

# **Providence Hematology COVID-19 Safety Plan**

**Discussed and approved by members of the Providence Hematology group at the division meeting on June 26; 2020**

## **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 employees – MOAs.
- 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 have used the following guidance documents. These may be updated—or others may be added—in the future:

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

Staff and other team members are aware of office protocols and changing practices.

- We 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.
- We reviewed and re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.
- We educated staff on changing office practices and procedures to minimize COVID transmission and exposure (i.e. **cleaning protocols**, altered patient flow).
- We cross-trained staff in essential tasks to prepare for absenteeism.
- We educated 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.).
- We reviewed proper office and medical cleaning routines with janitorial staff/contractors.

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

## **First level protection (elimination):**

- ☒ We have established and posted an occupancy limit for our premises. We adopted the Public Health guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person.
- ☒ 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.

## **We have taken the following measures to maintain physical distance in our 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 arrive maximum 15 minutes before their scheduled appointment. This is reinforced by a message on our telephone system. We have **emailed our patients**, when possible to let them know all the changes taking place in our office and what to expect.
- o We have allocated a limited number of appointments per day, based on 1 per hour for new patients and 30 minutes for follow ups AND 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.
- o We do not accept “walk-in” appointments.
- o All patient appointments will take place via phone or video (TeleMedicine). If required and appropriate, a scheduled in-person appointment will be offered.

o We will only allow patients with scheduled appointments themselves to enter the office. We will make exceptions for caregivers if necessary.

o We have limited surfaces that allow for physical contact:

- Removed magazines, toys and clipboards from waiting rooms and exam rooms.
- Propped doors open) and garbage bins (or removed lids)
- Removed fabric chairs from our office.

o We have developed pick-up and drop-off protocols that eliminate people coming into the office:

o We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts (eg patient education material will be sent electronically via email)

### **Second level protection (engineering):**

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.

### **We have implemented the following measures to engineer physical distance in our office:**

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

o We have implemented a telephone check-in system

o One-way directional flow through the office is not possible, but staff are educated on how to keep the physical distance in the office.

o We are not seeing patients with respiratory symptoms, so a dedicated examination room with nearby PPE for patients with respiratory symptoms is not required.

o The building manager confirmed to us via email that they have inspected and repaired HVAC infrastructure systems and upgraded the filter as per code.

### 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 communications and signage.

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 not conduct temperature checks upon arrival. The Providence Health Care are not currently using temperature checks. However if the hospital policy changes, then we will update our policy accordingly.

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

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.

- When paper signage is used, we will date when it should be discarded (monthly).
- When 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.
- 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 hand washing facilities on site for all our staff and patients.
  - Hand washing 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 hand washing 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 (twice per day) as well as the timing (once in the morning at around 11 am and once in the afternoon at around 3 pm).
  - 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.
- 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 office and 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 instead of doing it for them.

- o We have established a cleaning and disinfection schedule and moved to 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 both 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, chairs, examination tables).
- o Team members will use the same stethoscope provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- o We have put up signage encouraging patients to only use the office washroom if there is an urgent need.
- 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.

### Step 3: Develop policies

There is an established process for employees to report concerns by reporting directly to the office manager. The office manager and/or the hematology group at providence hematology address any concerns regarding health and safety when required.

We develop the necessary policies to manage our 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.
- We have a **work from home policy** in place.

#### **Violence Prevention:**

- Staff and team members 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. We will develop a **violence prevention program**.

**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. We will 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.

We will clean and disinfect any surfaces that the ill staff or team member has come into contact with.

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

- Daily precautions taken by all staff
- Staff tasks prior to opening of the office
- Safety measures to take prior to all appointments
- Clinic workflows for Physicians
- Staff tasks upon closing
- Pick up and drop off protocol

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

- All staff use hand hygiene and don a mask immediately upon entering the clinic. This mask stays on until lunchtime, after which a new mask is donned.
- Open disinfected rooms and:
  - Make sure exam room is set up properly

- We placed a sign on the front door and 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.
  - We ask patients to arrive no more than 15 minutes before their appointment. If patients arrive earlier than 15 mins, they need to wait elsewhere (e.g. in their vehicle) until appointment time.
  - We limit the number of exam rooms used as much as possible.
  - We ensure that all necessary PPE is easily accessible.
  - We ensure that a hand sanitizer and glove station is set up outside exam rooms for easy access.
  - Staff should work where they are able to see patients enter the clinic.
- We installed plexiglass shielding for staff and added markings on the floor to ensure the required minimum 2 m distance between patients and staff
  - Physicians will sort out themselves as to who sees which patient. *(Ideally, depending on the number of appointments booked, only 1 physician will see all patients to reduce PPE usage and exposure.)*

