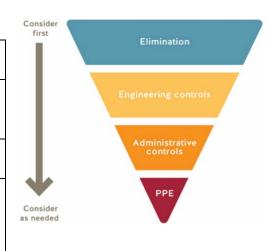


The BCIT COVID-19 Go-Forward Plan outlines the risk assessments, control measures, and the organizational process for our safe return to campus. All returning programs/courses must adhere to this process. Please refer to the <u>BCIT COVID-19 Go-Forward Plan</u> for additional information.

CONTACT INFORMATION

Department Name:	Student Health Services						
How many of your	There will be a rotation of a maximum	of 6	Wh	at is the total	5 em	ployees	
employees will be on	employees and/or contractors working	on	nı	umber of your	6 cor	ntractors	
campus:	campus at a given time from SHS or CSI	Ο,		employees:	(addi	tional 5 employees from CSD	
	with the remainder working from home	e.			share	share common spaces)	
Start date:	September 29, 2020		End da			Dec. 31, 2020	
Completed by:	Name	Position				Date	
	Marina Plavcic	Nurse			September 18, 2020		
	Sharon Barton	Physicia	an				
	Liza Elliot	MOA Sı	up	ervisor			



ROOM INFORMATION

In this section, please identify all of the rooms that will be used by employees.

Campus/ Building	Room Number Floor Plans found here	Type of Space Include washrooms and meeting rooms	Capacity Current capacity due to COVID-19
SE-16	127 + 127A-127N	Reception counter, waiting room, offices, patient medical rooms	Max of 10 individuals (employees + patients) in entire suite of 127 and 128 at a given time. 1 employee per small office except for 127-B, which will employ a curtain partition when being used by two nurses.
SE-16	1270	Kitchenette and 2 patient bays. Kitchenette closed to use and draped off.	2 individuals (patient and doctor)
SE-16	129A-C	Common group room shared by SHS and Counselling teams. Currently used as lunch room.	Large room. Max. 3 people, must be engaging in physical distancing of 2 meters from each other.



SE-16	128-Supp-Inst	Waiting area for patients	Max 2 patients in waiting area,
			distanced.
SE-16	Hallway through	Counselling office and hallways. SHS	
	128A-E + 129	employees would need to traverse if	
		connecting to group room 129A-C with	
		refrigerator.	
SE-16	192	Administrator office. Situated away from	1
		SHS or CSD.	
SE16	GYM 183 – Squash	Alternate area used for nursing	3
	Court	immunizations for health sciences students	
		when there are two nurses on duty.	

RATIONALE FOR ON-CAMPUS ACTIVITY

Please provide a short description explaining why you need employees on campus. Your narrative should be focused on the practical elements of what the employees will be doing.

Student Health Services provides essential medical treatment to BCIT students, including general medical assessment and treatment, immunizations and psychiatric care. It operates under an agreement with Fraser Health Authority and has been declared an essential service by the BCIT EOC. Medical practitioner ethical codes also require continuity of treatment. While some assessment and treatment can be provided online, other assessment and procedures can only be conducted in person.

CONTROL MEASURES

COVID-19 SAFETY PLAN: CONTROL MEASURES CHECKLIST

Directions for completing this Safety Plan:

- 1. First step of this process is to review the <u>BCIT COVID-19 Go-Forward Plan</u> as the overall planning document for this process.
- 2. Use this checklist as a tool to assess COVID-19 control measure preparedness for employees and the spaces they will be using. Refer to the BCIT COVID-19 Go-Forward Plan for standardized safety guidelines and procedures.



- 3. For each control measure, state the details. If the control measure is a 'No' or 'NA', please provide a brief explanation.
- 4. The manager requests all PPE requirements by submitting this draft Safety Plan to the PPE@bcit.ca.
- 5. Implement all the safety measures in this Safety Plan.
- 6. The manager completes a site visit to ensure all control measures and safety supplies are in place.
- 7. The manager signs the completed Safety Plan and submits it to returntocampus@bcit.ca for approval.
- 8. Once approved, the COVID-19 Safety Plan is posted in all work areas identified within this plan.

