COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings

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Introduction

This document provides a practical guide for community-based physicians, nursing professionals, midwives and related staff in clinics to support appropriate office-based 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 document provides interim guidance for the prevention and control of COVID-19. It is based on the latest available best practice and scientific evidence. The guidance may change as new information becomes available.

Utilize the accompanying Clinic Pandemic COVID-19 Preparedness Checklist (Appendix A) to assist in implementing the guidance in this document.

About COVID-19

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.

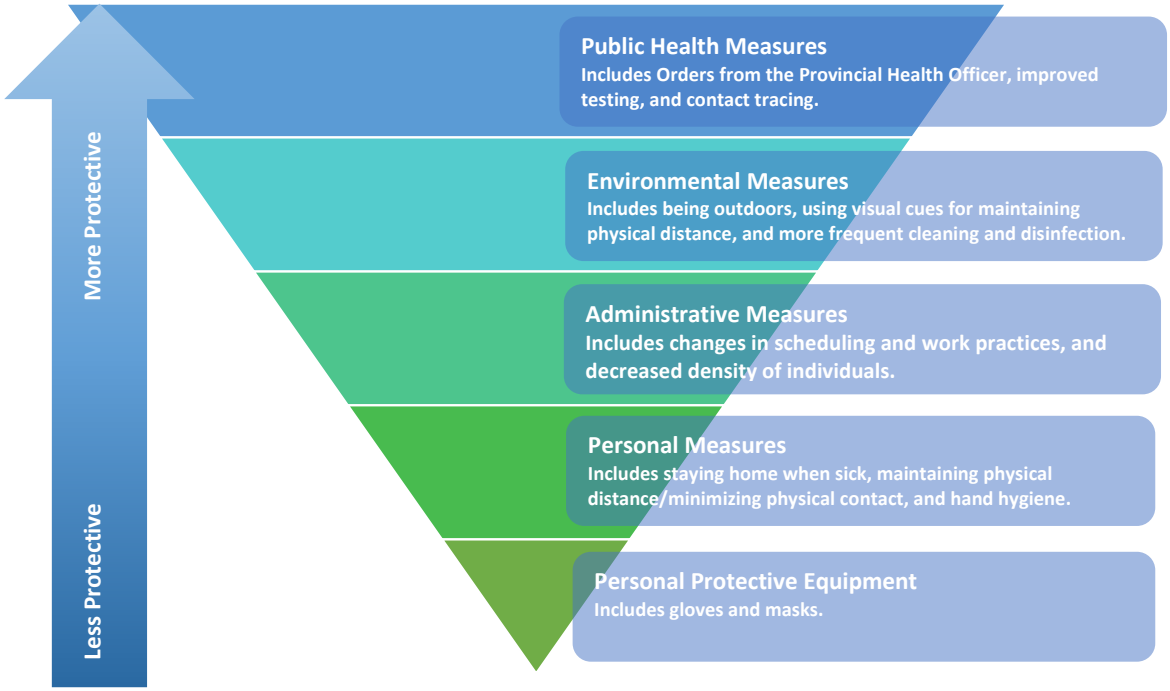
Transmission

COVID-19 is most commonly transmitted through large droplets produced when a person infected with COVID-19 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 person who coughed or sneezed. 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.

Infection Prevention and Exposure Control Measures

Implementation of infection prevention and exposure control measures help create a safe environment for health care providers and patients. A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce the transmission of COVID-19. Control 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.

Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



Public Health Measure are actions taken across society to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and 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 suitable ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate and frequent cleaning and disinfection of work and living spaces.

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 and least effective of the infection prevention and exposure control measures and should only be considered after exploring all other measures. PPE is not effective as a stand-alone preventive measure. PPE must be suited to the task and must be worn and disposed of properly.

Clinics can implement a combination of measures from the different levels described above to protect against COVID-19.

