

**Your COVID-19 Safety Plan: Draft for Pediatrics**

A COVID Safety plan requires you to assess the risks, implement protocols, develop policies and communication strategies, monitor your workplace, assess and address potential risk to staff and patients. The BCPS will be attempting to some guidance as you adjust your practice. We have combined the Worksafe BC and Doctors of BC documents to create a template that is more applicable to a consulting pediatric office. Please refer to these documents for further explanation and reference.

There are **6 steps** to follow as laid out in this document. In each step you will find,

● items with checkboxes (❏) are direct questions from the WorkSafeBC COVID Safety Plan template;

● items with open circles (○) are measures you should copy into your plan, removing any that you don’t do/plan to do, adapted from the Doctors of BC document *The Doctor is In*.



**To create your COVID-19 Safety Plan, simply**

1. copy the following content into a new document,

2. remove any measure(s) you do not plan to do, and

3. work through the plan with your team to make the indicated changes.

**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. If you are struggling to undertake this assessment, please reach out to WorkSafeBC for assistance.

Working with your staff and other team members, discuss the following and document what you find:

❏ We have involved frontline workers, supervisors, and the joint health and safety committee
(or worker health and safety representative, if applicable).

❏ We have identified areas where people gather, such as lunchrooms, 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**

Help your staff and other team members by ensuring everyone is aware of office protocols and changing practices.

o Document office protocols in an employee handbook with instruction guides (i.e. scripts for communicating with patients and cleaning protocols—see below) and keep these up to date.

o Re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.

o Educate staff on changing office practices and procedures to minimize COVID transmission and exposure (i.e. cleaning protocols, altered patient flow) with refresher training as needed.

o Cross-train staff in essential tasks to prepare for absenteeism.

o Educate staff on how to communicate the new office protocols to patients (e.g. waiting in their cars or outside staging areas prior to entering the clinic, how to check-in if not in-person, maintaining physical distancing in waiting rooms, calling prior to appointments to inquire about respiratory symptoms, etc.). o Review proper office and medical cleaning routines with janitorial staff/contractors.

Reduce the risk of person-to-person transmission

*Source: WorkSafeBC COVID-19 Safety Plan Template & DoBC “The Doctor is in”*

**First level protection (elimination)**

❏ We have established and posted an occupancy limit for our premises. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person. This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]

❏ 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 established and posted occupancy limits for common areas such as lunch rooms, examination rooms, waiting rooms, washrooms, and elevators.

❏ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.

In developing your safety plan, consider the following and document the measures you are using to maintain physical distance in your practice:

o We have scheduled staff on a “team” basis: if one team becomes infected, this will minimize risk to staff on other teams.

o 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).

o We have a sign on the door indicating patients should 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.

o We will call patients or send them an SMS message when we are ready for them to come in.

o We have allocated a limited number of appointments per day, based on ----- AND/OR we have staggered appointments to allow for physical distancing in common areas.

o We have placed occupancy limits on our waiting room and ensured chairs are at least 2 metres apart OR we have eliminated patients waiting in our waiting room entirely—they will immediately be taken back to an examination room.

o All patient encounters will be conducted in the manner which the physician deems to safe and which will allow the physician to enable the physician to best make clinical decisions (this may be via telephone, video, or in-person appointment).

o Establish clear guidelines about the number of caregivers who can accompany the patient to appointments; many pediatric practices will request that only one caregiver attend with each child/youth per appointment. Exceptions may be necessary for families who cannot access child care for their other children.

o Scheduled appointments for those at higher risk (e.g. immunocompromised, multiple comorbidities) will be done in the morning, with normal risk patients seen later in the day, and any higher risk patients (if those are seen in the clinic) at the end of the day. This has been communicated to all staff.

o We have limited surfaces that allow for physical contact:

o Removed magazines, toys and clipboards from waiting rooms and exam rooms;

o Installed contactless doors (or propped doors open) and garbage bins (or removed lids);

o Removed extra chairs from examination rooms.

o 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;

**Second level protection (engineering)**

Although the requirements and limitations of each office are unique, general recommendations to consider include the following.

❏ We have installed barriers where workers 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.

