



COVID – 19 Policy and Procedure Manual



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Section 1: Introduction

Coronaviruses are a large family of viruses found mostly in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The disease caused by this new coronavirus, SARS-CoV-2, has been named COVID-19. While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases.

COVID-19 is most commonly transmitted through large droplets produced by an infected person when he/she coughs or sneezes. The virus in these droplets can enter through the eyes, nose or mouth of another person if they are in close contact with the infected individual person. The virus can also enter a person's body from touching something with the virus on it and then touching one's eyes, mouth or nose with unwashed hands.

The purpose of this standard operation procedure (SOP) is to outline the clinical services in response to measures surrounding COVID-19. This SOP is being created according to suggestions outlined by the WorkSafe BC and BC Centre for Disease Control. It is serving as an internal guideline for healthcare staff and non-clinical staff to ensure that the practices at the clinic adhere to the provincial and federal legislative requirements, best practice initiatives and accreditation standards.

*Note: This manual is reviewed and updated to reflect the legislative and/or best practice standard changes on an annual basis, or more frequently if required.

Section 2: Confidentiality

The contents of this SOP are confidential and shall only be used for the purpose of operating and functioning within VIDC clinic.

- This manual is stored in a secure area at the clinic
- This manual should be readily accessible to all staff working in the clinic space
- Management is responsible for providing copies of the most recently updated version of the manual to all staff for review
- Hardcopies and electronic copies of the manual (if applicable) are confidential and should not be shared outside of clinic

Section 3: Clinic Safety Measures

1. Cleaning and Disinfection

Regular cleaning and disinfection are essential to prevent the transmission of COVID-19

from contaminated objects and surfaces, which include:

- Shared equipment should be cleaned in between patients. This includes stethoscopes, blood pressure cuffs, otoscopes, scales, tables and examination beds.
- Frequently touched surfaces should be cleaned and disinfected at least twice a day. These include medical equipment, doorknobs, light switches, telephones, keyboards, mice, pens, charts.
- General cleaning and disinfecting of the procedure and examination rooms should occur at least twice a day.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially available detergents and disinfectant products and closely follow the instructions on the label.
- Limit use of items that are not easily cleaned, such as fabric or soft items.
- Empty garbage containers daily.
- Common areas in the building will be cleaning by the building management.
- Wear disposable gloves when cleaning blood or body fluids, for example, vomit, stool, urine.
- Perform hand hygiene before wearing and after removing gloves. There is no evidence that the COVID-19 virus is transmitted via paper or other paper-based products. As such, there is no need to limit the distribution of paper resources, such as leaflets, to patients because of COVID-19.

2. Physical changes to the clinic

The clinic has adopted recommended changes to ensure distancing measures are met and consideration should be given to incorporate as many of the followings as possible.

(a) Area open to patients:

- Waiting room has a maximum capacity of 1 person.
- All available exam rooms have maximum capacity of 2 people (i.e. Patient and staff).
- Each exam room has signage on the floor to ensure 2 meters of distancing is met.
- Each exam room has a designated seat with signage stating to remain seated in order to preserve distancing.
- Only bare minimum equipment is kept in each exam room.
- All exam rooms have minimized sterile and clean supplies located. Supplies are kept in closed cabinets/containers to minimize the risk of contamination.
- Front reception counter has installed plexiglass to separate administrative staff and patients in the waiting area.
- Alcohol-based hand rubs (ABHR) with a minimum of 70% alcohol are available at the reception counter and in the exam rooms, if required.

(b) Physical changes to clinic area for staff:

- All staff are recommended to maintain >2m workspace per employee.
- All staff are required to disinfect their workspace at the end of each workday.
- Each work area has its own bottle of hand sanitizer

3. Lunch Room

Keeping our lunch room safe and clean to use relies on efforts from all staff:

- Ensure social distancing occurs in the lunch room
- Stagger lunch times amongst staff whenever possible
- Disinfect all surfaces after usage
- Clean and disinfect all visibly soiled surfaces
- Ensure all un-eaten food items are discarded or taken home, do not leave these items overnight. The reduction of food items prevents excess surface area exposure

4. Signage

Appropriate signages are posted in the clinic to remind people on all new changes and safety precautions:

(a) Entrance has the following posters:

- BCCDC “Do not enter if you are sick”
- BCCDC “Physical distancing in progress”
- Maximum capacity notice

(b) Waiting room has the following posters:

- Floor signs to direct patients to wait to maintain distancing
- Reception desk has red taping and “staff only” signs to prevent patients from approaching the desk

(c) Each exam room has the following posters:

- BCCDC “Hand hygiene”
- BCCDC “Physical distancing in progress”
- Designated seat with “please stay seated here” instruction for patients
- Maximum capacity notice posted on each exam room door

