't keep physically distant from co-workers, patients, or others.
- ✓ We have included barrier cleaning in our cleaning protocols.
- ✓ We have installed the barriers so they don't introduce other risks to workers.
- ✓ We have set up a dedicated examination room with nearby PPE for patients with respiratory symptoms.
- ✓ We have increased the rate of air exchange/ventilation as possible; especially to fresh air if possible, avoiding recirculated air.

### Third level protection (administrative)

- ✓ We have identified rules and guidelines for how staff and physicians should conduct themselves.
- ✓ We have clearly communicated these rules and guidelines to staff and physicians through a combination of training and signage.
- ✓ If sick, physicians and staff must remain at home. Physicians may continue to provide patient care via telephone/video.
- ✓ All staff and physicians will perform hand hygiene and don appropriate PPE (i.e. a surgical mask) upon entering the office. The BCCDC Hand Hygiene poster is being used to educate staff and physicians.
- ✓ All staff and physicians will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID.
- ✓ We require that all staff and physicians continuously self-monitor for symptoms.
- ✓ We have put up laminated signage in the areas frequented by patients (e.g. washrooms and above examination room sinks) outlining the appropriate hand washing protocols,

alerting high-risk patients (i.e. respiratory symptoms, recent travelers) to notify staff immediately, cough etiquette, etc. Laminated signage will be wiped down regularly.

#### Fourth level protection (PPE)

- ✓ We have reviewed the information on selecting and using PPE and instructions on how to use appropriate PPE.
- ✓ We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- ✓ We understand that if PPE is not available, staff and physicians are not expected to risk their own health by providing in-person care.
- ✓ We have trained staff and physicians to use PPE properly, following manufacturers' instructions for use and disposal.
- ✓ We are following the PPE guidelines for both asymptomatic and symptomatic patients in community, as recommended by the BCDC and Interior Health Authority.
- ✓ We will provide masks for symptomatic patients (if seen in-office) and instructions on how to wear them.
- ✓ We encourage all in-office patients to wear their own masks if possible.
- ✓ We will keep our mask on at all times while in close contact (less than 2 metres) with patients and other staff members, and keep our hands away from our face.

#### Reduce the risk of surface transmission through effective cleaning and hygiene practices

The COVID-19 virus can survive on some surfaces for many days, therefore cleaning and disinfecting measures should be heightened to minimize risk of transmission. As defined by the BC Centre for Disease Control (2020), **cleaning** is the removal of soiling while **disinfection** is the killing of viruses and bacteria, and is never used on the human body. When the term "disinfection" is used in this document, it is assumed that cleaning will occur prior to disinfection.

- ✓ We have reviewed the information on cleaning and disinfecting surfaces.
- ✓ Our office has enough handwashing facilities on site for all our staff and patients.
- ✓ Handwashing locations are visible and easily accessed.
- ✓ We have policies that specify when staff and physicians must wash their hands and we have communicated good hygiene practices to staff and physicians. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus.
- ✓ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after clinic, after use).
- ✓ Staff, who are cleaning, have adequate training and materials.
- ✓ We have removed unnecessary tools and equipment to simplify the cleaning process.

- ✓ We have placed the patient chair as far away as possible from the physician chair/stool in the exam room.
- ✓ In order to minimize exposure to patients, staff will provide verbal instructions—such as instructing patients in how to use the baby weigh-station instead of doing it for them.
- ✓ We have assigned each staff member to a dedicated work area as much as possible and discouraged the sharing of phones, desks, exam rooms and other medical and writing equipment.
- ✓ We have made hand hygiene supplies readily available for patients, staff and physicians. Our hand sanitizers are approved by Health Canada.
- ✓ We have increased disinfection of frequently touched surfaces in common areas (i.e. computer keyboards, door handles, phones, armrests, elevator buttons, banisters, washrooms, etc.), even if not visibly soiled.
- ✓ Between patients, we will disinfect everything that comes into contact with the patient (i.e. pens, clipboards, medical instruments, stethoscopes, examination table).
- ✓ Physicians will use the same stethoscope with different patients provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- ✓ We have set up a sanitizing station near the entrance for all patients entering the office.
- ✓ As we are seeing symptomatic patients, we have dedicated a room for symptomatic patients with nearby PPE and minimal surfaces and we are seeing them at the end of the day.

## **Step 3: Developed policies**

Our policies ensure that staff, physicians and others showing symptoms of COVID-19 are prohibited from being in the office. (unless it is a patient with a specific appointment for assessment and testing for respiratory symptoms)

- ✓ Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- ✓ Anyone directed by Public Health to self-isolate.
- ✓ Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
- ✓ Visitors are prohibited or limited in the office.
- ✓ Ensure staff and physicians have the training and strategies required to address the risk of violence that may arise as patients and members of the public adapt to restrictions or modifications to the office.

Our policy addresses staff and physicians who may start to feel ill at work. It includes the following:

- ✓ Sick staff should report to the physician, even with mild symptoms.
- ✓ Sick staff should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the staff to go straight home.
- ✓ If the staff or physician is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill staff or physician has come into contact with.

