

Clinical Settings – COVID-19

Facility Name/Address:		Floor/Department/Work Area:	
Assessment Date:		Planned Review Date:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Name of the Worker Representative:			

Introduction

As a leader, you are responsible for the health and safety of those staff under your supervision. Initial workplace risk assessment processes undertaken allowed leaders to identify, assess, and eliminate / reduce risks associated with COVID-19. In addition to your COVID-19 risk assessment, this tool is designed to help you assess the need for a physical barrier within your area.

How to Use this Tool

1. Determine the scope of your team level review based on your operational requirements (Who will complete the risk assessment? Are multiple risk assessments required for my team?)
2. Review the document Core Control Principles and Hierarchy of Controls (COVID restoration SharePoint)
3. Complete this risk assessment tool
4. Where physical distancing cannot be achieved and a barrier is to be considered, indicate on checklist, and submit a request to FMO: [Maintenance](#)

Element		Yes	No	N/A	Remediation Plan
1) COVID-19 Risk Assessment					
1.	Have you completed the covid-19 risk assessment for clinical settings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have all recommendations been implemented from the covid-19 risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, please explain:
3.	<p>Are the following safety protocols in place? (mark all that apply)</p> <ul style="list-style-type: none"> Virtual health appointments have been implemented Pre-screenings conducted over the phone prior to appointment Patients are notified via text or email if their appointment is delayed Appointments have been spaced out to allow for additional cleaning time between appointments Additional installation of ABHR in the reception area Additional cleaning wipes at the reception area. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.	<p>Are there physical barrier strategies that have been utilized but found to be ineffective:</p> <ul style="list-style-type: none"> Visual indicators on floor Extra furniture placement Stanchions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5.	<p>Are all individual workstations behind reception located greater than 2 m of each other?</p> <ul style="list-style-type: none"> Ensure no workstations are located within 2 m of each other or designate which seats the workers can sit in to maintain 2 m physical distancing Ensure barriers/partitions between workstations 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6.	<p>Are individual workstations behind reception designated for single user (rather than shared among staff)?</p> <ul style="list-style-type: none"> Shared workstations not recommended. If sharing required, wipe the workspace, including commonly used items (phones, pens, computers, etc.) with disinfectant wipes after use. Ensure any barriers/partitions are easy to clean. 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

2) Above safety protocols did not prove to be effective and the following is still observed:

7.	Overcrowding of patients waiting for their appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scale: All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/>
8.	Patients walking closer to the desk (across the marking on the floor, around the furniture barriers) to aid in communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scale: All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/>

Element	Yes	No	N/A	Remediation Plan
Additional Questions or Discussions				
If further control through a physical barrier is required, the expectation is that the following processes are also established.				
—	Cleaning of plexiglass screen to occur twice daily and when visibly soiled by departmental staff <ul style="list-style-type: none"> Has department determined how cleaning will take place and by whom? Has this been communicated to staff Where will the process be posted? 			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
—	Reminder of hand hygiene for all patients and accompanying individuals prior to check is in place and perform consistently. <ul style="list-style-type: none"> All staff are trained and comfortable to have this discussion 			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
—	Describe the process for management of overcrowding in waiting room:			
—	Describe any other factors which may influence the need for physical barriers:			
—	What is the assessed root cause of the issue?			

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
21-Dec-2020	C-0506-06-60886 Pre-Screening Criteria For Physical Barrier Assessment	Approved at: CW COVID-19 Working Group

Disclaimer

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