In developing your safety plan, consider the following and document the measures you are using to engineer physical distance in your practice:

o We have indicated increments of 2 metres in front of the front desk.

o We have implemented a telephone check-in system OR we have implemented an online check-in system.

o We have set up a one-way directional flow through the office marked with arrows.

o We have set up a dedicated examination room with nearby PPE for patients with respiratory symptoms (if you are seeing these patients in your practice).

 o We have set up a second entrance with short travel to the dedicated examination room for patients with respiratory symptoms (if you are seeing these patients in your practice).

o We have inspected and repaired all infrastructure systems (i.e. HVAC, water system, electrical system).

o We have increased the rate of air exchange/ventilation if possible; especially to fresh air if possible, avoiding recirculated air.

**Third level protection (administrative)**

Training your staff, yourself and your colleagues in safe work practices is key to prevent transmission of COVID.

❏ 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.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

o We have scheduled staff on a “team” basis: if one team becomes infected, this will minimize risk to staff on other teams.

o If sick, physicians and team members must remain at home. They may continue to provide patient care via telephone or video.

o All staff will perform hand hygiene and don appropriate PPE (i.e. a surgical mask) immediately upon entering the office. The BCCDC Hand Hygiene poster is being used to educate staff and team members. o All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID.

 o We will conduct temperature checks upon arrival and ensure all staff and team members continuously self-monitor for symptoms.

o We have prepared to cross-cover staff or team members who are ill or quarantined:

o In smaller offices, if possible, form a “pool” of available staff with nearby offices using the same EMR.

o In larger offices, setup “teams” with staff and team members that don’t work at the same times in-office—if one team becomes infected, this will minimize risk to staff on other teams.

o 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.

o If paper signage is used, we will date when it should be discarded (monthly or as required).

o 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.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

o We are following the PPE guidelines for (asymptomatic OR both asymptomatic and symptomatic) patients in community, as recommended by the BCCDC and/or our Regional Health Authority

o OPTIONAL: As we perform aerosol-generating medical procedures we will use full PPE following BCCDC guidelines, including properly employed N95 masks.

o We will provide masks for symptomatic patients (if seen in-office) and instructions on how to wear them OR through signage on our door and messaging on our website and phone system

o We will encourage patients to wear their own masks.

o We will keep our mask on at all times, and keep our hands away from our face. If we touch it or remove it, or 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.

❏ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, 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 lunch, after use).

❏ Staff and team members who are cleaning have adequate training and materials.

❏ We have removed unnecessary tools and equipment to simplify the cleaning process – e.g., coffee makers and shared utensils and plates.

In developing your safety plan, consider the following and document the cleaning protocols you are using in your practice, including who is responsible for what and how often cleaning occurs:

o We have removed unnecessary items or items that are hard to disinfect from exam rooms and will only bring them into the room as necessary (e.g. tissue boxes, soft office furniture, any equipment not regularly used).

o We have placed the patient chair as far away as possible from the physician chair/stool in the exam room.

 o 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.

o We have established a cleaning and disinfection schedule and moved to (ideally) twice daily cleaning of frequent touch surfaces.

o 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.

o We have made hand hygiene supplies readily available for patients, staff and team members. Our hand sanitizers are approved by Health Canada.

o 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.

o Between patients, we will disinfect everything that comes into contact with the patient (i.e. pens, clipboards, medical instruments, stethoscopes).

o We have set up a sanitizing station near the entrance for all patients entering the office.

o We have introduced additional garbage bins throughout the premises.

o OPTIONAL: As we are seeing symptomatic patients, we have dedicated a room(s) for symptomatic patients with nearby PPE and minimal surfaces and we are seeing them at the end of the day.

o OPTIONAL: As we are not seeing symptomatic patients, we are using local testing and assessment centres to minimize patient exposure.

**Step 3: Develop policies**

Ensure there is an established process for employees to report concerns and for employers to address them and that health and safety committees are in place when required. Develop the necessary policies to manage your office, including policies around who can be present, how to address illness that arises at the office, and how staff and team members can be kept safe in adjusted working conditions.

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.

❏ 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.

❏ First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic. We have a working alone policy in place (if needed).

❏ We have a work from home policy in place (if needed).

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

❏ Sick staff or team members should report to first aid, even with mild symptoms.

❏ Sick staff or team members should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the staff or team member to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]

❏ If the staff or team member is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill staff or team member has come into contact with.

**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 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**

Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn’t working, take steps to update your policies and procedures. Involve workers in this process.

❏ 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 health and safety committees or other staff and team members

**Step 6: Assess and address risks from resuming operations**

If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

❏ We have a training plan for new staff and team members.

❏ We have a training plan for staff and team members taking on new roles or responsibilities.

❏ We have a training plan around changes to our services, such as new equipment, processes, or products.