



Cowichan Maternity Clinic Reopen Safety Plan

Step 1: Assess the risks at your workplace

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.

We have involved our MOA's, Nurse, and Doctors in these discussions. We have identified areas where people gather, such as lunch rooms, exam rooms, waiting rooms and meeting rooms. 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: Implement protocols to reduce the risks

We consult the following for guidance and continually seek out updated documentation as it becomes available:

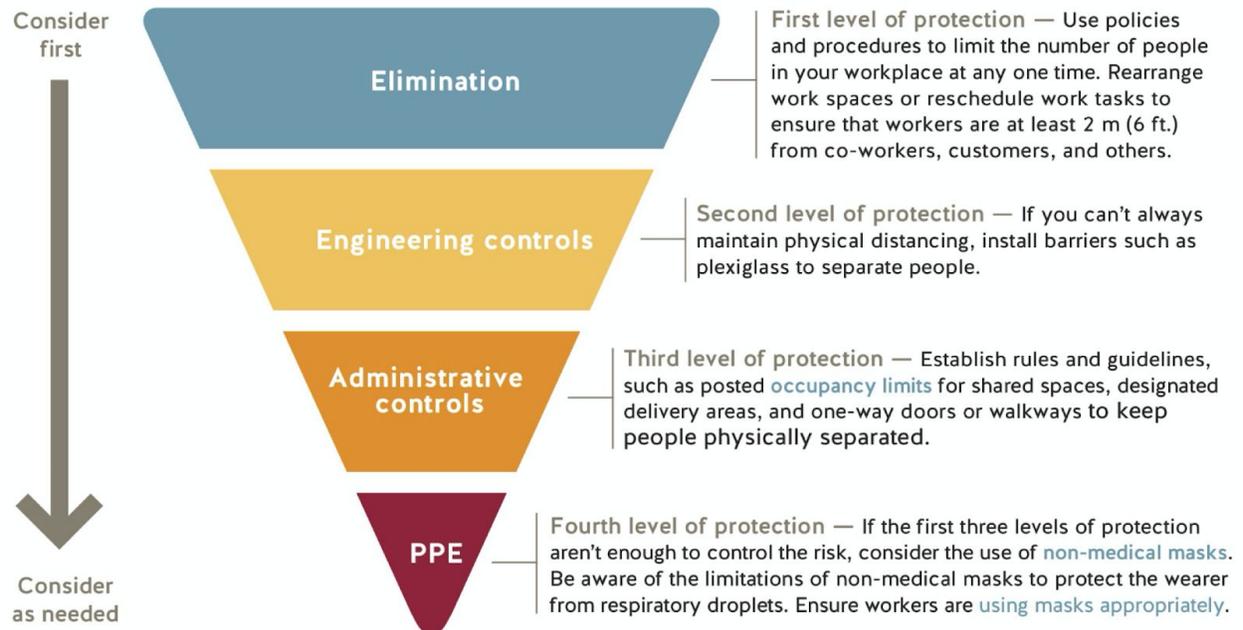
- ✓ The Provincial Health Officer's [order](#) from May 15th.
- ✓ the College's [Guidance on providing in-person care during COVID-19](#)
- ✓ the BCCDC's [COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#)
- ✓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

We keep our team regularly informed of current office protocols and changing practices through meetings and shared documents.

- ✓ We document office protocols in our shared MOA/Orientation manual with instruction guides and keep these up to date
- ✓ We have discussed staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.
- ✓ We educate our team on changing office practices and procedures to minimize COVID transmission and exposure (i.e. [cleaning protocols](#), altered patient flow) with refresher training as needed.
- ✓ We have cross-trained staff in essential tasks to prepare for absenteeism.
- ✓ We have educated staff on how to communicate the new office protocols to patients

- ✓ Our janitorial services are provided by Cowichan District Hospital who are cognizant of appropriate office and medical cleaning routines in the time of COVID

Reduce the risk of person-to-person transmission



Source: WorkSafeBC COVID-19 Safety Plan Template

First level protection (elimination)

- ✓ We have established and posted an occupancy limit for our premises
- ✓ In order to reduce the number of people at the office, we have considered work-from-home arrangements, virtual care, rescheduling work tasks, and limiting the number of staff and patients in the workplace.
- ✓ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.
- ✓ We have discussed with the hospital screening staff that patients are waiting in their cars/outside when they first arrive and text us to check in. This is reinforced by a message on our website and telephone system. Patients coming in for in-person appointments are made aware of these policies when we pre-screen them for symptoms.
- ✓ We send patients a text message when we are ready for them to come into our office ensure they have adequate space to wait and have a extra waiting room for exceptional circumstances
- ✓ The hospital screening staff also have a list of our appointments scheduled for the day.
- ✓ We no-longer accept “walk-in” appointments. Patients are encouraged to call ahead if they need to be seen and they will be appropriately screened. Our hospital greeters have been directed to call us if someone arrives without an appointment. In the situation where the patient was in the hospital for another reason (e.g. imaging/lab) and decided

to come up to the office without our prior knowledge we have put aside extra waiting space (across the hall from our office) until an appropriate plan can be made (the doctor and/or nurse will be notified immediately). At this time we would also have a discussion with the patient or department who sent the patient about the importance of phoning ahead in the future. These patients will have already been screened by the hospital screening staff.