Public Health Measures

Mass Gatherings

The Provincial Health Officer's Order for Mass Gatherings continues to prohibit gatherings and events of people in excess of 50 people, however, there can be more than 50 people in a clinic if they are not all in one area and if they are actively engaged in physical distancing.

Case Finding, Contact Tracing and Outbreak Management

Active testing of people with mild COVID-19 like symptoms (case finding) helps identify cases early in the course of their disease, determine whether others in close contact with them are at risk for infection (contact tracing), and ensure they get appropriate care and follow-up.

Should a COVID-19 positive person be identified by public health staff, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe in the workplace.

Self-isolation and Quarantine

Health care providers and staff with common-cold, influenza, or COVID-19 like symptoms should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness. Quarantine is a term typically reserved for persons who return from travel outside the country are at risk of developing COVID-19

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that person has access to health care providers and that appropriate supports are in place.

Environmental Measures

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Clinic spaces should be cleaned and disinfected in accordance with the BCCDC's Environmental Cleaning and Disinfectants for Clinic Settings document.

This includes:

- Shared equipment should be cleaned **in between patients.**
    - This includes stethoscopes, blood pressure cuffs, otoscopes, baby scales, tables and examination beds.
- Frequently-touched surfaces should be cleaned and disinfected at least **twice a day.**
    - These include medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys and all hard surfaces in bathrooms such as sinks, faucets, handles.
- 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 items that are not easily cleaned, such as fabric or soft items.
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids, for example, runny nose, 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.

Physical Changes to the Clinic

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

- Spread people out into different areas or have patients wait outside the clinic until their appointment time.
    - Consider different configurations to allow distance between staff and patients, and between patients. (e.g., different chair positioning in waiting rooms).

- Provide alcohol-based hand rubs (ABHR) (with a minimum of 70% alcohol) at the reception counter and near exam room doors, if available. A higher concentration of alcohol is required to eliminate a wide range of microorganisms, including COVID-19[1].
- The exam room(s) closest to the entrance should be designated for patients with respiratory symptoms in order to allow rapid isolation pending formal assessment.
- Exam rooms should be emptied of all but the bare minimum equipment (e.g. exam table, one chair, BP cuff, lights).
- Minimize sterile and clean supplies located in exam rooms. Keep supplies in closed cabinets/containers to minimize the risk of contamination
- Keep frequently used doors open where appropriate to avoid recurrent doorknob contamination and high touch contact points.
- Place signage in the clinic:
    - Up-to-date COVID-19 signage and information is available for download from the BCCDC Signage and Posters website (available in multiple languages);
    - Place appropriate posters and signage at entrance/exit doors, the reception area and all exam rooms; and
    - Signage on proper hand hygiene should be prominently posted at all sinks.
- Where possible increase air circulation (exchanges) and ventilation in patient areas (e.g. open windows or using 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 healthcare facilities[2], and recommendations for heating, ventilation, and air-conditioning (HVAC) systems in healthcare facilities[3].
- Where physical distancing cannot be maintained, consider physical barriers[4]:
    - Consider installing partitions such as Plexiglass or plastic film, at reception counter and other areas.
    - Consider installing dividers (free-standing partitions, privacy curtains) between patient stations. If used, change or clean frequently[5].
        i. For further information about laundry management see BCCDC Information Sheet for Environmental Service Providers in Healthcare Settings.
    - 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 quarterly[6].

Administrative Measures

Physical Distancing and Minimizing Physical Contact

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

- Reduce the number of people in waiting rooms.

- Avoid close greetings (e.g., handshakes).
- Stagger appointment times.
- Stagger break times for staff.
- Manage flow of people in common areas, including waiting rooms and hallways.
- Minimize 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 should also be reminded to practice diligent hand hygiene and maintain physical distance when they are in the clinic.

Patient Management

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

Collaborative Approaches

Collaborative approaches to clinic management and patient care should be explored. Large scale efforts, such as the COVID-19/respiratory assessment centers, are being run through the Division of Family Practice or each regional health authority.

