

Safety Restart Plan Draft
Pending review by Ts'ewulhtun Pandemic Team

Shhexun sun'ts'a' Clinic

1. GOAL

- a. To continue to provide primary care to Coast Salish families while maintaining safety, mitigating risk factors in regards to COVID-19 pandemic, to all (staff, community members & their families)

2. WORKPLACE ASSESSMENT

- a. Risks identified
 - i. Workers on-site
 - 1. Shared Workspace
 - a. Equipment
 - 2. Essential interactions with CM's
 - 3. Workers educated about COVID-19, guidelines regarding infection prevention & control; PPE & Hand hygiene
 - 4. Workers self-monitor wellness & stay home if unwell or possible exposure to COVID-19

3. MEASURES IN PLACE

- a. **Workers & Community members**
 - i. **6 feet physical distancing**
 - 1. 3-person max in corner office
 - 2. Some staff working remotely to allow for distancing
 - 3. Masks if challenging or unable to maintain 6-foot distance
 - a. Ie. During visits with community members
 - b. Ie Passing one-another in the hallways or needing to look at the same workstation computer
 - 4. 1 community member in the clinic at any given time unless essential guardian/support person.
- b. **Telehealth or Telephone Visits First-line before an in-office visit**
 - i. Telephone Triage by nurse who screens for COVID-like symptoms & books either phone call/telehealth or an essential in-office or home visit. Community members are unable to "walk-in"
 - ii. If any symptoms possibly related to COVID no matter how mild (fever, chills, cough or worsening chronic cough, SOB, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea & vomiting, muscle aches, stuffy nose, conjunctivitis, dizziness, confusion, ABD pain, skin rashes or discoloration of fingers or toes) – community member is instructed to self-isolate & call COVID-19 Call Centre @ 1844-901-8442.
- c. **Essential Visits to Clinic**

- i. At time of apt, community member is greeted at the door by clinic staff who confirm no COVID-related S/S; instruct to hand sanitize, don mask (if not wearing one from home already) & re-sanitize hands after donning mask. They are brought directly to exam room.
 - ii. Visit appointment times spaced out to allow time for the room to be sanitized between each visit(10 minutes for Oxygenic Spray to disinfect)
 - iii. Equipment sanitized between visits ie stethoscopes (eye protection also sanitized in the room)
 - d. **Essential Home visits**
 - i. Currently no in-home visits – rather being performed outside the community members front door with distancing as needed/possible
 - e. **Personal Protective Equipment**
 - i. Designated staff supplying PPE (Amber)
 - ii. Goggles, mask, gown, gloves, hand sanitizer available at all times
 - iii. PPE used if within 6-feet of a community member ie during essential visits
 - iv. Post-visit, PPE is doffed in the room, hand-sanitizing between removing each piece.
 - f. **Environmental changes**
 - i. Minimal wall signage – if needed, laminated or in plastic sheet
 - ii. Only seeing community members in non-carpeted rooms (Whale room)
 - iii. Waiting area closed – CM’s wait outside & are brought directly into exam room for apt.
 - iv. Plexiglass was installed at MOA desk
 - g. **Cleaning Protocols**
 - i. Oxygenic disinfectant spray used to disinfect all surfaces between all individuals use
 - 1. Exam room
 - 2. Workspaces & equipment
 - 3. Bathrooms
 - h. **Pharmacy communications**
 - i. Duplicate/Triplicates
 - 1. Faxed, copy saved to EMR & then mailed out to pharmacies instead of having pharmacy pick up or clinic staff dropping off
 - i. **Requisitions**
 - i. Lab Requisitions
 - 1. Faxed directly to hospital or Life Labs Central fax # to eliminate paper
 - ii. Imaging requisitions ie. X-Ray reqs
 - 1. Faxed directly to Medical Imaging