- ✓ We will may make exceptions for pediatric patients or caregivers if necessary
- ✓ We have removed magazines, toys, clipboards, and extra chairs from waiting rooms and exam rooms
- ✓ We have developed pick-up and drop-off protocols that eliminate people coming into the office whenever possible. These are detailed later in this document.

Second level protection (engineering)

- ✓ We have installed plexiglass at our MOA desk to provide extra protection when they can't keep physically distant from co-workers, customers, 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 indicated the importance of physical distancing with signage + a marker on the floor
- ✓ We have implemented system for patients to check-in via text message before being invited into the office
- ✓ Patients with respiratory symptoms will be triaged by the doctor to either be seen at the respiratory clinic, ER or at the assessment room on our ward depending on what is the most appropriate location given their presentation

Third level protection (administrative)

- ✓ We have identified rules and guidelines for how staff and team members should conduct themselves. We have clearly communicated these rules and guidelines to staff and team members through a combination of training and signage.
 - ✓ If sick, physicians and team members must remain at home. They may continue to provide patient care via telephone or video. ([BC Health Care Worker Return to Work Decision Tree](#))
 - ✓ All staff will perform hand hygiene and don PPE when appropriate.
 - ✓ All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID. The [BCCDC Hand Hygiene poster](#) is being used to educate staff and team members.
 - ✓ Team members will continuously self-monitor for symptoms and are aware of the symptoms to monitor
 - ✓ We have prepared to cross-cover staff or team members who are ill or quarantined

- ✓ 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 travellers) to notify staff immediately, cough etiquette, etc.
- ✓ If paper signage is used, we will date when it should be discarded (monthly).
- ✓ If laminated signage is used we will wipe it 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 team members to use PPE properly, following manufacturers' instructions for use and disposal.
- ✓ We are following the PPE guidelines for (asymptomatic OR both asymptomatic and symptomatic) patients in the community, as recommended by the [BCCDC](#) and/or our Regional Health Authority (e.g. [Island Health Community PPE Guidelines](#))
 - **PPE donning and doffing videos** (courtesy of Island Health)
 - [Donning](#)
 - [Doffing](#)
- ✓ If symptomatic patients need to be seen they will not be seen in our clinic. Hospital screening staff will provide masks for symptomatic patients if they need to be seen in hospital and precautions will be taken as per the current protocols at Cowichan District Hospital
- ✓ We will encourage patients to wear their own masks.
- ✓ When physical distancing is not possible we will keep our mask on at all times, and keep our hands away from our face. If it becomes soiled or wet, we will change it.

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 team members must wash their hands and we have communicated good hygiene practices to staff and team members. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [[Handwashing](#) and [Cover coughs and sneezes](#) posters are available at worksafebc.com.]
- ✓ We have implemented cleaning protocols/schedules for all common areas and surfaces. These are detailed in our MOA manual
- ✓ Staff and team members who are cleaning have adequate training and materials
- ✓ We have removed unnecessary tools and equipment to simplify the cleaning process
- ✓ We have placed the clinician and patient chairs as far apart in our exam rooms as the space allows
- ✓ In order to minimize exposure to patients, staff will provide verbal instructions—such as instructing patients in how to use a scale, baby weigh-station or wall-mounted measuring tape—instead of doing it for them when appropriate.
- ✓ We have assigned each staff member to a dedicated work area as much as possible and discouraged the sharing of phones, desks, offices, exam rooms and other medical and writing equipment.
- ✓ We have made hand hygiene supplies readily available for both patients, staff and team members. We have stationed a hand hygiene station at the entrance of our clinic to further encourage hand hygiene. 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, chairs).
- ✓ Team members will use the same stethoscope provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- ✓ We have introduced additional garbage bins throughout the premises.
- ✓ We are not seeing symptomatic patients in clinic and if necessary will be seeing them in a dedicated maternity hospital room as per local Island Health Protocols
- ✓ As we are not seeing symptomatic patients unless necessary, we are using local testing and assessment centres to minimize patient exposure.

Step 3: Develop policies

We have established a process for employees to report concerns and for employers to address them.

Our policies ensure that staff, team members and others showing symptoms of COVID-19 are prohibited from the office.

- ✓ 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, loss of taste/smell, and GI symptoms. We will also continue to follow the literature for new and emerging symptoms.

