



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

COVID-19: Infection Prevention and Control Guidelines for Surgery in Non-Hospital Medical Surgical Facilities

May 21, 2020

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A. Introduction

This document provides a practical “how to” guide for physicians, nurses and other staff in Non-Hospital Medical Surgical Facilities (Non-Hospital Surgical Facilities) to support improved infection prevention and control (IPAC) practices to mitigate the impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative agent of COVID-19. This guidance document is based on the latest available best practice and scientific evidence about this emerging disease and may change as new information becomes available.

B. IPC Protocol for Surgical Procedures

To support surgical services during [BC’s Restart Plan](#), BC has released the [Infection Prevention and Control \(IPC\) Protocol for Surgical Procedures During COVID-19](#) (the IPC Surgical Protocol).

Use the IPC Surgical Protocol, which includes guidance for pre-operative patient screening and the appropriate use of personal protective equipment (PPE), in conjunction with this guidance document.

The IPC Surgical Protocol includes a **COVID-19 patient risk assessment** screening tool and classification based on a patient risk categorization into low or no risk, unknown risk, and moderate to high risk (green, yellow and red categories respectively). **Non-Hospital Surgical Facilities will be limited to patients identified as low or no risk (green) on the Patient Risk Categorization.** The IPC Surgical Protocol then provides direction for appropriate PPE for those providing care, those providing aftercare, and those responsible for cleaning and preparing the operating room (OR).

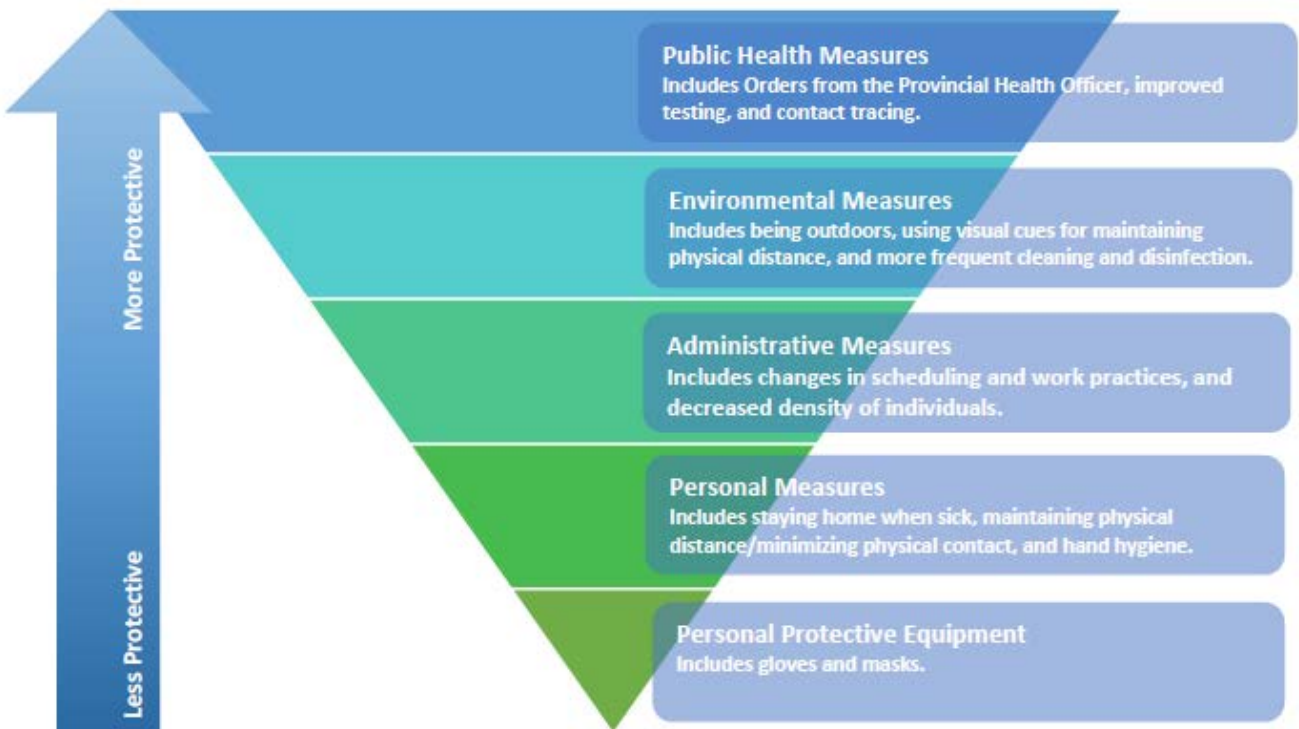
Patients for urgent, scheduled surgeries that do **not** pass screening and not classified as green should be referred to a hospital if delaying the surgery is not possible.