Note: The workspaces cannot be used until all applicable control measures are in place and Safety Plan is approved. For additional resources the <u>Risk</u> Assessment Controls Guidance and Hierarchy of Controls. For assistance email ssemohs@bcit.ca.

#	Control Measure	Yes	No	N	Details (as per Directions)
				Α	
ELIN	MINATION				
1.	Room(s) set up to allow for 2 metres physical distancing during work. Note: Contact returntocampus@bcit.ca for room capacity and layout if needed.				Exceptions allowed as per <u>BCIT COVID-19 Go-Forward Plan</u> , Risk Matrix Summary (explain): Certain medical procedures require health professionals to interact with each other or with patients in closer proximity. In such cases, protocols will be followed that adheres the latest guidance from BC CDC, Fraser Health Authority and the College of Physicians and Surgeons of BC.
2.	Work stations are set-up to allow for 2 metres physical distancing.				Exceptions allowed as per <u>BCIT COVID-19 Go-Forward Plan</u> , Risk Matrix Summary (explain): In the nursing office (127B), the nurses are required to periodically work in the same office space in order to collaborate on immunization-related tasks. A curtain will be installed as a barrier since 2 meters distance cannot be maintained. As well, efforts will be made to minimize the duration of time that there are two individuals in the office.
3.	Work has been scheduled to minimize numbers of employees on campus at one time.				The scheduled half-staff rotation is for 1 MOA, 1 Office Manager, 1 nurse and 1 physician may be on campus at a given time. 2 nurses are occasionally required when conducting immunizations. When not necessary, only 1 nurse will report in person.
4.	In shared spaces, safety protocols have been put in place to reduce close contact between users.				Physical distance requirement of 2 meters and rotating shifts are in effect for all employees, with the exception of nurses in the nursing office, which is being addressed with a retractable barrier as described above and below. The two nurses will make efforts to minimize the total duration of time they are in the



#	Control Measure	Yes	No	N	Details (as per Directions)
				Α	
					shared office space and will employ the barrier while sharing the office space. When within two meters distance without the barrier due to clinical job requirements, they will wear face coverings. They will also adhere to regular hand hygiene and cough etiquette.
5.	Movement within the room is identified, such as with directional arrows, for walkways and entrances/exits.				Signs or arrows on the floor identifying directions. Directional signage will be used for the main entrances. As only one hallway to offices so interior hallways must remain unidirectional. No patients are to be in hallways unaccompanied. Staff will be instructed to wait for each other to clear the interior hallway, so that individuals do not cross paths in hallway. If employees must be closer than 2 meters, they must wear a mask. There is currently signage directing physician patients to enter through main door and exit through the rear (east) door. Nurse patients enter through the main doors and exist through the second set of doors. Employee instructions to knock and give a verbal indication if entering the printer area beside reception.
6.	Washrooms have been identified.	\boxtimes			If yes, Washroom occupancy limit 1 There are two private stall restrooms, which have a capacity maximum of 1.
7.	Water fountains are put out of use, and only touchless water bottle filling station available.				
8.	Mobile fans have removed or put out of service.	\boxtimes			
9.	Break areas for employee use has been identified.				If yes, what control measures are in place to maintain physical distancing? Occupancy limit_3. If there is an occupancy limit, is a sign posted? Y \boxtimes N \square Room 129A-C (single common group room currently housing refrigerator and microwave and small sink, with large tables).
10 (a)	Other Initial remote visit and screening. Patients are only seen in person if deemed necessary by the physician or nurse after the initial phone or telemedicine visit. Reduced number of in person visits via phone calls or telemedicine (video chat) visits.				All patients are pre-screened by an MOA, nurse or physician about what to expect in relation to COVID safety procedures and what protective gear will be required or used during their visit. No more than two patients can enter the clinic at a time. All efforts are made to stagger appointments and limit clinic visits to one patient at a time. Immediately after booking, patients are sent a pre-visit questionnaire asking them to consent to their visit by phone or by video. Our clinic uses an up to date new EMR system called Input Health which is a secure internet based program that can be accessed by our team anywhere. All forms and prescriptions are handled electronically. Physician visits: • If the physician has determined during their video or phone
					If the physician has determined during their video or phone consultation that a patient should be seen in person, the physician will