4. WHAT WILL WE BE DOING IN THE FUTURE?

- i. Carpets will be removed

- ii. 5/8 desks to be removed from corner office to allow distancing including 6-feet from any doorways
- iii. Non-carpeted exam room to be re-arranged to allow full-use
 - 1. Bed needs to be moved to allow for gynecological exams ie Pap smears/IUD management.
 - 2. Possibly to the left corner? &/or switch exam beds. Oscopes would have to be moved and desk to opposite side?
- iv. Posting our Safety Restart Plan
- v. Ongoing updates regarding pandemic planning & BCCDC/public health advisories

b. Adding Home Visits

- i. If a home visit can be accomplished by telephone they are cancelled
- ii. Health pre-screening for COVID-like symptoms
 - 1. Health screen community members at time of home-visit booking
 - a. Include health screening of anyone who is essential to be present – if unable to screen, the visit is unable to proceed
 - i. Anyone in the home non-essential to the visit is asked to not be inside the home while you are there working
 - b. If health screening positive, direct to COVID-19 call center
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 - 2. Staff to self-screen prior to visiting a CM in the home
 - a. If positive, they are unable to visit & must stay home from work
- iii. If the home visit is deemed essential & the client/home screens negative, the visit can occur with these parameters:
 - 1. CM is asked to wear mask if they have one, if not they are provided one by worker
 - 2. Hand washing prior to entering the home
 - 3. At a distance of >2 meters a pre-screening is again completed prior to entering the home
 - 4. Healthcare provider wears PPE, donning outside the home
 - 5. Physical distancing of 6 feet maintained (closer contact for BRIEF health assessment is permitted with PPE)
 - a. Remind CM to maintain physical distancing throughout visit
 - 6. Worker touches as little as possible within the home
 - 7. Anything brought in the home and then out again is either disinfected or disposed of
 - 8. Hand washing after exiting the home
 - 9. Doff PPE (hand washing between each piece of PPE) into a garbage bag & leave in client garbage – do not take it with you.
- iv. PPE & infection prevention/control supplies
 - 1. Ensure adequate supplies available
 - a. Surgical face masks, shields, gowns
 - b. Hand sanitizer, approved disinfecting spray (ie Oxigenic)

- c. Garbage bag to contain used PPE/supplies – double bagged
- c. **Visiting extended communities to provide primary care**
 - i. Workers self-screen health prior to commencing trip and stay home if unwell
 - ii. If workers travelling together in same vehicle

9/July/2020 At this time sharing a vehicle on planned trips have not been allowed especially if it is for longer drives and a repeated routine action. Although, If the vehicle is large enough that the persons in the vehicle can maintain 6 ft distancing from one another and all windows are open during the entire trip then this would allow more than one person in the vehicle. For shorter trips (one offs) that are not routine and planned it is possible to allow more than one person in a vehicle with all parties wearing a mask and all the windows open for the length of the trip. Sanitizing vehicle after each use would also be necessary

 - 1. Shared vehicle’s interior to be disinfected prior to use ie handles, armrest sprayed with Oxygenic
 - 2. Ensure adequate PPE & cleaning supplies for the trip
 - a. Hand sanitizer, gloves, mask, face shield
 - b. Disinfectant, garbage bags
 - 3. Hand-sanitize & PPE during travel while within 2M of each other
 - iii. Same clinic protocols apply at destination community
 - 1. Pre-screening community members for COVID-like symptoms either on the phone or outside at a distance greater than 6 feet, or behind plexiglass prior to coming into clinic for visit or otherwise ie booking appts
 - 2. PPE in use at all times including staff & community members
 - 3. Workers to wear mask at all times inside a health center at any of these destination communities
 - a. Masks worn by staff must be checked with a sanitized back of your hand regularly and when slightly damp must be disposed of and a new mask donned after sanitizing hands
 - 4. 1 community member at a time in clinic (only essential companions who must also be screened & have no covid-like symptoms, hand-sanitize & wear mask for duration of visit)
 - 5. Sanitize all work-spaces at end of day

Resources: <https://www.fnha.ca/Documents/FNHA-Home-and-Community-Care-COVID-19-Toolkit.pdf>

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

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