Given the low prevalence of COVID-19 in BC, the risk of infection/transmission to health care workers (HCWs) when following the protocols in the IPC Surgical Protocol is low.

C. Infection Prevention and Exposure Control

Implementation of infection prevention and control measures help create a safe environment for clinicians and patients. A hierarchy of exposure control measures demonstrates the various measures that can be taken to reduce the risk of infection of COVID-19. Measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



Public Health Measure are actions taken across society to limit the spread and reduce the impact of COVID-19. The Provincial Health Officer has implemented a number of public health measures. These include prohibiting mass gatherings, requiring travellers to self-isolate upon arrival in B.C., effective contact tracing and emphasizing the need for people to stay home when they are sick.

Environmental Measures are physical changes in the setting that reduce risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having appropriate ventilation and air exchange, and using physical barriers.

Administrative Measures are measures enabled through the implementation of policies, procedures, training and education. Examples of these include decreased density of staff and patients in clinics, staggered appointments and using virtual health where appropriate.

Personal Measures are actions individuals can take to both protect themselves, as well as to prevent the spread to others. Examples include washing your hands frequently, coughing into your elbow and staying home from work if you are sick.

Personal Protective Equipment is the last measure on the hierarchy of controls and should only be considered after exploring all of the other previously noted measures. PPE is not effective as a stand-alone preventive measure, must be suited to the task, and must be worn and disposed of properly.

Non-Hospital Surgical Facilities should implement a combination of these measures at different levels.

D. Environmental Measures

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces.

- Clean and disinfect facility spaces in accordance with the BCCDC's [Environmental Cleaning and Disinfectants for Clinic Settings](#) guidance. See the Key Resources section of this document for additional resources on cleaning and disinfection and medical device reprocessing.

Key Points:

- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and hospital grade disinfectant products. Follow the instructions on the label for dilution, contact times and safe use.
- Clean and disinfect shared equipment in between patients including stethoscopes, blood pressure cuffs, table and examination beds.
- Increase the frequency of cleaning of high traffic areas, such as washrooms, reception area, staff rooms, and shared office space.
- Operating/procedure rooms are cleaned and disinfected after each patient, following established cleaning and disinfection protocols.
- Post anaesthetic recovery room and stretchers and areas are cleaned and disinfected after the patient is discharged/transferred and before the next patient occupies the space.
- The operating room is terminally cleaned at the end of each surgical day.
- Clean and disinfect the consult, admission and examination rooms at least twice a day and terminally clean them at the end of the day.
- Clean and disinfect frequently-touched surfaces at least twice a day and when visibly dirty. These include medical equipment, door knobs, light switches, elevator panels and buttons, telephones, keyboards, mice, clipboards/charts, chairs and work surfaces, kettles, microwaves and electronic devices.
- Items that cannot be easily cleaned and disinfected (e.g. children's toys) should be removed from all facility areas.
- Sterile and clean supplies in patient care areas should be kept in closed cabinets or containers to minimize the risk of contamination.
- Waste containers located in semi-restricted and non-restricted areas should be emptied when two-thirds full or daily, whichever occurs first.
- All garbage, recyclables, used linen and contaminated instruments shall be removed at the end of each case and before any cleaning commences.
- PPE required to safely perform environmental cleaning must be worn. PPE is worn for protection from microorganisms, chemicals used in cleaning and for prevention and transmission of

microorganisms from one patient environment to another. This is the same PPE that was worn by environmental services staff prior to the pandemic.

- Practice hand hygiene before wearing and in between each step when removing PPE.

Work Clothing

- Wear regular clothes and shoes to the facility and then change into provided scrubs and dedicated work shoes.
- Minimize the number of personal clothing items brought into the workplace. Ensure that personal items are kept separate from scrubs and footwear.
- At the end of your shift, change back into regular clothes and shoes for going home.
 - Remove scrubs, place in the facility dirty linen hamper/bag and perform hand hygiene immediately after.