#	Control Measure	Yes	No	N	Details (as per Directions)
				A	 instruct the front staff to book the patient a physical visit appointment. This physical appointment is booked either during the time of the initial visit or shortly after the virtual visit has ended depending on the urgency of the matter. On the day of the appointment, an MOA calls patients who are booked with a physician to do a pre-visit screening. The following questions are asked of patients: Do you have a fever, cough or shortness of breath? Have you travelled outside of Canada in the past 14 days and /or have been on a cruise? Have you had close contact with a person confirmed to have the COVID19 virus? If the answer is YES to any of the above questions, the patient will be rescheduled. The MOA informs the physician and the physician will follow-up with patient by telemedicine if necessary. Staff inform patients to bring a mask. If they don't have a mask, one will be provided. Staff instruct patients to call the front desk once they're in front of the building so that staff member can let them into the building and into the clinic. Staff remind patients to put on a mask if they are not already wearing one and direct patients to use the hand sanitizer once they enter the clinic. Staff are required to wear a face mask during this interaction with patients. Physical distancing of at least 2 meters is strictly maintained if patients are required to wait while seated or standing.
10 (b)	Other When nurses are providing immunizations to a high number of health sciences students, they will use an alternate location (GYM-183) in order to limit traffic and patient numbers in Student Health Services. INEERING CONTROL MEASURES				When the alternate location, nurses will use the attached protocol. Note that when daily immunizations are low volume and when there is only one nurse on duty, nurses may elect to provide immunizations using the SHS treatment room and the regular protocol will apply.



#	Control Measure	Yes	No	N A	Details (as per Directions)
12.	Barriers are implemented to separate work areas or walk ways, when physical distancing not practical.				Addition of full tempered glass enclosure around front desk as barrier between Medical Office Assistant and in-person patients. Since the nurses are required to work together for some of their immunization-related duties, a curtain partition will be installed for use when both nurses are required to be working in 127B at the same time. Efforts will be made to minimize the time period in which both nurses work in the same office. The curtain will be retracted when only one nurse is present.
12.	Barriers are stable and do not introduce other safety hazards, e.g. tripping.	\boxtimes			Permanent tempered glass barrier installed professionally by contractor recommended by Facilities.
13.	The impact on ventilation requirements have been considered if there's been a significant use change for the space.				Complete a <u>Facilities and Campus Development work requisition</u> for assessment, as needed.
14.	Other: Entrance door to building and medical clinic are locked to ensure that patients phone upon arrival.				Signage on building door (East Entrance) states to call front desk upon arrival.
SIGN	IAGE (ADMINISTRATIVE) Signage is available @ <u>BCIT onlin</u>	ne Inve	ntory.	Guia	delines for posting signs are available on <u>ShareSpace</u> .
15.	Posted: Physical distancing (2 m) sign(s) Item 1A	\boxtimes			
16.	Posted: Hand washing sign(s) Item 29B				Posted above each sink area, treatment room, examining room, common room. IN shared common area outside hallway, there is a sign instructing adhering to hand hygiene.
17.	Posted: Health screen sign(s) Item 3C	\boxtimes			At the main entrance of the building and the entrance to the unit, signs are posted.
18.	Posted: Hand washing sink location sign(s) Item 14A	\boxtimes	\boxtimes		Unnecessary as sinks are available in every washroom, treatment and examining room and in the common room and sick bay, with soap available at each location and hand hygiene instructions posted.
19.	Posted: Hand sanitizing station location sign(s) Item 13A				See above Large, visible hand santizer stations are clearly visible upon entrance and exit. Instructions are posted on the hand sanitizer stations. There is also a foot pedal hand sanitizer station upon entering the building by the East doors.
20.	Posted: Protect yourself sign(s) Item 21A				We have current signs with same information located at the unit entrances but will order new ones from inventory store.
21.	Posted: Occupancy limit of this room sign(s) Item 37A	\boxtimes			Occupancy limits will be posted to the: waiting room, common room, reception area, photocopier room.
22.	Posted:	\boxtimes			Please list:
					Signage on the building East Entrance indicates that patients must call ahead to book a phone appointment prior to an in-person appointment.
				1	pook a phone appointment prior to air in person appointment.



