FAQ for staff and medical staff:
Restarting patient & client services

May 14, 2020

QUESTIONS ABOUT PATIENTS & CLIENTS

1. **What information are patient/clients provided before arriving at the hospital?**
    - Patients/clients should receive a pre-admission package that includes instructions regarding self-assessment for COVID-19. The self-assessment tool is available on the BC Centre for Disease Control (BCCDC) website: bc.thrive.health. Please advise patients to follow the recommendations from the self-assessment.
    - At the time of booking or in advance of an appointment, staff should call patients/clients to inform them of recommended Public Health guidelines. For more information, please visit www.vch.ca/covid-19 or the IPAC website at ipac.vch.ca/Pages/Emerging-Issues.aspx.
    - Patients/clients should be reminded to notify staff of any changes in their health prior to coming to hospital or clinic.
    - Patients/clients should be reminded that they will undergo another screening assessment when they arrive at the hospital or clinic.
    - Patients/clients should be notified that all procedures are subject to the discretion of the most responsible care giver and may be cancelled at any point.

2. **How are patients being screened before entering facilities?**
    - Greeters and security staff at facility entrances will ensure that everyone who enters the hospital is given a quick COVID-19 assessment, sanitizes their hands and has taken appropriate measures to prevent the spread of the virus.
    - Patients/clients with visible cold or flu-like symptoms will be asked to wear a surgical/procedure mask immediately and perform hand hygiene.

3. **Are family/visitors/support allowed to visit patients?**
    - To reduce the risk of COVID-19, VCH facilities remain restricted to essential visits only.
    - While there are exceptions for circumstances such as birth, death, compassionate reasons and pediatrics, please encourage family/friends to connect virtually rather than visiting in person.
    - For more information, please read the Guidelines for Visitation during COVID-19 to Support Compassionate and End of Life Visitation.

4. **What kind of restrictions are being placed on in-person visits?**
   - Family, visitors and support should be limited to one person per patient/client, and visits should be restricted to two hours.
   - Patients should also be given information on alternatives to in-person visits.
   - Information on *How to request a tablet* and *Guidelines for cleaning and disinfection of tablets* are available in the VCH Virtual Health website.

5. **How can we protect family members or others who are visiting patients who are COVID-19 positive?**
   - Family, visitors and support persons who are visiting active and suspected patients who are COVID-19 positive must don appropriate personal protective equipment (PPE). PPE will be supplied by the health authority or site.

6. **What if a patient/client appears to be symptomatic upon arrival at the hospital/clinic?**
   - Patients presenting with visible cold or flu-like symptoms should be asked to wear a surgical/procedure mask immediately. Medical professionals may determine whether appointments for symptomatic clients should be cancelled.

7. **A patient has informed us (prior to their appointment) that they are now feeling symptomatic – should their appointment be cancelled?**
   - The safety of our patients/clients and staff is our top priority. All procedures are subject to the discretion of the most responsible care giver.

8. **How are we keep waiting rooms, other clinical spaces and equipment safe for patients, clients, staff and medical staff?**
   - Centralizing waiting areas, text messaging/calling patients or clients when they are able to be seen and other alternative solutions to waiting in the hospital or clinic areas.
   - Waiting areas will be set up to ensure physical distancing with high-touch areas cleaned frequently and a deeper cleaning once a day.
   - Non-essential items should be removed from waiting and gathering areas.
   - All equipment is cleaned and disinfected between uses and tagged with an "I am clean" label, which is removed before the equipment is used on a patient or client.
   - High touch points are also cleaned between use for equipment that is dedicated to an individual patient or client.
   - Equipment specific to an individual (e.g. stethoscopes, badges, mobile devices, etc.) should be cleaned and disinfected daily and immediately after contact with a patient/client or patient/client zone.

- Clean and contaminated equipment is also stored separately with a minimum spacing of two metres.