## **We have the following Daily Routines in place :**

### **Daily precautions taken by all staff**

- Before work:
  - Wear clean clothes and shoes into work
  - No nail polish, proper hand hygiene
- During work:
  - Sanitize phone and glasses
  - Sanitize your work-station
  - Hand hygiene before/after each patient interaction and when touching new surfaces
  - Hand hygiene before/after eating/drinking and using washroom.
  - No hand-shaking, hugs or high fives.
  - Wear appropriate PPE as directed

- After work:
  - Change into clean clothes and consider showering immediately at home. (Consider bringing a clean set of clothes to change into before going home)
  - Clean work clothes (and bag) in washer at home.
  - Clean lunch containers and bag at home.

### Staff tasks prior to opening of the office

- All staff use hand hygiene and don a mask. Masks are required when physical distancing cannot be maintained (less than 2 meters from other co-workers) or when working with patients.
- Make sure exam room is set up properly and disinfected.
- Place a sign on the front door and on the barrier in the waiting room to ensure only scheduled patients are entering the clinic and patients remain the required physical distance to personnel at all times.
- Ask patients to arrive no more than 5 minutes before their appointment. If patients arrive earlier than 5 mins, they need to wait elsewhere (e.g. in their vehicle) until appointment time, unless they can be placed in the examination room while waiting.
- Ensure that all necessary PPE is easily accessible.
- Ensure that a hand sanitizer and glove station is set up in exam rooms for easy access.
- Staff should work where they are able to see patients enter the clinic.
- Review daily in-person appointments and put in “prep” notes so that staff can prepare the necessary equipment for the physician when they prep the patient.
  - For example:
    - Newborn/Well baby visit: Confirm baby scale is correctly weighing and place baby scale with necessary items into a room before the patient enters room.
    - Prenatal: Urine check and weight before examination. Ensure fetal doptone is in the room.
    - For now physicians will take blood pressures.
    - Prep injection trays where relevant with injection medication, needles, alcohol swabs, band aids and any needed supplies. Ensure tray is fully stocked with correct needles and syringes.

### Safety measures to take prior to all appointments

Preventative measures should be taken before contact with patients to minimize risk of transmission

- Call patients before their appointment:
  - Call morning appointment patients on the afternoon prior to their appointment day. Call afternoon patients on the morning of their appointment day.
  - Make sure patients who come in for in-office visits are aware that they will not be allowed in the office if we were not able to speak with them in person per

- telephone prior to their appointment, for pre-visit screening. (leaving a voice message only is not acceptable)
- Screen them for risks—rescheduling if they become sick, are placed on self-isolation or have travelled out of the country within the last 14 days:
    - Have you had any cold or flu-like symptoms in the past 14 days (even if you considered it to be mild)?
    - Have you been in close contact with anybody with cold or flu-like symptoms in the past 14 days?
    - Have you visited or traveled to any facility with a declared outbreak of COVID-19 in the past 14 days?
  - Educate them of changes to office protocols.
  - They should attend appointments alone when possible and not bring friends or children. (one parent per child is allowed and only a support person for adults if needed for mobility)
  - Ask patients to wear a mask if they have one.
  - Email patients any forms (including any new patients, new prenatals, well baby development forms) that need to be filled out so patients can complete them before arriving at the clinic. This cuts down on needing pens, etc.
  - Office Preparation
    - Post signage at the clinic entrance to assist with communicating expectations (i.e. hand hygiene, physical distancing, respiratory etiquette, reporting illness or travel history, occupancy limits and no entry if unwell or in self isolation)
    - Limit exchange of papers during transactions (i.e. receipts), move to contactless payments
    - Use single use items where necessary (i.e. disposable cups)
  - All patients should be screened for COVID symptoms prior to and upon arrival (patients should be notified of this upon booking their appointment)
    - Patients screening positive should be redirected home for a virtual appointment or referred to a Health Authority assessment clinic or the Emergency Department (depending on severity of symptoms) if physical examination is necessary
    - Patients screening positive should be referred to a testing site (patients can now self-refer)

### Clinic workflows for Physicians

- All physicians seeing patients are to perform hand hygiene and put on a mask when closer than 2 meters from others.
- Prior to opening of the clinic, review booked patients to see if you need any equipment for prep (baby scale, Chemstrip urine dipstick, injection tray etc.) and ask staff to have these items either in the room before the patient arrives or close to the room.
- When you are ready to see your first patient:
  1. Don PPE (mask should already be on)—gloves and eye protection.

