

PHSA - COVID-19 Safety Plan for Pandemic Recovery

This is the COVID-19 Workplace Safety Plan for FPSC – Vancouver Clinic

Name of Site / Location	Vancouver Regional Clinic
Date	June 17, 2020
Attendance	<ul style="list-style-type: none">• Jessica Lam – Project Manager, Shared Services• John Jacobson – Regional Clinic Manager, Vancouver Regional Clinic and JOHSC member• Lee Heng – JOHSC member• Peter Sammarco – JOHSC member• Paula Mineva – Workplace Health, Safety and Prevention

By [order of the Provincial Health Officer](#), this plan is posted electronically and at the workplace, and a copy will be provided to a health officer or WorkSafeBC officer on request.

PHSA is committed to providing safe and healthy workplaces. This Safety Plan describes the policies, guidelines, and procedures we have in place to reduce the risk of transmission, with 6 key steps:

1. Assess risk to identify places where transmission may occur
2. Implement measures to reduce risk
3. Develop policies such as who can be on site and how to address illness in the workplace
4. Establish communication plans and training
5. Monitor the workplace and update plans as required
6. Assess and address risks from resuming operations.

1. Assess risk

Step 1: Assess risks at the workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Risk assessments are a critical part of our COVID-19 safety plan. We have established a multi-level risk assessment process, and they are a proactive process designed to ensure the safety of our workers.

These risk assessments have involved input from employees, supervisors, and our joint health and safety committee to assess both clinical and non-clinical settings. Incorporating Infection Prevention and Control practices, PHSA has developed an assessment tool to determine areas of risk within work locations and for tasks that teams perform.

As part of this process, we have identified areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

Summary of Considerations:

<input checked="" type="checkbox"/>	We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
<input checked="" type="checkbox"/>	We have identified areas where people gather, such as break rooms, nursing stations, reception areas, waiting rooms, meeting rooms.
<input checked="" type="checkbox"/>	We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).
<input checked="" type="checkbox"/>	We have identified the tools, machinery, and equipment that workers share while working.
<input checked="" type="checkbox"/>	We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

The facility completed risk assessment is attached.

Department risk assessments have also been completed and are available upon request.

2. Implement measures to reduce risk

Protocols are implemented to minimize the risks of transmission. PHSA provincial direction of the Provincial Health Officer and the BC Centre for Disease Control.

To reduce risk, we are using a hierarchy of controls including elimination (e.g., limiting the number of people on site), engineering controls (e.g., physical barriers), administrative controls (e.g., increased cleaning frequency), and appropriate Personal Protective Equipment (e.g., respirators). Our safety plan includes detailed [exposure control plan](#) to mitigate and prevent illness.