(d) Staff office space has the following posters:

- BCCDC “Physical distancing in progress”



- BCCDC “Hand hygiene”
- BCCDC “the 5 steps to don PPE”
- BCCDC “the 9 steps to doff PPE”

(e) Laboratory processing room has the following posters:

- BCCDC “Hand hygiene”
- BCCDC “the 5 steps to don PPE”
- BCCDC “the 9 steps to doff PPE”
- Maximum capacity notice

(f) Other common areas:

- Signage on proper hand hygiene should be prominently posted at all sinks.
- Where possible, increase air circulation (exchanges) and ventilation in patient areas

Section 4: Interactions with patients

(a) Pre-visit Messaging

Office telephone message/voice mail and health care practice website(s) clearly instruct patients where to seek up-to-date instructions on assessment for COVID-19.

(b) Pre-Appointment Triage

A comprehensive triage process starts prior to a patient arriving at the clinic.

(c) In-person appointment vs. Virtual Care

When an appointment is requested, the health care provider must determine if the in-person appointment is necessary.

Current BCCDC guidance for patients who have suspected or confirmed COVID-19 that can be managed at home is to advise them to self-isolate for a minimum of 10 days after onset of their symptoms. After 10 days, if their temperature is normal and they feel better, they can return to their routine activities. Coughing may persist for several weeks, so a cough alone does not mean they need to continue to self isolate for more than 10 days. Direct patients to the BCCDC website for handouts on self-isolation and symptom monitoring

Patients who notify staff of COVID-19 symptoms (i.e. Shortness of breath, cough, fever and other severe symptoms) either over the phone or before entering the clinic via pre-screening questions may be asked not to enter and directed to obtain urgent care from an emergency department or alternate care center.



Patients suspected of having COVID-19 be deemed too ill to self-isolate, preparations will quickly be made for transport to hospital. A copy of patient information will be prepared and faxed to the hospital emergency department, and a phone call to let them know of a presumptive COVID-19 patient arriving shortly.

When providing virtual care, prescribing patterns adjusted to ensure patients have adequate medication during the pandemic. To support this aspect of virtual care the following is in place:

- Ensure to have the patient's preferred pharmacy or patient fax number on file.
- New prescriptions and renewals can be made by either calling or faxing them to the patients preferred pharmacy.

(d) For patients with a Substance Use Disorder

- In order to reduce the risk of withdrawal, exposure to COVID-19, and exposure to a limited and toxic drug supply, replacing illicit (i.e., opioids, benzodiazepines, and stimulants) and licit (i.e., alcohol, tobacco products, cannabis) products with prescribed or regulated substances will be recommended to patients.
- Confirmation of PharmaCare coverage status (available via the PharmaCare Formulary Search) before prescribing alternative medication.
- The clinic will attempt to identify pharmacies that have delivery services and have the capacity to transport medication to the client's place of residence.
- For the Controlled Prescription Program, duplicate prescriptions can be phone or faxed to the pharmacy and originals must be mailed, couriered, etc., to the pharmacy as soon as possible.

Section 5: Personal Hygiene

(a) Hand Hygiene

Rigorous hand hygiene with plain soap and water or alcohol-based hand rub (ABHR) is the most effective way to reduce the spread of illness. Both staff and patients can pick up and spread germs easily, from objects, surfaces, food and people. Everyone should practice diligent hand hygiene.

How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- If sinks are not available, use alcohol-based hand rub containing at least 70% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.



Strategies to ensure diligent hand hygiene:

- Hand hygiene stations are set up at the clinic entrance, so everyone can perform hand hygiene when they enter.
- Monitor hand washing supplies are well stocked at all times including plain soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 70% alcohol.
- Posters in place to promote the importance of regular hand hygiene.
- Paper towels should be disposed of in non-touch waste-baskets lined with a garbage bag.

For patients and staff, hand hygiene should be performed:

- On entering the clinic;
- On entering the examination room;
- On leaving the examination room;
- After using the washroom;
- After using a tissue for their face; and
- After coughing or sneezing.

For staff, including health care workers, hand hygiene must also be performed:

- Before and after contact with patient or the patient care environment;
- Before and after breaks;
- Before clean or sterile procedures;
- After risk of body fluid exposure;
- Before donning PPE; and,
- In between each step when doffing PPE.

(b) Respiratory Etiquette

Patients, health care workers and staff should:

- Cough or sneeze into their elbow sleeve or a tissue;
- Throw away used tissues and immediately perform hand hygiene;
- Refrain from touching their eyes, nose or mouth with unwashed hands; and,
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Section 6: The use of personal protective equipment

Prior to any patient interaction, all health care workers have a responsibility to assess the infectious risks posed to themselves, other HCWs, other patients and visitors from a patient, situation or procedure. The Point-of-care risk assessment (PCRA) is based on the HCWs professional judgment about the clinical situation, as well as up-to-date information on how the specific healthcare facility has designed and implemented physical (engineering) and administrative controls, and the use and availability of PPE.