Laundry

Use established protocols for handling laundry in the facility, or utilize a professional laundry service:

- Wear disposable gloves when handling dirty laundry and discard after each use. Perform hand hygiene immediately after gloves are removed.
- Store dirty laundry separate from clean laundry.
- Do not sort or shake dirty laundry.
- Do not overfill laundry bags
- Wash items in accordance with the manufacturer's instructions. Use the warmest water settings allowed and dry items thoroughly.

Physical Changes to the Facility

Facilities may not be able to adopt all of these measures, however, consideration should be given to incorporating **as many as possible**:

- Consider different configurations to allow distance between staff and patients and between patients, such as different chair positioning in waiting rooms.
- Provide alcohol-based hand rub (ABHR) with a minimum of 70% alcohol content at multiple locations, including the facility entrance, reception counter, waiting room, and near exam room doors.
- The exam room(s) closest to the entrance should be designated for patients with any identified risk factors (see IPC Surgical Protocol) to allow rapid isolation pending formal assessment.
- Exam rooms should be emptied of all but essential equipment, for example, exam table, one chair, BP cuff, lights.
- Keep frequently used doors open where appropriate to avoid recurrent contamination of doorknobs and high touch contact points.
- Place signage in and around the facility:

- Up-to-date COVID-19 signage and information is available for download and printing from the [BCCDC Signage and Posters website](#) (available in multiple languages).
- Place appropriate posters and signage at entrance/exit doors, reception area and exam rooms, and preferably in all of these places.
- Signage on proper hand hygiene should be prominently posted at all sinks.
- Have handouts available to provide to patients. Handouts are available on the [BCCDC Patient Handouts website](#).
- Increase air circulation (exchanges) and ventilation in patient areas if possible for example, open windows in non-restricted areas only and use well-maintained heating, ventilating and air conditioning (HVAC) systems to circulate air.
 - Refer to CSA Standards (Z8000, Z317.13-17) and CSA HVAC Standard (Z317.2-19) for information on infection control during construction, renovation, and maintenance of health care facilities², and recommendations for heating, ventilation, and air-conditioning (HVAC) systems in healthcare facilities³.

Physical Barriers

- Where physical distancing cannot be maintained:
 - Consider installing physical barriers between staff and patients, or between patients⁴.
 - Consider installing partitions, such as Plexiglass or plastic film, at the reception counter and other customer service areas.
 - Consider installing dividers (free-standing partitions, privacy curtains) between patient stations.
- If privacy curtains are used in the facility, remove and launder when visibly soiled, at discharge if the patient is on additional precautions, and at least quarterly¹.

E. Administrative Measures

Physical Distancing and Minimizing Physical Contact

The Provincial Health Officer's Order for Mass Gatherings prohibits gatherings of people in excess of 50 people, however, there can be more than 50 staff and patients in a facility environment at any given time if they are not all in one area and if they are actively engaged in physical distancing to the greatest extent possible.

Physical distancing means maintaining a distance of 2 meters between two or more people. The following physical distancing strategies should be implemented where possible:

- Avoid close greetings (e.g., handshakes and hugs).
- Stagger appointment times.
- Stagger break times for staff.
- Manage flow of people in common areas, including hallways and elevators.

- Minimize the number of caregivers and non-staff individuals (e.g., visitors/escorts home) who are not patients entering the facility, as much as is practical to do so.
- Remind all visiting caregivers and non-staff to practice diligent hand hygiene and maintain physical distance when they are in the facility.

Patient Management

Patient management involves planning for patient scheduling as well as patient flow and triage.

Scheduling

Scheduling approaches include administrative measures that help separate patients in time, as compared to changes in physical space planning. A comprehensive triage process starts prior to a patient arriving at the facility.

- Facilities should consider establishing a scheduling policy committee consisting of surgeon, anesthesia and nursing leadership, to develop a policy related to the scheduling of patients.
 - Consideration should be given to the length of case and patient arrival times to minimize the number of staff in key areas of the facility (e.g., semi-restricted hallways, scrub sinks, clean and sterile storage) and the number of patients in the facility (i.e., admission and PACU phases).
 - Consideration should be given to increased OR time per case based upon:
 - Physical distancing of patients,
 - Possible delays, as patients cannot be waiting in waiting rooms,
 - Time required to don/doff PPE by staff,
 - Potential increase in wait time after completion of case until OR can be cleaned, and
 - Additional time for cleaning and disinfection of the OR.
 - Ensure primary personnel availability commensurate with increased volume and hours, for example, surgery, anesthesia, nursing, housekeeping and medical device reprocessing.
 - Ensure supply availability for planned procedures such as anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments.