Other collaborative efforts could consist of two or more health care practices located in the same building developing ways to work together, with one practice having virtual-only appointments and the other having in-person appointments. However, any change in practice should be clearly communicated to patients and staff and identified with signage.

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 clinic.

Pre-visit Messaging

Office telephone message/voice mail and health care practice website(s) should clearly instruct patients where to seek up-to-date instructions on assessment for COVID-19.The BCCDC website has information on self-assessment support and lab testing.

Pre-Appointment Triage

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

Can the appointment be virtual?

Next, the health care provider needs to determine if the appointment can be virtual.

- The Provincial Health Services Authority has developed a COVID-19 Virtual Health Toolkit to support health care practitioners deliver virtual care.
- As well, the Doctors Technology Office (DTO) has created a variety of resources including the DTO Virtual Care Quick Start Guide, DTO Virtual Care Toolkit and Virtual Care for Patients FAQs. Please see the DTO website for the most recent updates to the DTO's virtual care resource list.
- The Doctors of BC also has further virtual care resources.

- The College of Physicians and Surgeons of BC has Telemedicine Practice Standards.

When providing virtual care, prescribing patterns may need to be altered to ensure patients have adequate medication during the pandemic. To support this aspect of virtual care, it is important 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.
Additionally, for physicians, billing changes are in place to support virtual care. There is information available for billing changes for payment for video and telephone visits.

Is an in-person appointment required or can it be deferred?

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

Patients with mild symptoms suggestive of COVID-19

Testing is recommended for patients with cold, influenza or COVID-19-like symptoms, however mild. The BCCDC website has information on the symptoms of COVID-19 guidance for testing.

Current BCCDC guidance for patients who have suspect 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 at high risk for COVID-19 complications

It is recommended that patients at a higher risk of severe disease from COVID-19 be made aware that if they develop **severe symptoms** such as shortness of breath or their illness progresses rapidly, they should be treated as early as possible. This may include receiving urgent care at an emergency department or alternate care center.

If a patient needs acute care

Should the patient suspected of having COVID-19 be deemed too ill to self-isolate, preparations must quickly be made for transport to hospital. A copy of patient information should 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.

Considerations for Special Populations

Older Patients or those with Chronic Illnesses

Some administrative measures to consider for protecting these populations include:

- If an in-person appointment is required for an older patient or patient with a chronic illness, consider scheduling these as the first appointments of the day.
- Provide prescriptions for longer periods of time (as long as they have proven relatively stable in recent months).
- Phone or fax in prescription renewals to patient's preferred pharmacy
- Suggest patients who live alone arrange for a friend to check in on them in the event that they fall ill.

A handout for patients with chronic health conditions can be found on the BCCDC website.

Patients with a Substance Use Disorder

The BC Centre on Substance Use COVID-19 website has guidance that includes drug equivalencies to support this vulnerable population.

- Patients are encouraged to work with their existing or assigned general practitioner or nurse practitioner.
- 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 is recommended.
- Please consider the cost to the patient before prescribing alternate treatments.
- Please confirm PharmaCare coverage status (available via the PharmaCare Formulary Search) before prescribing alternative medication.
- The prescriber should 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 (i.e. those requiring a duplicate prescription) duplicate prescriptions can be phone or faxed to the pharmacy and originals must be mailed, couriered, etc., to the pharmacy as soon as possible.
- Additional information on prescribing medications can be found on the College of Physicians and Surgeons of BC website and on the BC College of Nursing Professionals for nurse practitioners.

Personal Measures

Stay Home When Sick

- 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.
    - If concerned, they can be advised to contact 8-1-1 or the local public health unit to seek further input.

See the BCCDC's Exposures and Return to Work for Health Care Workers guidance on health care workers exposed to COVID-19 while at work, what to do if a staff member becomes ill, and criteria for return to work for those with symptoms.

