

Purpose of COVID-19 safety plan

This COVID-19 safety plan template has been created by Suzanne Olszowiec to outline the policies and procedures that have been put in place to protect Courtenay Veterinary Clinic employees, clients and others entering the business from the potential transmission of COVID-19. This plan follows the WorkSafeBC six step process for developing a COVID-19 safety plan and aligns with current Provincial Health Officer (PHO) orders and WorkSafeBC requirements.

Responsibilities

Courtenay Veterinary Clinic ownership and management are responsible for the development of this plan including ensuring that adequate resources are made available to implement and sustain the plan.

All Courtenay Veterinary Clinic employees and contractors will follow this safety plan as a condition of employment. All clients must follow this safety plan as a condition of visiting our property.

Suzanne Olszowiec & Candice Hall > are responsible for implementing this safety plan throughout the workplace.

Employees are responsible for participating in the development, implementation and ongoing sustainment of the COVID-19 safety plan. If employees have any concerns regarding this plan they are to bring them to the attention of Suzanne Olszowiec

STEP 1 – Identify the risks

COVID-19 is an illness (disease) caused by a coronavirus. This particular coronavirus is a new virus that was first recognized in December 2019, originating in Wuhan, China. Coronaviruses are a large family of viruses, some of which infect animals and others that can infect humans. The World Health Organization declared COVID-19 a global pandemic on March 11, 2020.

Symptoms of the disease range from mild to severe and can be fatal. Symptoms can appear up to 14 days after initial exposure and include:

- Fever
- Chills
- Cough
- Shortness of breath
- Sore throat and painful swallowing
- Stuffy or runny nose
- Loss of sense of smell
- Headache
- Muscle aches
- Fatigue
- Loss of appetite

The virus that causes COVID-19 spreads from person to person in several ways, including through droplets when a person speaks, coughs or sneezes, or from touching a contaminated surface before touching the face. The risk of transmission increases the closer you come to other people, the more people you come into contact with and the length of time you spend with other people. This is why it is critical to control these interactions in the workplace, to help reduce the transmission of COVID-19.

The following areas have been identified as areas where employees and/or clients may gather:

- Front Entrance
- Reception
- Exam Room
- Pharmacy/ Treatment Area.
- Staff Room

The following tasks bring our employees close to one another or to clients:

- Customer Service (Check in/check out, invoicing, patient transfer)
- Reception
- Exam Room

- Pharmacy/ Treatment Area (prescriptions, Patient restraint)
- House keeping

The following tools, machinery and equipment have been identified as items that employees and/or guests share:

- Credit Card Machines
- Reception/Office equipment/work spaces
- Examination supplies (thermometers, otoscopes, stethoscopes, keys etc)
- Laundry
- Utensils for feeding or patient care (bowls, utensils, litter boxes)

The following items have been identified as high touch items:

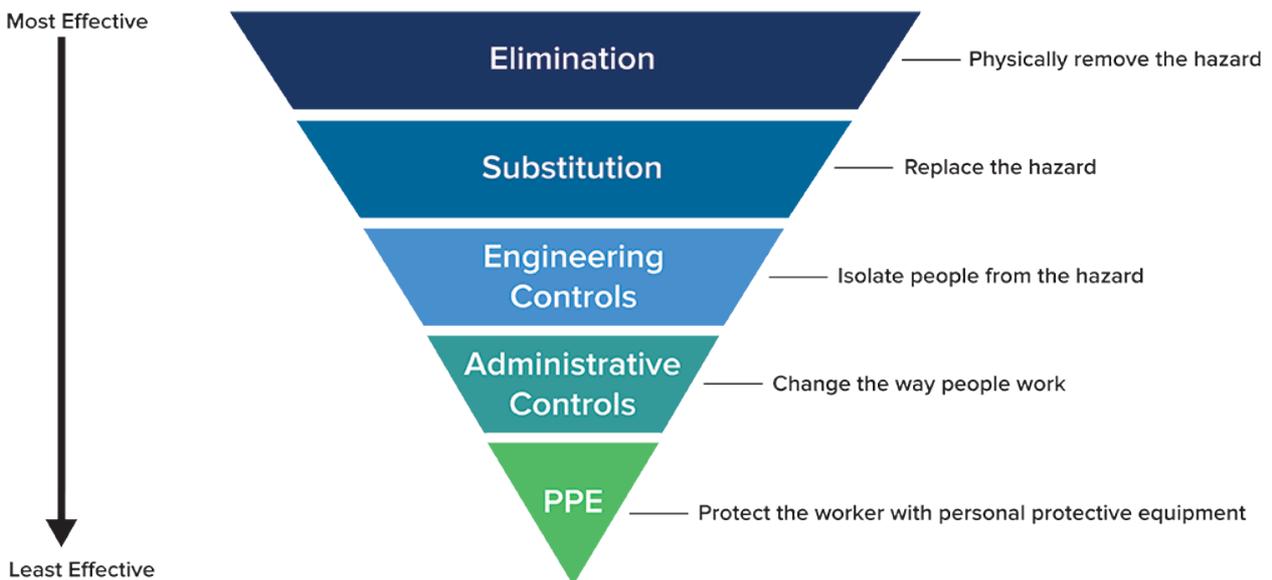
- Door Knobs/handles/locks
- Reception/ Exam Room work spaces
- Light Switches
- POS machines/keypads
- Thermometers, stethoscopes, otoscopes, and commonly shared equipment