Pre-Visit Risk Assessment

- For scheduled surgical procedures, follow patient risk screening in accordance with the COVID-19 Surgical Patient Assessment Form. Refer to the [Infection Prevention and Control \(IPC\) Protocol for Surgical Procedures During COVID-19](#) available on the BCCDC website.
- Patients reporting new symptoms consistent with COVID-19 should be tested as per provincial testing guidelines.
- Patients who present to the facility with symptoms suggestive of COVID-19 or who are classified as unknown risk or moderate to high risk (yellow or red category) based on the Patient Risk Categorization should be placed in an exam rooms closest to the entrance to allow rapid isolation pending formal assessment.
 - Arrange testing per current guidelines if suspected COVID-19.

- If medically suitable, delay surgery and send patient home to self-isolate.
- If medical care is required, call ahead to urgent care center and ensure they have appropriate transportation to get there. If needed to take public transportation (e.g. cab or bus) give patient a mask and alcohol-based hand rub (ABHR).
- If procedure (contracted case) is urgent, refer patient to a hospital facility if it cannot be delayed.

For Scheduled Appointments/Procedures

- Pre & post-operative teaching should be provided in advance of admission to the facility with both the patient and the caregiver, using telephone/virtual technology where possible.
 - Teaching should include principles of physical distancing and mitigating risks of COVID-19 exposure during recovery.
- Any prescriptions and post-operative equipment such as crutches, cryo-cuff devices, canes, should be acquired or arranged for the patient in advance of admission to the facility
- Patients may be advised prior to arriving, through signage and telephone instruction, to wait outside the office or in their car until called in by provider to be taken directly to examination/treatment room.
- Avoid multiple patients coming into the facility at the same time.
- Strongly encourage diligent hand hygiene upon patient arrival. Make sure hand washing supplies are readily available to support this practice.

Procedure/Surgery Day

- Repeat the COVID-19 Surgical Patient Assessment Form in person when the patient arrives at the facility on the day of surgery.
- Ask patients to arrive at the specified time and not earlier – leave text/cell number for updates on changes to the arrival time on the day of the procedure.
- Patients may stay in their car until facility staff are ready to take them into the facility.
- No person other than the surgical patient will be allowed into the facility unless essential for care provision, translation, decision making, emotional support and disability support.
- Skin markings, pre-op nursing assessment and other preparatory activities should be completed in the same area.
- Follow standard procedures for completing the surgical safety checklist.

Temperature Measurement

- All patients should have their temperature measured on arrival to the facility.
- Use a touch free device if possible or clean and disinfect thermometers between patients.
- Document the temperature in the patient's chart.
- If the temperature is elevated and cannot be explained by another medical or surgical diagnosis, follow the Patient Risk Category Table in the [Infection Prevention and Control \(IPC\) Protocol for](#)

[Surgical Procedures During COVID-19](#) available on the BCCDC website. Consider delaying surgery and referring for testing based on that guidance.

Patient Clothing

- Normal patient gowns such as reusable or cloth may be used.
- Bins for soiled laundry should be clearly marked and easily accessible to the patient.
- Patient clothing should be put into a large plastic bag and stored in a designated locker or cupboard.

Post-operative instructions

- Instructions/teaching should be done pre-operatively using telephone/virtual technology, where possible.
- Prior to discharge, additional teaching should be done as per normal protocols.
- If the caregiver is required to be present for the post-operative teaching:
 - If required to attend in person, screen for symptoms suggestive of COVID-19 on the phone prior to arriving at the facility. If symptomatic, ask caregiver to stay home.
 - Instruct or assist caregiver with hand hygiene as needed.
- Consider videos for post-op teaching for items such as JP care, dressing changes.

Considerations for Special Populations

- Consider scheduling older patients and those from vulnerable populations, as the first surgery/procedures of the day.

F. Personal Measures

- Have open and frank dialogue between staff and employer about COVID-19 exposure risks, self-isolation and self-monitoring protocols, return to work protocols, and the sick leave policy *prior* to any staff illness or time away from work.