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.
- To learn about how to perform hand hygiene, please refer to the BCCDC's hand hygiene poster.

Strategies to ensure diligent hand hygiene:

- Hand hygiene stations should be set up at the clinic entrance, so everyone can perform hand hygiene when they enter.
- Ensure 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.
- Put up posters 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.

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.

Personal Protective Equipment

PPE Guidance

Where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for normal precautions is **not** required.

Point-of-care risk assessment (PCRA) for COVID-19

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 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 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 you during the donning and doffing procedure.
- The proper donning and doffing of PPE should be practised *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.

Guidance on the appropriate PPE to use can be found in the COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework (PPE Framework).

Office Management

Clinic Response Planning, Organization and Ethical Decision Making

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 response strategy to ensure that all staff roles are clearly defined and that information and decision-making pathways are identified.

COVID-19 Practice Lead

- Designate one office member as the lead for the purposes of mounting a coordinated response to COVID-19 at the practice level. This should be the most qualified person, not necessarily the highest "ranking" or most senior.
- The 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.

Ethical Decision Making

Ethical dilemmas should not be overlooked and HCW should be familiar with the COVID-19 Ethical Decision-Making Framework that has been developed to guide in decision making during the COVID-19 pandemic. Please also see Interim Guidance provided in Appendix B of the COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework.

Staff Education and Communication

- Develop or update a communication strategy for times of crisis that ensures health care providers and staff have the most up-to-date information. See Key Resources section for links to the latest information on COVID-19.
- Ensure email and other communication channels are working.
- Regularly communicate information to your colleagues and staff.
- Ensure staff have clear, up to date information for communicating with patients.
- Ensure there is a process for reporting health and safety concerns.
- Prepare and review re-start and/or adaptation plans with staff to ensure smooth implementation.

Psychosocial Support

It is important to support the psychosocial well-being of health care providers and staff during the COVID-19 pandemic. Open communication is key to this objective.

- Staff should be provided with access to up-to-date information on COVID-19, how to protect against infection and transmission.
- Staff should be provided with flexible options for remote/teleworking options (where possible and appropriate).
- Staff should be provided with sick-leave to support self-isolation.

BCCDC offers guidance for psychosocial planning for health care providers during the COVID-19 pandemic. See Key Resources section for information on support available for healthcare 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.

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 include:

- BCCDC website for Health Care Providers, COVID-19 Care**:** http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care
- BCCDC updates on Emerging Respiratory Viruses: http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases/emerging-respiratory-virus-updates
- BCCDC Signage and Posters: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters
- 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
- 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
- Vancouver Coastal Health COVID-19 and Emerging Respiratory Viruses website
- Health Canada: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html
- Government of Canada Coronavirus disease (COVID-19): 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

Infection Prevention and Control resources:

- Public Health Agency of Canada: 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, 3rd edition
- BCCDC Respiratory Protections for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients

- BCCDC website for Healthcare Providers on Personal Protective Equipment
- PPE use in British Columbia: COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework (PPE Framework).

For Patient Management:

- BCCDC Clinical Care
- BCCDC patient intake algorithm: COVID-19 Patient ID and Assessment for Primary Care with MD/NP
- 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 of Confirmed Cases
- BCCDC Pregnancy – recommendations for antepartum, intrapartum and postpartum care for patients during the COVID-19 pandemic
- Information for Patients: BCCDC Patient handouts

Support for Healthcare Providers:

- BCCDC Health Care Provider Support
- Psychological Support - Supporting the psychosocial well-being of health care providers during the novel coronavirus (COVID-19) pandemic
- Doctors of BC, 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 Exposures and Return to Work for Healthcare Workers – includes risk assessment and management for healthcare workers exposed to COVID-19 patients and information on return to work after exposure or illness.