INFORMATION FOR STAFF & MEDICAL STAFF PROVIDING DIRECT PATIENT OR CLIENT CARE

9. **How are we protecting health care workers whose roles require direct contact with patients, clients or residents?**
   - The safety of health-care workers is critical to B.C.'s response to the COVID-19 pandemic.
   - We are taking significant steps to ensure health-care workers are protected and have access to safe, trusted and fully tested PPE when and where they need it.
   - All equipment is cleaned and disinfected between uses and tagged with an "I am clean" label, which is removed before the equipment is used on a patient or client.
   - High touch points are also cleaned between use for equipment that is dedicated to an individual patient or client.
   - Equipment specific to an individual (e.g. stethoscopes, badges, mobile devices, etc.) should be cleaned and disinfected daily and immediately after contact with a patient/client or patient/client zone.
   - Clean and contaminated equipment is also stored separately with a minimum spacing of two metres.

10. **I have questions about PPE – where can I find the most up-to-date answers?**
    For the most up-to-date PPE recommendations, refer to the IPAC document based on the setting:
    - **Acute care**
    - **Community, long-term care and ambulatory care**

11. **What general infection control measures should staff and medical staff follow before and after seeing patients?**
    - Staff and medical staff must practice effective hand hygiene before and after each patient/client – washing your hands with soap and water or an alcohol-based hand sanitizer.
    - Staff and medical staff should follow respiratory etiquette, including covering coughs and sneezes and avoiding touching the face, mouth, nose and eyes.
    - Staff and medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment.

INFORMATION FOR STAFF & MEDICAL STAFF NOT PROVIDING DIRECT PATIENT OR CLIENT CARE

12. **What guidelines should staff not providing direct patient/client care or who work in administrative/office areas follow?**

- Staff and medical staff should regularly practice excellent hand hygiene. This means frequent hand washing or sanitizing with an alcohol-based hand rub.
- Staff and medical staff should also follow respiratory etiquette, including cover cough and sneeze and avoid touching the face, mouth, nose and eyes.
- IPAC also offers guidelines on how to clean and disinfect individual work spaces: my.vch.ca/news-discussion-site/Documents/COVID-19-Cleaning-Disinfecting-Workspaces.pdf

GENERAL PUBLIC HEALTH GUIDELINES FOR THE WORKPLACE

13. How does physical distancing apply to our health-care workplace?
- Generally, physical distancing – staying two metres away from others – is a population-level health measure. It is not about your individual risk, but is a measure to slow the virus in the community. The advice from the Provincial Health Officer for physical distancing is not meant for staff in health-care settings, nor is it practical where staff must provide direct care for patients, where infection prevention and control measures are in place, and where staff have access to PPE.
- Physical distancing is in effect for staff, patients and clients who are not wearing PPE.
- Physical distancing should be encouraged in elevators, line-ups and waiting areas.

14. Are there general guidelines on interacting with our teams?
- Team meetings and in-person interactions should be replaced with virtual options as much as possible. If not possible, follow public health guidelines for physical distancing.
- Staff and medical staff should limit the exchange of papers. If documents must be exchanged, leave them on a clean surface.
- Staff and medical staff should AVOID:
  - Sharing pens and other office equipment
  - Handshakes and any other physical contact with others
  - Sharing food and snacks

15. What other public health practices should we keep in mind?
- Practice excellent hand hygiene by washing with soap and water or using an alcohol-based hand sanitizer. Hand hygiene stations are available near doorway entrances.
- Use PPE as appropriate (see IPAC guidelines for **acute care** and **community, long-term care and ambulatory care**)
- Ensure staff and medical staff who demonstrate or report COVID-19 symptoms stay at home until well and able to return to work.

QUESTIONS ABOUT EQUIPMENT, SUPPLIES AND ENVIRONMENT

16. How often are clinical areas cleaned and who is responsible?
- Common areas and high-touch surfaces are cleaned and disinfected on a daily basis, with a focus on: reception counters, seating areas (including clinic room seats), doors, handrails, light switches, door handles, toilets, taps, handrails and counter tops.
- Non-essential items (remote controls, magazines, etc.) should be removed from waiting and gathering areas.
- Local Emergency Operation Centres (EOCs) in partnership with Public Health and Infection Prevention and Control are responsible for ensuring the appropriate frequency and type of cleaning takes place.

ADDITIONAL QUESTIONS

17. I have questions that haven't been answered here – where can I find more information?
- Please reach out to your manager, supervisor or program lead
- Online resources:
    - VCH staff intranet: my.vch.ca/covid19
    - VCH medical staff COVID-19 resources: my.vch.ca/covid19/for-medical-staff
    - VCH IPAC website: ipac.vch.ca