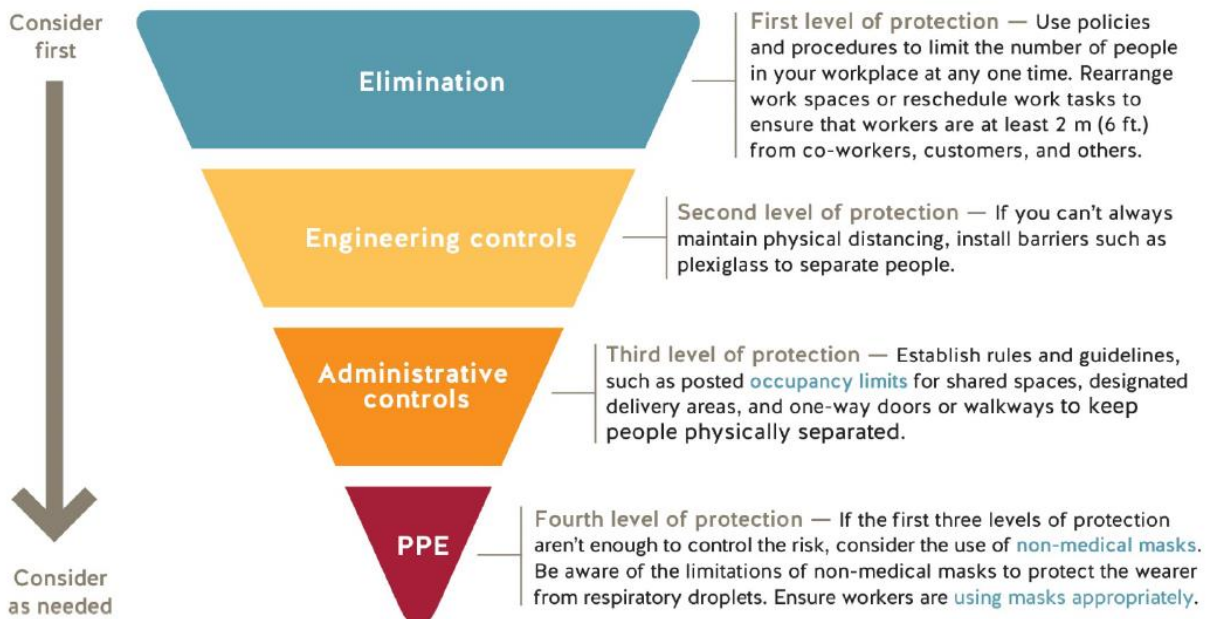
For identified risks, PHSA will implement measures to eliminate or minimize the risk of transmission of COVID-19 in the workplace, with an emphasis on physical distancing, cleaning, and hygiene.

The following sources have been included for information, input, and guidance:

☒	Industry-specific protocols on www.worksafebc.com . Additional protocols have been identified and implemented where the posted protocols don't address all the risks to Northern Health workers.
☒	Frontline workers, supervisors, and the joint health and safety committee (or worker representative).
☒	Orders, guidance, and notices issued by the provincial health officer relevant to our industry.
☒	Other BC Health Authorities.

Reducing the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, protocols have been implemented to protect against identified risks. Different protocols offer different levels of protection. Wherever possible, protocols that offer the highest level of protection are used. Other controls from additional levels are used if the first level isn't practicable, feasible or evidence-based, or does not completely control the risk.



First level protection (elimination): Limit the number of people at the workplace and ensure physical distance whenever possible

<input checked="" type="checkbox"/>	<p>We have established and posted an occupancy limit for our premises.</p> <p>Public Health has advised that the prohibition on gatherings of greater than 50 people refers to “one-time or episodic events” (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained.</p> <p>[Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]</p>
<input checked="" type="checkbox"/>	<p>In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.</p>
<input checked="" type="checkbox"/>	<p>We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.</p>
<input checked="" type="checkbox"/>	<p>We have implemented measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.</p>

Control measures implemented at this site for maintaining physical distance in the workplace are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

Second level protection (engineering): Barriers and partitions

<input checked="" type="checkbox"/>	<p>We have installed barriers where workers can't keep physically distant from co-workers, clients/patients, and other protection measures not practical, safe options.</p>
<input checked="" type="checkbox"/>	<p>We have included barrier cleaning in our cleaning protocols.</p>
<input checked="" type="checkbox"/>	<p>We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).</p>

The use of engineering controls such as barriers and partitions are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

Third level protection (administrative): Rules and guidelines

<input checked="" type="checkbox"/>	We have identified rules and guidelines for how workers should conduct themselves.
<input checked="" type="checkbox"/>	We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

The administrative controls (rules, guidelines and education/training) in place to reduce the risk of transmission are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

- Physical Distancing poster
- Hand washing poster
- Droplet Precautions Policy
- Before, During and After Work Activities
- Optimal Use of PPE

Policies and Procedures available to staff

Before Coming To Work

- Refer to the following procedure for self-screening: [COVID-19 Staff Self Screening Procedure BCMHSUS](#)
- Using this tool: [BCMHSUS COVID-19 Staff Self-screening Tool](#)
- Documentation sheet: [BCMHSUS COVID-19 Staff Self-Screening Documentation](#)

Testing

- Refer to following procedure for client/patient testing criteria: [COVID-19 Testing Procedure \(Clients Patient\) BCMHSUS](#)