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Appendix A – Pandemic COVID-19 Preparedness Checklist

Pandemic Phase	**Tasks**
IPAC Measures	❑ Acquaint yourself with current clinical information about the recognition, treatment and prevention of transmission of COVID-19. ❑ Educate all staff about COVID-19. ❑ Make plans to ensure your family will be looked after in a pandemic so that you can continue to work. ❑ Develop a contingency plan for staff illnesses and shortages. ❑ Assign a staff member to coordinate pandemic planning and monitor public health advisories. ❑ Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health). ❑ COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places). ❑ Post signage and create voicemail message advising patients to check in by phone before presenting for in-person appointments. ❑ Post hand hygiene and cough etiquette signs in the waiting area. ❑ 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. ❑ When available, provide staff with small bottles of alcohol-based hand sanitizer (with at least 70% alcohol). ❑ Consider installing Plexi-glass partitions to separate patients from reception staff ❑ Limit use of shared items by patients (e.g. pens, clipboards, phones). ❑ Rearrange waiting room to ensure 2m distance between people wherever possible. ❑ Remove difficult to clean items (e.g. toys) from the waiting area ❑ Replace cloth-covered furnishings with easy-to-clean furniture where possible. ❑ Provide disposable tissues and no-touch waste receptacles in waiting area and exam rooms. ❑ Provide plain soap and paper towels in patient washrooms and at staff sinks with clear instructions on hand hygiene. ❑ Display PPE donning and doffing instructions in locations available to all health care providers. ❑ Empty exam rooms of all but bare minimum of equipment (e.g. exam table, chair, BP cuff, lights). ❑ Provide paper sheeting for exam tables and change between patients. ❑ Increase air circulation in all areas of the clinic wherever possible. ❑ Keep frequently used doors open to avoid recurrent door handle contamination.

Patient and Staff Management	❑ Telephone triage all patient requests for visits. ❑ In group practices, consider having one care provider or one team see all patients with suspect or confirmed COVID-19. ❑ If possible, schedule patients with symptoms suggestive of COVID-19 during designated time slots. ❑ Provide patients with symptoms suggestive of COVID-19 a procedure/surgical mask, if available and medically tolerated. ❑ If possible, provide a separate entrance and waiting area for patients with symptoms suggestive of COVID-19. ❑ 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. ❑ Avoid non-essential accompanying visitors, where possible. ❑ Advise patients and accompanying essential visitors to practice diligent hand hygiene and cough etiquette. ❑ If possible, designate one exam room for all patients with symptoms suggestive of COVID-19, as close to the entrance as possible to minimize patient travel. ❑ Minimize the number of tasks that have to be done in the exam room, e.g. chart completion. ❑ Perform hand hygiene before and after each patient contact. ❑ Wear recommended PPE (procedure or surgical mask, eye protection, gown and gloves) for any direct contact with patients with symptoms suggestive of COVID-19. ❑ Wear fit-tested N95 respirator when in room with suspected TB patients, patients with suspected/confirmed COVID-19 undergoing aerosol generating medical procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission. ❑ 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. ❑ Plan for disposition of all patients following office visit (choices will include): o Arrange testing per current guidelines (if suspected COVID-19) o Send home with self-care guide o Referral to alternate-care site o Admission to acute care o When referring patients with suspected or confirmed COVID-19, notify receiving facility in advance. ❑ Monitor staff illness and ensure staff with COVID-19 infection follow appropriate guidance.

Cleaning Guidance	❑ Inform all staff regarding current cleaning and disinfection guidelines, including approved cleaning products. ❑ Clean and disinfect shared reusable medical equipment (e.g. stethoscopes, blood pressure cuffs, etc.) in between patients and at the end of each shift. ❑ Clean and disinfect exam rooms at least twice a day (e.g. chairs, tables, floors). ❑ Clean and disinfect frequently touched surfaces at least twice a day (e.g. work stations, cell phones, door knobs, etc.). ❑ 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][7]