Stay Home When Sick

- All facility staff such as physicians, nurses, medical office assistants (MOAs) must monitor themselves daily for symptoms of common cold, influenza, or COVID-19 *prior to entering the facility*.
- All staff who have symptoms of COVID-19 **OR** have 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**. See the section on Exposure Risk Assessment and Management in this document for more information.
 - Information on self-isolation and [self-monitoring](#) is available on the [BCCDC Self-Isolation webpage](#).
 - Those unsure of if they should self-isolate should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
 - If concerned, they can contact 8-1-1 or the local public health unit to seek further advice.

- Some facility staff who are mildly ill or recovering and/or caring for others may be able to perform some or all of their duties remotely by internet or telephone, depending on how a facility is set up.

Exposure Risk Assessment and Management

Information for risk assessment and management of health care workers exposed to COVID-19 is available on the BCCDC website: [Exposures and Return to Work for Health Care Workers](#). The guidance includes provincially-standardized exposure criteria and is summarized in the [BC Health Care Worker COVID-19 Exposures Risk Assessment Tool](#).

In addition, the BCCDC website provides guidance for [Return to Work for Health Care Workers with Symptoms](#), including a [Return to Work Decision Tree](#).

Hand Hygiene

Rigorous hand hygiene, either 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 warm 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. Wash hands with plain soap and water when hands are visibly dirty.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand hygiene poster](#).

Strategies to ensure diligent hand hygiene:

- Ensure hand washing supplies are well stocked at all times including plain soap, paper towels and alcohol-based hand rub with a minimum of 70% alcohol.
- Ensure alcohol-based hand rub with at least 70% alcohol is available at the front entrance, so everyone can perform hand hygiene when they enter the facility.
- Staff should assist patients with hand hygiene as needed.
- Put up posters to promote the importance of regular hand hygiene.
- Paper towels should be disposed of in lidded, non-touch waste-bins, if available. Otherwise, use a waste-bin lined with a garbage bag.

For Patients and staff, hand hygiene should be performed, at a minimum:

- On entering the facility;
- 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, 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;
- In between each step when doffing PPE; and
- According to surgical hand preparation protocol for OR staff.

Respiratory Etiquette

Patients and staff should:

- Cough/sneeze into their elbow sleeve or a disposable tissue.
- Immediately dispose of used tissues in an appropriate waste bin and 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.

G. Personal Protective Equipment

- Follow the guidance for PPE selection and use found in the latest version of BC's [Personal Protective Equipment \(PPE\) Framework](#) (the PPE Framework).

Point-of-Care Risk Assessment (PCRA)

Prior to any patient interaction, all health care workers have a responsibility to assess the infectious risks posed to themselves, other health care workers, other patients and visitors from a patient, situation or procedure. The PCRA is based on the health care worker's professional judgment about the clinical situation, as well as up-to-date information on how the specific health care 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 staff to infectious agents and contaminate the environment.

- PPE for surgery should be donned and doffed as per usual process and safe technique.

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 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.
- 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.^{1,2}
- Eye protection can be face shields, goggles or safety glasses. When using eye protection for multiple patient encounter they should be cleaned and disinfected as per the guidance found on the BCCDC [Personal Protective Equipment webpage](#)
- Properly doff and clean and disinfect your eye protection when leaving the patient care area, for example, at end of shift or during a break.

Donning and Doffing PPE

Posters can provide guidance for staff on how to properly wear PPE. For up-to-date information on PPE, donning and doffing, as well as posters and signage, please refer to the [BCCDC Personal Protective Equipment webpage](#).

- Consider having a spotter to guide the donning and doffing procedure.
- Practice the proper donning and doffing of PPE *prior* to the treatment of any patients.
- Hand hygiene is *required* before donning and in between each step when doffing PPE.
- When doffing, do not touch your clothes, skin, hair or face until after the final hand washing.

PPE Guidance for Patients

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

¹ Further guidance on respiratory protections and a list of AGMPs for COVID-19 can be found on the BCCDC website in [Respiratory Protections for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients](#).

² Consider opportunities to set up a system whereby N95s that are used can be segregated, collected and transported to the nearest site for reprocessing.

- Patients presenting without any symptoms do not require a mask.

H. Clinic/Facility Management

Clinic Response Planning and Organization

It is useful to have clearly defined roles and responsibilities, balanced by cross-training of staff and planning for backfilling positions should a staff member be unable to work.