Ongoing Care & PPE

- For ongoing care of clients with no symptoms, refer to the following procedure regarding PPE: [COVID-19 Application of Personal Protective Equipment \(PPE\) for Emergency Prioritization Procedure BCMHSUS](#)
- Code White & PPE: [COVID-19 Response Procedure BCMHSUS](#)

Symptomatic & Confirmed Covid-19 Cases

- If you have a symptomatic client or confirmed Covid-19 case, refer to the following procedure: Documentation in Cerner: [Covid-19 Symptoms Asses Sheet](#)

Programming & Alternative Resources

- [COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)
- [COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)
- [COVID-19 Reprocessing or Reuse of Eye Protection procedure BCMHSUS](#)
- [COVID-19 CPR Procedure BCMHSUS](#)
- [COVID-19 Application of Personal Protective Equipment for Emergency Prioritization Procedure BCMHSUS](#)

Visitors

- If your clients have visitors, please refer to the following protocol: [COVID-19 Visitor Assessment Policy and Protocol BCMHSUS](#)
- [COVID-19 Facilitating Virtual Engagement with Visitors Policy BCMHSUS](#)

Additional procedures:

- [COVID-19: Attending the Worksite Procedures](#)
- [COVID-19: Becoming Sick Procedures:](#)
- [COVID-19: Maintaining a Safe and Inclusive Culture:](#)
- [COVID-19: Interim Remote Work Guidelines:](#)
- [COVID-19: Shift Rotation Guidelines:](#)
- [COVID 19: Travel Guidelines:](#)

Fourth level protection: Using masks (optional measure in addition to other control measures)

<input checked="" type="checkbox"/>	We have reviewed the information on selecting and using masks and instructions on how to use a mask.
<input checked="" type="checkbox"/>	We understand the limitations of masks to protect the wearer from respiratory droplets. We understand that masks should only be considered when other control measures cannot be implemented.
<input checked="" type="checkbox"/>	We have trained workers in the proper use of masks.

- [COVID-19 Types of Eye Protection Reference Document BCMHSUS](#)
- [COVID-19 Reprocessing or Reuse of Eye Protection Procedure BCMHSUS](#)
- [PHSA PPE Documents and Posters](#)
- [PHSA Fit Testing and Respirators Resources](#)

Reduce the risk of surface transmission through effective cleaning and hygiene practices

<input checked="" type="checkbox"/>	We have reviewed the information on cleaning and disinfecting surfaces.
<input checked="" type="checkbox"/>	Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed
<input checked="" type="checkbox"/>	We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus.

<input checked="" type="checkbox"/>	We have implemented cleaning protocols for all common areas and surfaces e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).
<input checked="" type="checkbox"/>	Workers who are cleaning have adequate training and materials.
<input checked="" type="checkbox"/>	We have removed unnecessary tools and equipment to simplify the cleaning process e.g., coffee makers and shared utensils and plates.

- [Hand Hygiene Procedure BCMHSUS SHP-001 PROC.](#)
- [Environmental Cleaning SHP-031](#)
- [Environmental Cleaning and Disinfectants for Clinic Settings \(BCCDC\)](#)

Site-specific cleaning protocols

- [Environmental Cleaning FPH SHP-031](#)

3. Develop policies

All employees and staff must follow safe work practices and protocols such as staying home when sick, performing hand hygiene to prevent transfer of infectious material, and decontamination procedures as required.

We have implemented policies to manage our workplaces, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

PHSA policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

<input checked="" type="checkbox"/>	Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
<input checked="" type="checkbox"/>	Anyone directed by Public Health to self-isolate.
<input checked="" type="checkbox"/>	Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
<input checked="" type="checkbox"/>	Visitors are prohibited or limited in the workplace.
<input checked="" type="checkbox"/>	First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic.
<input checked="" type="checkbox"/>	We have a working alone policy in place (if needed).
<input checked="" type="checkbox"/>	We have a work from home policy in place (if needed).
<input checked="" type="checkbox"/>	Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence prevention program is in place.