### **Safety measures to take prior to all appointments**

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

- We will call patients before their appointment to
  - Screen patients for risks—rescheduling if they become sick, are placed on self- isolation or have travelled out of the country within the last 14 days.
  - Educate them of changes to office protocols.
  - Ensure they attend appointments alone when possible and not bring friends or children.
- We will email patients any forms that need to be filled out so clients can complete them before arriving at the clinic. This cuts down on needing pens, etc.

- **Office Preparation:**

- We posted 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**)
- We limited exchange of papers during transactions (i.e. receipts), move to contactless payments
- We use single use items where necessary (i.e. disposable cups)

- **All patients will be screened for COVID symptoms prior to and upon arrival. patients will be notified of this upon booking their appointments.**

- 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 individuals seeing patients are to perform hand hygiene and put on a mask as soon as they arrive in the clinic prior to doing anything else. This mask stays on until it is removed for lunch. After lunch, put on a NEW mask.
- Prior to opening of the clinic, review booked patients to see if you need any equipment for prep 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).

### When assessment completed:

1. 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
2. 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.

### 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

**After last patient seen (at end of day or at lunch), complete all steps below:**

1. Whether patient remaining in room or leaving, clear exam table paper leaving table exposed.
2. Discard gloves in room
3. Remove stethoscope and eye protection and leave in room.
4. Perform hand hygiene.
5. Leave exam room.
6. Perform hand hygiene.
7. Remove mask and discard.
8. Perform hand hygiene.
9. Let staff know the last patient has left

**Staff tasks upon closing**

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 goggles and stethoscope and place in "Do Not Use" bin at designated dirty area for later disinfection.
5. Perform **Hand hygiene**
6. Remove mask and discard
7. Perform **Hand hygiene**
8. Let staff know last patient has left, so that:
  - ○ Staff can lock doors and put up signage notifying of next opening time
  - ○ Staff perform **hand hygiene** after locking door and placing sign

## 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 / office manager 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

## **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.

## Appendix

### 1. Research:

- Providence Hematology is associated with Hematology Research St. Paul's Hospital, located at Room 505-1033 Davie Street, Vancouver. Hematology Research currently has two full-time research staff, which conducts research activities such as study visits and administration of informed consent and questionnaires at Providence Hematology. Research activities occur as per clinical research study schedules. At this time, approximately 35 patients are enrolled in 4 research studies. On average 1 research study visit takes place every week, with some study visits done remotely by telephone. Hematology Research Staff would follow the safety plan, including use of PPE, designed by Providence Hematology. The research coordinators will use the research room in office # 490 – 1144 Burrard St. The research coordinators will be responsible for all the disinfections procedures in-between and after patient visits. They will have a copy of and follow the providence hematology Covid Safety plan. Dr Leitch will update the research coordinators and make them aware of the Providence Hematology Covid Safety plan.
- New research projects by students, residents and fellows requiring them to be in the clinic are on hold until further notice. Ongoing projects by house staff will be allowed provided the house staff follow the Providence Hematology safety plan.

## 2. Teaching:

- We welcome residents back into the clinic. Residents are expected to adhere to the same office procedures as other physicians (eg. not coming to work if febrile or ill, and having testing performed for COVID). When patients are being seen in person, residents are invited to attend clinic and see patients with attendings provided they wear masks and adhere to strict handwashing guidelines. Residents will be provided a designated office space that will be sanitized after each patient interaction. It is the resident / fellow responsibility to do the disinfection after each patient visit. We will have a maximum of one resident per day for the in-person clinics. All residents will be provided with providence hematology Covid Safety plan before they attend the clinic. They must also fill the covid screen before attending their clinics.
- Other options include: telemedicine reviews via zoom (utilizing the waiting room function so that attending and resident can participate). This will be tested out at H&H clinics to see how it works. Simple 3 way telephone interactions between staff, patient and resident is also an option.
- The group decided not to run journal clubs over the months of July and Aug and to resume this in Sep 2020. This will likely be done using an electronic platform such as microsoft teams or zoom.
- There are still no out of province electives allowed at present. This has been mandated by Canadian Professors of Medicine and will most likely continue until fall or early 2021.

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