STEP 2 – Control the risks

The overarching aim is to reduce the risk of the virus spreading through droplets in the air and from touching a contaminated surface and then touching the face. Therefore, any controls that are adopted within the workplace should always reflect that. Different controls will offer varying levels of protection and the preferred option is always the control that offers the highest level of protection. This approach to controlling risks is referred to as the “hierarchy of controls”. This process involves assessing the risk (likelihood of harm or injury) associated with different hazards (something with the potential to cause harm or injury).

In some cases, it may be necessary to combine different levels of protection in order to control one particular risk. An example of this, in relation to managing the risk of COVID-19 transmission, is to install barriers to separate people (engineering control) and to wear a mask (personal protective equipment).

Types of risk controls



Elimination or Substitution are the highest, most effective levels of control and involve removing the risk of exposure to a given hazard entirely, or substituting a hazard for something that is less harmful.

- Front Entrance/Reception – Reduction of clients in facility, plexi shielding, appropriate PPE, disinfection after each transaction.
- Exam Room – No clients (euthanasia exempt) minimal staff (1 Vet 1 animal handler and patient only) Appropriate PPE, disinfection between procedures.
- Pharmacy/ Treatment Area. Maintain physical distance, appropriate PPE, disinfection where/as appropriate.
- Staff Room – Physical distance, PPE, disinfection.

We have implemented the following controls to limit the number of people in our workplace and to ensure physical distancing.

- Curbside – Check in/out, patient admissions,
- Telephone/Video/Photograph – Check in, consultation/examination
- No clients in exam rooms (Euthanasia exemption)
- Only 2 clients in facility at a time
- Spreading out staff breaks

Engineering controls include placing physical barriers between people when physical distancing cannot be maintained.

- Plexiglass & other physical barrier

We have installed barriers in the following areas:

- Front Entrance – Furniture barrier with hand sanitizer station
- Reception – Plexiglass shielding

Administrative controls include the rules, training, guidelines and signage you have put in place to educate people on how to control the spread of COVID-19 in the workplace.

We have put the following administrative controls in place:

- Staff – No staff shall enter the workplace if they are ill, return to work after a negative Covid-19 test, appropriate quarantine, or as deemed appropriate by Physicians, Owners and staff.
- Guests must follow signage, or rules established by Public Health Office, WCB
- Clients are required to check in by phone or Customer Service Representative outside. Clients will be provided with ability for contact with the veterinarian and provided information for when their pet will be ready for pick up and how that will transpire.
- Food/Other purchases – 2 clients in clinic at a time, staff to retrieve items when possible.
- Preorders – Clients will call ahead to pre-order and call at arrival to clinic, CSR will deliver to vehicle and take payment by phone, e-transfer or portable POS

Personal Protective Equipment (PPE): This is the least effective option in terms of protection and should be considered if the higher levels of protection don't allow you to adequately control the risk. PPE should be used in addition to other control measures and not in isolation.

We have put the following PPE controls in place:

- Masks are mandatory for everyone in many public indoor settings.

STEP 3 – Develop Policies and Procedures

Clear policies and procedures help to ensure that the identified controls are being followed within the workplace and establish the minimum requirements. They may include arrangements for who can and cannot be at the workplace, how to deal with illness in the workplace, cleaning and personal hygiene protocols, first aid provision and managing violence in the workplace.

Cleaning and Disinfection

The cleaning and disinfection of surfaces, especially high-contact surfaces, forms an important part of safe work practices for controlling COVID-19 in the workplace. Cleaning and disinfection are often referred to as a “two-stage” process. Cleaning removes visible surface dirt and debris, whereas disinfection destroys bacteria and viruses.