Performing a PCRA to determine whether PPE is necessary is also important to avoid over-reliance on PPE, misuse or waste. Over-reliance on PPE may result in a false sense of security. Incorrect use and doffing of PPE can expose clinicians and staff to infectious agents and contaminate the environment.

Key Points: Always follow routine practices and conduct a PCRA prior to any patient interaction.

- A decision on using PPE must be made whenever the health care worker has direct contact with a patient.
- Health care workers and staff who have direct contact with patients with symptoms suggestive of COVID-19 must follow droplet and contact precautions. This includes wearing a surgical/procedure mask, eye protection, gloves, and gown.
 - PPE is not required for HCWs and staff who work more than 2 meters from patients at all times

When wearing PPE:

- Avoid touching your mask or eye protection unnecessarily. If you must touch or adjust your mask or eye protection, perform hand hygiene immediately.
- If you see a colleague touch or adjust their mask/eye protection, remind them to perform hand hygiene.
- Properly doff and discard your mask when leaving the patient care area (e.g. at end of shift or during a break).
- Use extreme care when doffing/removing PPE and always perform hand hygiene when finished.
- Use an N95 respirator and eye protection (i.e. goggles or face shield), gloves and gown for procedures that are aerosol generating for patients with suspected or confirmed COVID-19 or airborne diseases.
- Properly doff, and clean and disinfect your eye protection when leaving the patient care area (e.g. at end of shift or during a break).
- Eye protection can be face shields, goggles or safety glasses. When using eye protection for multiple patient encounters they should be cleaned and disinfected as per the guidance found on the BCCDC Personal Protective Equipment webpage

Donning and Doffing PPEs (refer to posters found in staff areas)

- Consider having a spotter to guide you during the donning and doffing procedure.
- The proper donning and doffing of PPE should be practiced prior to the treatment of any patients.
- Hand hygiene is required before donning and in between each step when doffing PPE.
- When doffing, resist the urge to touch your clothes, skin, hair or face with your hands until after the final hand washing.



PPE Guidance for Patients

- Patients presenting in-person to clinic with symptoms suggestive of COVID-19 should be given a surgical/procedure mask, if available and medically tolerated

Section 7: Sick leave and working from home policy

VIDC is committed to having a dialogue with all health care providers and allied staff about sick leave policy prior to any staff illness or time away from work due to self-isolation or quarantine. This is in order to clearly communicate that health care providers and staff who have suspected or confirmed COVID-19 are to self-isolate at home.

When a staff who may start to feel ill at work must do the following:

- Sick workers should report to management, even with mild symptoms (do not wait for any symptoms to worsen)
- Sick workers should wash or sanitize their hands, wear a mask, and ask to head straight home. Please see BCCDC Health Care Worker Exposure Risk Assessment Tool
- Management needs to clean and disinfect any surfaces that the suspected ill staff had come into contact with during their work day.
- If possible coordinate a deep clean of office and clinic at the end of the work day

In extreme circumstances where a shortage of healthcare providers compromises patient safety, a “fit for-work with restrictions” approach may be taken, provided ALL the following requirements are met. The healthcare provider must:

- Only have mild respiratory symptoms;
- Feel well enough to work;
- Practice strict respiratory and hand hygiene protocols; and,
- Wear a mask.

Working from home

- All staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR were identified as a close contact of a confirmed case must stay home and self-isolate.
- Staff must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the clinic.
- Those unsure of if they should self-isolate should be directed to use the BC COVID-19 Self Assessment Tool or to contact 8-1-1.
- Please refer to appendix I and II (BC Health worker return to work decision tree and BC Health worker exposure risk assessment tool)



Section 8: Other house-keeping rules

1. Besides maintaining a distance of 2 meters between 2 or more people, the following physical distancing strategies are implemented where possible:
 - Avoiding close greetings (e.g. handshaking).
 - Staggering appointment times.
 - Constantly managing flow of people in common areas, including waiting rooms and hallways.
 - Minimizing the number of caregivers and other non-staff individuals (who are not patients) entering the clinic as much as is practical to do so. They will be reminded to practice diligent hand hygiene and maintain physical distance when they are in the clinic.

2. Training
 - All staff will be required to read this SOP. Any questions or concerns will be addressed to management upon completion
 - Any new staff will be required to read and understand this SOP during orientation.
 - Management will be ensuring staff have read and understood the SOP and will provide continuous workplace assessment to ensure policies and procedures are being followed.