- ✓ 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.
- ✓ Sick staff or team members will report to our physician, even with mild symptoms.
- ✓ Sick staff or team members will be asked to wash or sanitize their hands, provided with a mask, and be asked to go straight home if medically appropriate.
- ✓ If the staff or team member is severely ill (e.g., difficulty breathing, chest pain) our ER department will be notified and the patient will be seen there. We will clean and disinfect any surfaces that the ill staff or team member has come into contact with.
- ✓ Visitors are prohibited or limited in the office.
- ✓ We have established the appropriate technological infrastructure to allow work from home. We have encouraged open and direct communication should safety concerns exist within the home environment. We have encouraged our team to review the WCB document with regards to considerations for work from home ([work from home policy](#)).
- ✓ We have established protocols for violent behavior and we have the support of Cowichan District Hospital security services as we are a clinic in the hospital

Daily precautions taken by all staff ([WorksafeBC entry check for workers](#))

Staff tasks prior to opening of the office

- ✓ All staff use hand hygiene and don a mask immediately upon entering the clinic if they will be unable to physically distance or use shared equipment.
- ✓ Island Health staff completes a full office clean prior to clinic start
- ✓ Move barrier (table), signage and sanitizer into the entryway of the clinic
- ✓ Ensure the text messaging system is functional to allow for appropriate flow to minimize patients in the waiting room. Limit the number of exam rooms used as much as possible.
- ✓ Ensure that all necessary PPE is easily accessible.
- ✓ Our MOA is able to see patients as they enter the clinic. Plexiglass shielding is in place
- ✓ We use the concern box of our EMR to help ensure we have the necessary equipment available for each visit
- ✓ Safety measures to taken prior to all in person appointments are:
 - Call patients before their appointment to
 - Screen them for risks and notifying doctor if patients screen positive to make a safe plan for care
 - Educate them of changes to office protocols if changes have occurred
 - Ensure they attend appointments alone when possible and not bring friends or children.
 - Office Preparation
 - Ensure signage is posted

- [WorksafeBC cough and cover poster](#)
 - [Hand Washing Instructions BCCDC](#)
 - [How to wear a surgical mask](#)
 - [Do not enter if sick or required to self isolate](#)
 - [Physical Distancing](#)
 - [worksafeBC Entry check for workers](#)
 - Limit exchange of papers during transactions (i.e. receipts)
 - Use single use items where necessary (i.e. disposable cups)
- All patients visiting the clinic will be screened for COVID symptoms prior to (via phone call) and upon arrival (by hospital screeners)

Clinic workflows for Physicians/Nurses

The following information is sourced from Rosh and Mehta (2020).

- All individuals seeing patients are to perform hand hygiene and put on a mask prior to seeing patients
- Prior to opening of the clinic, review booked patients to see if you need any equipment for prep (baby scale, Chemstrip urine dipstick, 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.
 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 administering vaccines/medications, please do the following:
 - a. Cross check the vaccine/medication vial(s) against provided checklist (this is a safety measure to reduce risk of medical error)
 - b. Draw up the vaccine/medication and inject the patient yourself.
 4. When assessment completed
 - a. If patient is to leave right away
 - i. Gloves remain on
 - ii. Ask patient to use hand sanitizer as they leave
 - iii. Complete all charting in the room
 - iv. Remove exam table paper and leave table exposed
 - v. Still in the room: discard gloves, leave stethoscope and other equipment used OR take to wipe down
 - vi. Keep eye protection and mask on unless soiled
 - vii. 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

- iv. Then either chart at a dedicated workstation (if available) or leave charting until the end of day.
5. 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
6. 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 the room.
 - d. Perform hand hygiene.
 - e. Leave the exam room.
 - f. Perform hand hygiene.
 - g. Remove mask and discard.
 - h. Perform hand hygiene.
7. Let staff know the last patient has left

Staff tasks upon closing

The following information is sourced from Rosh and Mehta (2020).

1. Discard exam table paper, wipe exam table with a disinfectant wipe, remove gloves and discard in room
2. Leave room
3. Perform **hand hygiene**
4. Remove mask and discard
5. Perform **Hand hygiene**
6. The last person in the clinic will lock doors
7. They will perform **hand hygiene** after locking door

Pick up and drop off protocol

Steps will be taken to minimize the pick up and drop off of materials at the clinic. We are currently exploring safe email/file transfer when appropriate. If materials need to be dropped off or picked up our staff will practice safe handling of these items with gloves and/or appropriate hand hygiene (before and after handling).

Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

- ✓ We have a training plan/manual to ensure everyone is trained in workplace policies and procedures.
- ✓ All staff and team members 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 team members with symptoms.
- ✓ Clinic Leadership have been trained on monitoring staff and team members and the office to ensure policies and procedures are being followed.

Step 5: Monitor your workplace and update your plans as necessary

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