#	Control Measure	Yes	No	N A	Details (as per Directions)
23.	Signage posted highlighting requirement that masks are mandatory for patients while in SHS waiting area and for employees when required to be within 2 meters of someone else.				Patients are asked to bring their own mask or are provided with a mask prior to entering the building. Signs for proper mask use and disposal are present on the outside door to the building and the entrance door of the clinic.
ORIE	ENTATION AND TRAINING (ADMINISTRATIVE)				
23.	Routine safety discussions held to review control measures and safety protocols.	\boxtimes			Reviewed by coordinator
24.	All employees have completed the online BCIT Pandemic Exposure Control Plan Training.	\boxtimes			
25.	All employees have completed the online New Employee Orientation module.				New and Returning Employee Orientation Checklist found here. Each employee to save the checklist to their online New Employee Orientation course
26.	Other				A list of the rules and guidelines that all staff in the workplace are to follow has been communicated to all staff through zoom meetings, e-mails and kept in a clinic binder.
27.	Other				All related up to date information on COVID safety guidelines from WorkSafeBC and Fraser Health will be communication to staff by the lead physician
28.	Other				MOAs are trained, by either a doctor or a nurse, in COVID safety procedures and the proper use of PPE onsite according to the current BCCDC guidelines. Monitoring of MOA compliance to the CDC COVID guidelines is done through the office manager, Liza Elliott. Any MOA that is not following safety precautions or needs further training can be referred to one of the nurses or the lead physician.
RULI	ES AND GUIDELINES (ADMINISTRATIVE)				
27.	All unnecessary and self-serve items have been removed from the spaces. <i>e.g.</i> , <i>pens</i> , <i>paper</i> , <i>etc</i> .	\boxtimes			No sharing of pens and single use items. All magazines and materials have been removed from the waiting room.
28.	Papers and items are not physically passed between employees.		\boxtimes		If items are provided, they are cleaned between employee use or disposed, or other control measures are in place – Describe:



#	Control Measure	Yes	No	N A	Details (as per Directions)
					Wherever possible, we are moving to electronic records and documentation. However, some systems cannot be readily transferred and continue to rely on paper records (eg. immunization review records). In these cases, precautions are taken to ensure safe handling, primarily cleaning hands before and after handling such items.
29.	Employees have dedicated tools/equipment, e.g., items are not shared between employees.				Equipment is not shared during a day. Equipment is cleaned after use. Beds in each treatment room, BP monitor and bed side table are cleaned between patients. No other medical equipment is shared. Equipment is not shared during the day. Equipment is cleaned after use.
30.	If cleaning common touch points or tools/equipment not practical, then it is identified when hands are washed/sanitized before and after use.	⊠			Explain: No medical tools are shared between treatment rooms. If an unusual circumstance may occur where equipment needs to be shared, such as the EKG machine. The shared equipment must be fully wiped down with medical grade disinfectant prior to hand-off. Employees shall wash or sanitize hands prior to use of kitchen appliances and entry into shared kitchen space. There is a sink with both dishwashing and hand soap as well as wipes available in the kitchen area. Employees are asked to throw away any garbage into non-touch can and wash any dishes prior to leaving the kitchen space.
31.	Work spaces/stations are dedicated for an individual or group use and not shared with others.				The physician office will only have one physician present per shift and will be cleaned between shifts. Nurses will keep one nurse on per shift unless two are needed. If two nurses are required, nurses will follow distancing rules or use a barrier as per above.
32.	Single-use (disposable) products are used where feasible.	\boxtimes			As per common medical protocols, single use items are used for infection control. Ordering disposable sheets for examinations to replace use of cloth sheets. All single use items including PPE are discarded after use with every patient as per the CDC guidelines.
33.	Procedures in place to screen employees on a daily basis.				The <u>health screen</u> poster is available for reference and is posted on building doors. Employees are expected to self assess daily, and the <u>BCCDC self-assessment</u> tool can be used to support this. All employees are aware of the need to self-monitor each day for

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#	Control Measure	Yes	No	N A	Details (as per Directions)
					symptoms and not to come to work if they detect any symptoms. All student patients are screened for symptoms
34.	There is a procedure in place if an employee becomes ill on campus.				Refer to the <u>COVID-19 Pandemic Scenario Playbook</u> for more information. If the person is reporting symptoms, ask them to avoid others and return home. If they require immediate medical attention, call First Aid and 911.
35.	There are procedures in place if an employee travels before coming to campus, or has been in close contact with someone who has tested positive for COVID-19.				Refer to the <u>COVID-19 Pandemic Scenario Playbook</u> for more information. Confirm if the person is aware of self-isolation <u>requirements</u> and <u>protocols</u> .
36.	Provisions made for employees to work in cohorts.	\boxtimes			We are relying on physical distancing, not cohorts due to small number of employees. However, we have taken steps to reduce the number of employees in the office.
37.	Other:			\boxtimes	
PERS	SONAL PROTECTIVE EQUIPMENT (PPE). Refer to the PPE Flo	owchar	to de	termi	ne what PPE is required for COVID-19 purposes.
38.	Appropriate PPE for the hazards of employee tasks are available to be provided (non-COVID-19 related ppe).				List the ppe and tasks/activities it is required for and provide the quantity and unit of measure, if applicable (e.g. 2 boxes of 20 each box): RNs and physicians will don PPE for patient encounter: Mask, face shield or goggles and gown if required. N95 mask only if aerosolgenerating procedure such as Ventolin nebulizer.
39.	Training is provided for the above PPE to employees.				All staff have been asked to complete fit testing and review the CDC guidelines above. Fit testing was provided earlier this year for those staff that were able to attend. If not able to attend, staff are expected to obtain any yearly fit testing or first aid training on their own in order to meet their health care provider licensing standards. Copies of training certificates are kept by each staff member. Doctors and Nurses also adhere to protocols set out by their standards of practice through either the BC College of Physicians or the BCCNP (BC College of Nursing Professionals). MOAs are trained, by either a doctor or a nurse, in COVID safety procedures and the proper use of PPE onsite according to the current BCCDC guidelines. Monitoring of MOA compliance to the CDC COVID guidelines is done through the office manager, Liza Elliott. Any MOA that is not following safety precautions or needs further training can be referred to one of the nurses or the lead physician.