<input checked="" type="checkbox"/>	Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Report to First aid, if appropriate. Ask the worker to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]
<input checked="" type="checkbox"/>	If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
<input checked="" type="checkbox"/>	Clean and disinfect any surfaces that the ill worker has come into contact with.

PHSA Wide Guidelines

- [COVID-19 Interim Remote Work Guidelines](#)
- [COVID-19 Attending the Worksite Procedures](#)
- [COVID-19 Becoming Sick Procedures](#)
- [COVID-19 Shift Rotation Guidelines](#)
- [COVID-19 Maintaining a Safe and Inclusive Environment](#)
- [Flexible Work Options Policy](#)
- [Preventing Violence in the Workplace](#)
- [Managing Disrespectful, Violent, or Aggressive Behaviours of Visitors, Including Family Members](#)
- [Violence Prevention Program](#)
- [Working Alone Program](#)
- First Aid Protocol

Program Specific Documents

- [COVID-19 Virtual Health On-Site Sessions Procedure BCMHSUS](#)
- [COVID-19 Staff Self Screening Procedure BCMHSUS](#)
- [BCMHSUS COVID-19 Staff Self-screening Tool](#)
- [BCHMHSUS COVID-19 Staff Self-Screening Documentation](#)
- [COVID-19 Visitor Assessment Policy and Protocol BCMHSUS](#)

4. Establish communication plans and training

We have taken steps to ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at the workplace.

We accomplish this through education on safety measures that are in put in place, policies for staying home when ill, and posting signage limiting occupancy and instructing staff and employees on effective hand washing practices. All teams should review their own risk assessment findings.

<input checked="" type="checkbox"/>	We have a training plan to ensure everyone is trained in workplace policies and procedures.
<input checked="" type="checkbox"/>	All workers have received the policies for staying home when sick. See Safety Talk – Illness in the Workplace
<input checked="" type="checkbox"/>	We have posted signage at the workplace, including occupancy limits and effective hygiene practices.

<input checked="" type="checkbox"/>	We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.
<input checked="" type="checkbox"/>	Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed. See Supervisor Health and Safety Orientation

5. Monitor the workplace and update plans as required

Things may change as operations resume. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. PHSA employees can raise safety concerns through their [Safety Consultant](#) or their [Joint Occupational Health and Safety Committee](#).

<input checked="" type="checkbox"/>	We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
<input checked="" type="checkbox"/>	Workers know who to go to with health and safety concerns.
<input checked="" type="checkbox"/>	When resolving safety issues, we will involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

6. Assess and address risks from resuming operations

Due to the changing nature of this pandemic, we must continue to monitor our work environments for any new areas of concern and conduct regular reviews of any identified risks. Such reviews may result in the need for additional training or for the development or revision of procedures to mitigate issues present in the work environment.

<input checked="" type="checkbox"/>	We have a training plan for new staff.
<input checked="" type="checkbox"/>	We have a training plan for staff taking on new roles or responsibilities.
<input checked="" type="checkbox"/>	We have a training plan around changes to our operations, such as new equipment, processes, or products.
<input checked="" type="checkbox"/>	We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
<input checked="" type="checkbox"/>	We have identified a safe process for clearing systems and lines of product that have been out of use.

Separate Safety Plans are required for each site. PHSA will post Safety Plans in work locations.

For assistance with the implementation of the safety plan, risk identification, site walk-throughs, and the PHSA exposure control plan, please contact workplacehealth@phsa.ca.