- General cleaning will be performed by ALL staff
- Routine Disinfection will be performed by ALL staff
- Specialized Disinfection will be performed by Veterinary Technician (VT) or under supervision of VT (will include contagious diseases, Parvo, Distemper, Bordetella, etc or in event of a notified Covid-19 exposure)
- General cleaning supplies include but are not limited to, Lysol, VIM, etc
- Routine Disinfection supplies include but are not limited to Alcohol, Peroxide, Clinacide
- Specialized Disinfection – Will involve approved veterinary disinfectants at appropriate dilutions based on the nature of disinfection required, all are listed on products, and will be undertaken by VT or under direct supervision of Veterinarian or Veterinary Technician.
- SDS (Safety Data Sheets are located online [alcove computer has link] or the reception binder located in the reception area office

Hand washing

Regular hand washing is an important step in controlling the spread of COVID-19 in the workplace. Courtenay Veterinary Clinic employees must wash their hands when they arrive at the workplace, before and after breaks, after coughing, sneezing or touching the face, after using the washroom and before leaving work. Soap and water are preferred but hand sanitizer with a 70% alcohol base can be used when soap and water is unavailable, or as an additional control.

Daily Health Screening

All Courtenay Veterinary Clinic employees must complete a daily health declaration before entering the workplace. Daily health declarations will be tracked by staff initialing they have completed the self assessment and it will be signed off by either Suzanne Olszowiec, Kelly Leeuwenberg or Miriam Flannery. Employees must review the below information every day, before entering the workplace. Worker and visitor entry check posters are displayed at Front, Room C and Kennel room doors.

1. Have you travelled outside Canada, or off Vancouver Island within the last 14 days?
2. Have you been identified by Public Health as a close contact of someone with COVID-19?
3. Have you been told to isolate by Public Health?
4. Are you displaying any of the following new or worsening symptoms?
 - Fever or chills
 - Cough
 - Loss of sense of smell or taste
 - Difficulty breathing
 - Sore throat
 - Loss of appetite
 - Extreme fatigue or tiredness
 - Headache
 - Body aches

- Nausea or vomiting
- Diarrhea

Anyone answering yes to questions 1-3 must follow the advice of Public Health and not attend the workplace. Anyone displaying any of the symptoms listed above must not attend the workplace and should call HealthLinkBC at 811 for further direction from Public Health.

Any worker that receives a positive COVID-19 test result will not be allowed to return to the workplace until they have a negative COVID-19 test result or a note from the doctor stating they are no longer infectious. If any worker becomes ill at the worksite, they are to don a mask and report to Suzanne Olszowiec, RVT Office Manager. The employee will be isolated from the other employees on the worksite and arrangements will be made for them to go home.

First Aid

All first aid attendants must follow the WorkSafeBC Occupational First Aid Attendants (OFAA) guidelines when responding to a first aid emergency in the workplace.

Workplace Violence

The potential for violence exists whenever there is direct interaction between workers and non-workers. Employers must provide a workplace as safe from the threat of violence as possible. If there is a risk of violence in a workplace, the employer must set up and instruct workers on procedures to eliminate or minimize the risks. Some of these tendencies may be more likely to manifest when individuals are dealing with elevated levels of stress and uncertainty, consistent with a pandemic situation.

- Violence or abuse will not be tolerated in any form
- Deal with situation professionally and seek help if required
- If Suzanne Olszowiec/Candice Hall are not available, assure client that Suzanne Olszowiec will be provided information and address situation at earliest convenience.
- If situation escalates and staff safety is in any way compromised phone 911

STEP 4 – Communication and Training

Everyone within the workplace must understand how to keep themselves and others safe. Training should include the need to stay at home when sick, understanding occupancy limits, hand washing procedures and who is permitted to enter the workplace. Supervisors should be trained on how to monitor workers to ensure that policies and procedures are being adhered to.

STEP 5 – Updating the COVID-19 Safety Plan and Monitoring the Workplace

Suzanne Olszowiec or Candice Hall are responsible for implementing this COVID-19 safety plan throughout the workplace.

Suzanne Olszowiec or Candice Hall are responsible for reviewing and updating this COVID-19 safety plan following a workplace case of Covid-19, or whenever Provincial Health Officer orders, other government requirements and WorkSafeBC protocols change.

STEP 6 – Ensuring Ongoing Training and Monitoring

Training on this COVID-19 safety plan will be included in all new hire orientations, or when bringing back employees following a period of absence.

This safety plan will be reviewed and revised, as required, to reflect any:

- Changes to job scope which may affect the plan,
- New areas of concern or the identification of something that isn't working,
- Health and safety concerns raised through a worker representative or joint health and safety committee,
- Changes to Provincial Health Officer orders or other government and industry requirements that affect the plan.

Acknowledgement of COVID-19 Safety Plan Receipt and

Please read the COVID-19 safety plan and sign the acknowledgement below. Each staff member shall be provided with their own copy of this safety plan and sign to acknowledge they have READ, RECEIVED AND UNDERSTOOD.

I have received, read and understand the Courtenay Veterinary Clinic COVID-19 safety plan. I will follow all aspects of the plan, including the daily health declaration. If I have any concerns regarding the plan or suggestions for improving it, I will raise them with Suzanne Olszowiec or Candice Hall.

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