#	Control Measure	Yes	No	N A	Details (as per Directions)
40.	Appropriate PPE for COVID-19 is available to be provided to employees. Supply requests emailed to ppe@bcit.ca.				Based on circumstances allowed for in the <u>BCIT COVID-19 Go-Forward Plan</u> , Risk Matrix Summary. List PPE and tasks/activities required for and provide the quantity and unit of measure, if applicable (e.g. 2 boxes of 20 each box): -
41.	PPE safe <u>donning</u> , <u>doffing</u> , <u>disposal</u> , <u>and disinfecting instructional</u> materials are available for employees.				Post applicable signs in a visible location if ppe required. Use the Employee Orientation checklist to assist orientation/training by their supervisors. • Signs for donning and removal of PPE have been posted.
42.	Other:				Patients are asked to bring their own mask or are provided with a mask prior to entering the building. Signs for proper mask use and disposal are present on the outside door to the building and the entrance door of the clinic.
CLEA	NING				
43.	Facilities is aware of the cleaning needs for the area. Facilities work requests have been submitted.	\boxtimes			Cleaning includes common touch points and appropriate frequency for the area. This includes high touch areas. Provide FCD work request number(s). Facilities cleaning twice per day.
44.	Training will be provided to employees performing cleaning duties and cleaning materials have been provided.				Cleaning Standard Operating Procedures have been located

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#	Control Measure	Yes	No	N	Details (as per Directions)
				Α	
					Will hand sanitizer be refilled by department: Y \boxtimes N \boxtimes If No, describe:
48.	All Safety Data Sheets (SDS) and cleaning procedures used are found here .	\boxtimes			If not, describe:
49.	The area(s) have been decluttered so that cleaning is simplified.	\boxtimes			Waiting room cleared. Examining room equipment cleared and moved into the cupboards
50.	Barrier cleaning process has been arranged if the barrier(s) could become contaminated.				Barriers can become contaminate if they are a touch point or if the contaminated with droplets by e.g. coughing or sneezing.
51.	Common touch points and tools/equipment, that must be shared are identified and cleaned between employees.				Cleaning/sanitizing procedures for common touch points and shared items are available and signs posted e.g. shared machinery, multifunction devices, photocopiers, equipment, tools, microwaves, kettles, eating surfaces, etc. Identify who will clean and how often (e.g. employees or cleaning staff): All waiting, treatment and potential patient contact areas are cleaned with a medical grade disinfectant between visits and at end of the day as per CDC guidelines. Common touch areas such as desks, counter spaces, tables, keyboards and door handles are cleaned at least twice a day or more if needed. BCIT Janitorial staff clean washrooms and door handles twice per day. The Janitorial staff also come in after hours at the end of every working day to do their usual routine cleaning of floors, contact surfaces and removal of garbage.
52.	Storage space for personal articles have been identified and are cleaned regularly.				Who will clean: Facilities cleans floor area in examining rooms where patients place belongings. Where is the storage: no designated storage. Patients place personal belongings on the floor of the examining room or on a chair that can be cleaned. Employees store their personal belongings at their individual work stations.
53.	Other:				A binder labeled OHS and SHS (Student Health Services) Safety Plan contains disinfection protocols set out by the CDC that all staff are aware of
53b					All staff have been requested to leave work shoes at clinic. All work
					clothes are to be placed in a plastic bag and laundered after every
					shift. Staff are asked to shower immediately when returning home.
AUD	IT AND CONTINUOUS IMPROVEMENT				,



#	Control Measure	Yes	No	N	Details (as per Directions)
				Α	
54.	There is a plan to conduct <u>regular inspections</u> of all control measures and safety protocols to ensure they are in place.				Ensure this COVID-19 Safety Plan is posted. Who will conduct these inspections and how often? Dr. Sharon Barton and Marina Plavcic will conduct an inspection on a monthly basis for the first 4 months and then every two months.
55.	Audits of inspections are planned to ensure that control measures continue to be effective.	\boxtimes			Who conduct the audits and how often? Michael Mandrusiak will do an audit of the inspections at the 2 4 and 8 month point.

APPROVAL

All COVID-19 risk control measures for this campus activity are in place.								
Manager	Name Michael Mandrusiak	Position Associate Director, Student Access & Wellbeing	Date September 29, 2020					
EOC	Name Glen Magel	Position EOC Director	Date October 17, 2020					

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