- Develop or update a clinic/facility response strategy to ensure that all staff roles are clearly defined, and information and decision-making pathways are identified.
- Designate one staff member as the lead for the purposes of mounting a coordinated response to pandemic COVID-19 at the practice level. This should be the most qualified person, not necessarily the highest “ranking” or most senior.
- The designated lead should coordinate staff responsibilities, information gathering and dissemination, and develop a preparedness plan for the clinic. A Clinic Pandemic COVID-19 Preparedness Checklist can be found in Appendix A to assist with planning.

Staff Education and Communication

- Develop and follow a clear communication strategy to ensure clinicians and staff have the most up-to-date information needed to successfully perform their duties.
- Confirm that email and all communications tools are active and working properly.
- Regularly and communicate information to your colleagues and staff.
- Ensure staff have current information to communicate with patients/clients.
- Ensure there is a process for reporting health and safety concerns.
- Prepare and review re-start/adaptation plans with staff to ensure smooth implementation.

Psychosocial Support

- Support the psychosocial well-being of staff during the COVID-19 pandemic.

BCCDC offers [guidance](#) for psychosocial planning for health care providers during the COVID-19 pandemic. Also see the Key Resources section of this document for information on support available for health care providers.

Staff Scheduling and Reassignments

Staff scheduling should be considered when developing a coordinated pandemic response for the clinic.

- Consider adjusting clinic hours to accommodate patient and staffing needs, while supporting physical distancing and infection prevention measures.
- Assess staffing availability relating to greater staffing needs and expected staff absences for family or self care.

Sick Leave Policy

- Have open and frank dialogue with all health care providers and staff about sick leave policy prior to any staff illness or time away from work due to self-isolation or quarantine. Clearly communicate that health care providers and staff who have suspected or confirmed COVID-19 are to self-isolate at home.

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.

Some staff might be only mildly ill or already recovering and/or caring for others and are able to perform some of their duties remotely by internet or telephone, depending on how a clinic is set up.

I. Key Resources

Information is available on the following topics relating to COVID-19:

- Symptoms of COVID-19: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
- BC COVID-19 Self-Assessment Tool can help determine the need for further assessment: <https://bc.thrive.health/>
- Non-medical information about COVID-19 is available 7:30am-8:00pm, 7 days a week at the following toll-free number: 1-888-COVID19 (1-888-268-4319).
- HealthLinkBC and 8-1-1 for health advice on COVID-19 (translation services are available): <https://www.healthlinkbc.ca/health-feature/coronavirus-covid-19>

Other Resources

- Ministry of Health, British Columbia's Response to COVID-19: <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support>
- BCCDC website for Health Care Providers, COVID-19 Care: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>
- BCCDC website for Health Care Providers, Personal Protective Equipment: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- Office of the Provincial Health Officer, Pandemic Preparedness: <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza>
- Office of the Provincial Health Officer, Orders, Notices & Guidance: <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- Government of Canada Coronavirus disease (COVID-19) website: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
- World Health Organization: https://www.who.int/health-topics/coronavirus#tab=tab_1
- Provincial COVID-19 Task Force, COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework, March 25, 2020: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

Infection Prevention and Control resources:

- PHAC [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- BCCDC poster for [Environmental Cleaning and Disinfectants for Clinic Settings](#).
- PIDAC's [Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Healthcare Settings](#)

- BC Ministry of Health [Best Practice Guidelines For Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices In BC Health Authorities](#)
- BCCDC [Respiratory Protections for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients](#)
- BCCDC website for Healthcare Providers on [Personal Protective Equipment](#)

For Patient Management:

- BCCDC [Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus \(COVID-19\) in the community.](#)
- BCCDC [Guidance for Outpatient Management of Suspected or Confirmed Cases](#)

Support for Health Care Providers:

- BCCDC [Health Care Provider Support](#)
 - Psychological Support - [Supporting the psychosocial well-being of health care providers during COVID 19](#)
 - [Physician Health Program \(PHP\)](#) - offers confidential advocacy, support, and referral assistance for individual physicians and physicians-in-training. PHP also provides wellness initiatives to promote the ongoing health of our physician community.
- BCCDC [Testing and Management for Healthcare Workers](#) – includes risk assessment for healthcare workers exposed to COVID-19 and information on return to work after exposure or illness.
- Information for Patients: BCCDC [Patient Handouts.](#)

References

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Appendix A – Facility Pandemic COVID-19 Preparedness Checklist