Appendix A: Clinical Settings - COVID-19 Exposure Risk Assessment Checklist:

Name of Site / Location	Vancouver Regional Clinic
Date	June 17, 2020
Attendance	<ul style="list-style-type: none">• Jessica Lam – Project Manager, Shared Services• John Jacobson – Regional Clinic Manager, Vancouver Regional Clinic and JOHSC member• Lee Heng – JOHSC member• Peter Sammarco – JOHSC member• Paula Mineva – Workplace Health, Safety and Prevention

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These protocols are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

Instructions

1. Assemble an assessment team that includes department leadership and worker representation from the Joint Occupational Health and Safety Committee (JOHSC). For sites without a JOHSC, the applicable safety representative should be part of the assessment team.
2. Have a “kick-off” meeting to establish a plan for the visual inspection.
3. Perform visual inspection of the office suite. Consider bringing supplies like measuring tape, floor plans of work area etc. to the walkthrough.
4. Complete Sections 1-4 of the checklist. Identify and implement controls to mitigate identified hazards.
5. Consult with your Facility Manager to address an engineering or other matters outside of your control. Discuss options and obtain costing (if required) with Facilities Management. **All engineering controls that will require contractors and/or consultants, or will result in significant costs to implement, will require ELT sign-off prior to implementation.**
6. Review outstanding issues and determine if the unit/department is ready for the recovery phase.
7. Provide a completed copy to workplacehealth@phsa.ca

Please consult workplacehealth@phsa.ca or your [Safety Consultant](#) for assistance.