2. Assess your patient: take history from as far away as possible and then move to examination (try to spend as little time as possible in close contact).
3. When assessment completed
  - a. If patient is to leave right away
    - i. Ask patient to use hand sanitizer as they leave
    - ii. Complete all charting in the room
    - iii. Remove exam table paper and leave table exposed
    - iv. Discard gloves, leave stethoscope and other equipment used OR take to wipe down
    - v. Keep eye protection and mask on unless soiled
    - vi. Perform Hand Hygiene
  - b. If patient must remain in room
    - i. Leave stethoscope and other equipment used in room OR take to wipe down, clear exam table paper
    - ii. Open door for yourself and **before leaving room**, discard gloves
    - iii. Perform hand hygiene
4. Between patients:
  - Wipe down stethoscope and other equipment that touched patient
  - Perform hand hygiene
  - Put on gloves before next patient and repeat process above until all patients seen
5. Once last patient seen (at end of day or at lunch), complete all steps below:
  - a. Whether patient remaining in room or leaving, clear exam table paper leaving table exposed.
  - b. Discard gloves in room
  - c. Remove stethoscope and eye protection and leave in room.
  - d. Perform hand hygiene.
  - e. Leave exam room.
  - f. Perform hand hygiene.
  - g. Remove mask and discard.
  - h. Perform hand hygiene.
6. Let staff know the last patient has left

### Cleaning protocol

- Twice per day:
  - Plexiglas barrier
  - Frequently touched surfaces: Door knobs, light switches, telephones, keyboards, mice, pens, cell phones, bathrooms and front desk.
  - Elevator buttons, staircase bannister and outside door handles.
  - Kitchen area.
  - Lab area including scale.
  - Laminated signage.
- In between patients:
  - Waiting room chair if used by patient.

- ❑ Stethoscope, blood pressure cuff, otoscope, baby scales, examination table, chair in examination room, counter top, measuring tape, fetal doptone and automated BP-cuff if used.

### Staff tasks upon closing

1. Discard exam table paper, wipe exam table with a disinfectant wipe, remove gloves and discard in room
2. Empty garbage cans and close up bags for disposal
3. Leave room
4. Perform **hand hygiene**
5. Remove goggles
6. Perform **Hand hygiene**
7. Remove mask and discard
8. Perform **Hand hygiene**
9. Let staff know last patient has left, so that:
  - Staff can lock doors
  - Staff perform **hand hygiene** after locking door

Pick up and drop off protocol

NO PICK-UP	NO DROP-OFF
<p>Urine Specimen Bottle</p> <ul style="list-style-type: none"> <li>● Patient should go directly to the lab with a requisition to complete tests/drop off samples</li> </ul> <p>Work clearance forms</p> <ul style="list-style-type: none"> <li>● Scan, upload, and email to patient or employer</li> <li>● Fax to employer</li> </ul> <p>Forms</p> <ul style="list-style-type: none"> <li>● Scan and email to patient if possible</li> <li>● Mail to the patient if privacy concerns with email</li> </ul> <p>Requisitions</p> <ul style="list-style-type: none"> <li>● Fax the requisition directly to the lab</li> <li>● Email to patient and ask them to print it somewhere if they don't have a printer (e.g. a friend)</li> <li>● Mail it to the patient</li> </ul>	<p>ANY SAMPLES FOR LAB PICK-UP</p> <ul style="list-style-type: none"> <li>● Patient should go directly to the lab with a requisition to complete tests/drop off samples. This include urine samples</li> </ul> <p>Any vaccines or medications to be stored</p> <p>Old medical records</p> <ul style="list-style-type: none"> <li>● Records can be emailed/faxed when possible. If not, ask the patient to wait until post-pandemic to drop off records</li> <li>● If only physical copies are available and the Physician has stated that records are required <ul style="list-style-type: none"> <li>○ Call and ask the previous family MD to fax records if they still have copies. Advise them that the patient was given a hard copy, but due to COVID we are only accepting urgent pick-up/drop-off and want to request a faxed copy instead.</li> </ul> </li> </ul> <p>Forms</p> <ul style="list-style-type: none"> <li>● Ask patient to scan and email or mail</li> </ul>

PICK-UP AVAILABLE	DROP-OFF AVAILABLE
<p>Medications</p> <ul style="list-style-type: none"> <li>● Sample medications</li> </ul> <p>Medical records</p> <ul style="list-style-type: none"> <li>● Patient may arrange to pick up CD</li> </ul>	<p>3rd Party Deliveries (mail and courier)</p>

## **Step 4: Communication plans and training developed**

We will ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at our workplace.

- ✓ We have a training plan to ensure everyone is trained in workplace policies and procedures.
- ✓ All staff and physicians have received the policies for staying home when sick.
- ✓ We have posted signage at the office, including occupancy limits and effective hygiene practices.
- ✓ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors, staff and physicians with symptoms.
- ✓ Clinic Leadership has been trained on monitoring staff, physicians and the office to ensure policies and procedures are being followed.

## **Step 5: Monitoring and update of our plan as necessary**

Things may change as our business operates. If we identify a new area of concern, or if it seems like something isn't working, we will take steps to update our policies and procedures. We will involve all staff in this process.

- ✓ We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- ✓ Staff knows who to go to with health and safety concerns.
- ✓ When resolving safety issues, we will involve other staff and physicians.