Pandemic Phase	Tasks
IPAC Measures	<ul style="list-style-type: none"> <input type="checkbox"/> Acquaint yourself with current clinical information about the recognition, treatment and prevention of transmission of COVID-19. <input type="checkbox"/> Educate all staff about COVID-19. <input type="checkbox"/> Make plans to ensure your family will be looked after in a pandemic so that you can continue to work. <input type="checkbox"/> Develop a contingency plan for staff illnesses and shortages. <input type="checkbox"/> Assign a staff member to coordinate pandemic planning and monitor public health advisories. <input type="checkbox"/> Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health). <input type="checkbox"/> COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places). <input type="checkbox"/> Post signage and create voicemail message advising patients to check in by phone before presenting for in-person appointments. <input type="checkbox"/> Post hand hygiene and cough etiquette signs in the waiting area. <input type="checkbox"/> Ensure alcohol-based hand sanitizer (with at least 70% alcohol) is available at multiple locations: office entrance, reception counter, waiting room, and by every exam room for use before entering and upon exit. <input type="checkbox"/> When available, provide staff with small bottles of alcohol-based hand sanitizer (with at least 70% alcohol). <input type="checkbox"/> Consider installing Plexi-glass partitions at reception counter and other areas <input type="checkbox"/> Limit use of shared items by patients (e.g. pens, clipboards, phones). <input type="checkbox"/> Rearrange waiting room to ensure 2m distance between people. <input type="checkbox"/> Remove difficult to clean items (e.g. toys) from the waiting area. 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. <input type="checkbox"/> Replace cloth-covered furnishings with easy-to-clean furniture. <input type="checkbox"/> Provide disposable tissues and non-touch waste bins in waiting area and exam rooms. <input type="checkbox"/> Provide plain soap and paper towels in patient washrooms and at staff sinks with clear instructions on hand hygiene. <input type="checkbox"/> Display PPE donning and doffing instructions in locations available to all health care providers. <input type="checkbox"/> Empty exam rooms of all but bare minimum of equipment (e.g. exam table, chair, BP cuff, lights). <input type="checkbox"/> Provide paper sheeting for exam tables and change between patients. <input type="checkbox"/> Increase air circulation in all areas of the clinic wherever possible. <input type="checkbox"/> Keep frequently used doors open to avoid recurrent door handle contamination.

<p>Patient and Staff Management</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide patients with symptoms suggestive of COVID-19 a procedure/surgical mask, if available and medically tolerated, and advise individual of how and where to get tested. (delay procedure until test results are known) <input type="checkbox"/> Avoid multiple patients in the office at the same time (e.g. patients to wait outside or in car until called in one at a time). Minimize number of patients in waiting or exam rooms. <input type="checkbox"/> Avoid non-essential accompanying visitors, where possible. <input type="checkbox"/> Advise patients and accompanying essential visitors to practice diligent hand hygiene and cough etiquette. <input type="checkbox"/> Minimize the number of tasks that have to be done in the exam room, e.g. chart completion. <input type="checkbox"/> Perform hand hygiene before and after each patient contact. <input type="checkbox"/> Wear recommended PPE (procedure or surgical mask, eye protection, gown and gloves) for any direct contact or when within 2 metres of patients with symptoms suggestive of COVID-19. <input type="checkbox"/> Properly doff and dispose of PPE when leaving patient care area (e.g. at end of shift or during a break) or when PPE is visibly soiled or damaged. <input type="checkbox"/> Monitor staff illness and ensure staff with COVID-19 infection remain off work, or in extreme circumstances implement a “fit-for-work” policy.
<p>Cleaning Guidance</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Inform all staff regarding current cleaning and disinfection guidelines, including approved cleaning products. <input type="checkbox"/> Clean and disinfect shared reusable medical equipment (e.g. stethoscopes, blood pressure cuffs, etc.) in between patients and at the end of each shift. <input type="checkbox"/> Clean and disinfect exam rooms at least twice a day (e.g. chairs, tables, floors) and a terminal clean at the end of the day <input type="checkbox"/> Clean and disinfect frequently touched surfaces at least twice a day (e.g. work stations, cell phones, door knobs, etc.). <input type="checkbox"/> Maintain a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks, if possible.

Note: This checklist is adapted from Daly, P. (2007). Pandemic influenza and physician offices [Electronic Version]⁵.