Element		Yes	No	N/A	Remediation Plan
1) Policies and Procedures					
1.1	The facility's capacity to accommodate appropriate patient flow is assessed on a regular basis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Environmental Services (EVS) contract in place, identifying: Routine cleaning and disinfection procedures, Frequency of cleaning, List of clinical and non-clinical areas EVS will clean and disinfect and Terminal cleaning of rooms suspected of contamination from symptomatic patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Contracted cleaners are at the clinic Monday – Friday and they do a deep clean 2-3 times a week.
1.3	The following recommendations for medical and nonmedical staff are in place, including: Not coming to work sick, staggered start and break times, no sharing of food etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Case managers are currently split into two groups. Typically, 7-8 of them are onsite a day.
1.4	1.4.1 There is a process in place for MOA or clerk to pre-screen patients requiring an appointment to the ambulatory clinic for COVID-like symptoms. Patients will also be screened: <ul style="list-style-type: none"> Upon arrival at the entrance of the facility. At the clinic reception 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Clients are screened upon arrival.
	1.4.2 Points of entry have controlled access in place to facilitate: <ol style="list-style-type: none"> Screening for symptoms Providing surgical/procedure masks if required Patient flow (with physical distancing) Performing hand hygiene 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.4.3 Reception and other staff where feasible can maintain a 2 meter distance with clients/patients, have a physical barrier or wear PPE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Designated isolation/private room is available for direct placement of symptomatic/high-risk patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> The secure interview room
1.6	There is a process in place to take patients presenting with COVID-like symptoms to the designated examination/isolation room and/or waiting area.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1.7	There is a process in place that determines that the terminal clean of symptomatic/high	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Element		Yes	No	N/A	Remediation Plan
	risk patient's examination room will be done upon discharge.				
1.8	There is a process in place for booking medically indicated patients at the end of the day, if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1.9	1.9.1 There is a process in place to provide surgical/procedure masks to individuals that present with COVID-19-like symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.9.2 Personal protective equipment (PPE) is available for staff as outlined in the current PPE Recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Alcohol-based hand rub (ABHR) is available at entrance and exit from clinical and non-clinical areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	A process in place to provide guidance/update to elevator monitors with elevator capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Education					
2.1	Medical and non-medical staff have received education on appropriate use of personal protective equipment, based on current IPAC guidelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Medical and non-medical staff training and education has been documented. Please refer to the LearningHub for online education resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Medical and non-medical staff are aware of appropriate donning and doffing procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • There is signage on donning and doffing
2.4	Point of Care Risk Assessment has been reviewed with staff providing direct patient care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Medical and non-medical staff have been provided information relating to COVID-19 and the measures in place to ensure safety within the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Are communication channels in place to update staff on changes in procedures and to respond to concerns, e.g.: <ul style="list-style-type: none"> • Daily check in meetings • Email • Posted notices 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Routine practices					
3.1	PPE supplies are readily available and accessible in appropriate sizes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	ABHR are located at point of care (clinical areas). Soap, water, and paper towel is available for use at hand washing stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Element		Yes	No	N/A	Remediation Plan
3.3	Single use, disposable equipment used if possible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Single-use covers (e.g., paper table covers) are discarded after each patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	High touch points (e.g. side tables, side rails, chairs) in patient care area are cleaned and disinfected between clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Any medical/clinical equipment used (e.g. blood pressure cuffs, clipboard) should be cleaned and disinfected using the routine department practices for cleaning and disinfecting between patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	Containers that are used for product storage are cleaned, disinfected and dried in-between use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	Products (e.g. creams, lotions) are dedicated to the user.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9	Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment. Specifically the number of treatment bays used by an individual physician should be limited/designated per clinic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Environment					
4.1	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present throughout clinical and non-clinical areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Clear physical distancing indicators and room capacity posters are in place throughout clinical and non-clinical areas, i.e. elevators, waiting rooms, staffrooms, meeting rooms and other shared spaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Stairwell access made available to staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	A schedule is in place for cleaning and disinfecting surfaces/bins/shelves that are not routinely serviced by EVS or staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Staff lounges are de-cluttered and set up to accommodate physical distancing. Maximum occupancy is posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Mark off / remove excess chairs
4.6	Non-clinical areas (e.g., waiting area) have been de-cluttered removing non-essential items (magazines, toys, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Staff lounges and work spaces are equipped with disinfecting wipes for medical and non-medical staff to clean and disinfect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	ABHR are available at computer/phone stations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Element		Yes	No	N/A	Remediation Plan
4.9	Staff have access to change rooms for changing to dedicated work clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	Examination and clinic rooms have minimal supplies and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Medical and non-medical equipment (e.g. clipboards) are not accessible by patients/visitors/families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) FOR OFFICE and Non-CLINICAL AREAS:					
5.1	There is a process in place for virtual or telephone meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	There is a process in place for meeting organizers to remind visitors to not come into the office if experiencing any COVID-19-like symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Reception and other staff where feasible can maintain a 2 metre distance with visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present in the office suite.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Clear physical distancing indicators are in place in common areas, i.e. elevators, waiting rooms, staffrooms etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Stairwell access made available to staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Common areas (e.g., waiting area) have been de-cluttered removing non-essential items (toys, magazines, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Office spaces have minimal supplies and equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Team-Based Items / Staff Wellness					
6.1	Department leaders have considered which staff are able to continue to remotely and is the process to determine this in place. (If appropriate, consider implementing a process in place to support a physician's virtual visit or phone consultation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Communication channels are in place to update staff on changes in procedures and to respond to concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	If applicable, the manager has had or planned a staff readiness conversations with employees prior to their return to work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Team leader has considered or scheduled regular wellness check-ins with team staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	A list of wellness resources for staff is clearly displayed in your work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Element	Yes	No	N/A	Remediation Plan
7) Other				
Task-specific risks + remediation plans & Other measures not otherwise mentioned	<ul style="list-style-type: none"> • Install barriers between reception and the hallway to create physical separation for the receptionists • Install 6 new hand sanitizer mounts • Put up room capacity signage in all rooms/areas • Mark off / remove excess chairs 			

Additional comments:

Appendix B Corrective Actions List

Action Item		Action Item Complete	
1.	Reception 312A and 312B - Install barrier between workstation and hallway. Explore temporary solutions (i.e. clip on barrier). Relocate sign in binder for self-screening	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Replace broken power outlet plate at secure interview room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Remove excess chair or mark them "do not use" at interview room, waiting area, kitchen and board room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Update signage on all three floors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Hand sanitizer needs to be made available if groups start again basement group session room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Corridors are not sufficiently wide enough to allow appropriate physical distancing. Staff to wait at intersections until the corridor is clear.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Relocate plant to push back the chair at Room 320	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Close off 1 urinal , 1 stall and 1 sink at Men's Washroom	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Close off 1 stall and 1 sink at Women's Washrooms	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No