

Site Applicability

This practice is applicable at BC Children's and Women's Hospitals site-wide in clinical and non-clinical environments.

Practice Level

This is required and expected of all clinical and non-clinical staff and physicians as a basic skill for all interactions with patients, families, visitors, and other staff in a manner that is consistent with public health practices during a pandemic.

Guideline Statements

Physical (social) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak and includes making a conscious effort to keep a physical distance and reduce contact between people.

Physical (social) distancing at work includes making changes in your daily routines to minimize close contact with patients, families, visitors, and other staff, including:

- Avoiding crowded areas and non-essential gatherings
- Avoiding common greetings, such as handshakes
- Keeping a distance of at least 2 arms-length (approximately 2 meters) from others

Any staff or physicians who develop mild respiratory symptoms while at work must put on a mask, finish any immediate essential activities, contact supervisor and go home.

Ensure diligent hand hygiene and respiratory etiquette at all times.

Equipment & Supplies

Soap and water OR alcohol-based hand sanitizer

Hospital grade disinfectant wipes

Guideline:

Intervention

For all work environments:

- a. There is a benefit to increasing the spatial separation between desks, workstations as well as individuals (e.g. healthcare providers, patients, family members) from each other, ideally a 2 metre (6 feet) separation should be maintained, unless there is a physical barrier (e.g., cubicle, Plexiglas window). If this is not possible (e.g. due to physical environment space constraints), keep in mind other principles such as good hand hygiene, respiratory etiquette, and wearing appropriate personal protective equipment (PPE).
- b. When possible, use phone or video meetings rather than in person meetings.
- c. When it is necessary to gather in a group (e.g. team care rounds, at a team care station), consider how patient confidentiality can be maintained whilst maintaining physical (social) distancing. This may include changing the location of team care rounds to a meeting room that is large enough for all team members.
- d. During non-work time (e.g. break, meals), continue to maintain spatial separation as possible given the physical environment. When this is not possible, continue to practice good hand hygiene, respiratory etiquette, and increase in frequency of environmental cleaning.

For clinical patient care:

Practices will need to be adapted depending on the patient's clinical situation and physical environment of the patient room using the healthcare team's best clinical judgment.

When patient is in isolation the appropriate personal protective equipment (PPE) is to be used. Refer to PPE documents on ePOPS (policyandorders.cw.bc.ca) and/or speak with supervisor.

a. Prior to entering the patient room:

- Decrease the number of team members physically present in the patient room to essential staff only (depending on the specific patient situation: known positive, patient under investigation (PUI), or unknown).
- Plan ahead for how to assign roles of team members as needed to decrease the number of people in the room. This may include the use of runners or additional staff.
- Consider how technology and procedure/equipment checklists can help the team to prepare for care and support care conversations with the patient and family, such as using phone or virtual health communication systems.
- Limit healthcare team interactions with the patient by checking in with the primary nurse or Most Responsible Provider (MRP) regarding the timing for interactions and/or interventions based on the overall plan of care.

b. While in the patient room:

- To maintain patient confidentiality during conversations with the patient and family during social (physical) distancing, consider closing the door to the patient room to ensure sufficient distance can be maintained between health care provider, patient and family.
- Ask for help from "runners" or other healthcare staff who can bring additional required equipment and/or supplies to the patient room. For example, one nurse may be providing care in the patient room, and another nurse may bring additional supplies to the room without going into the room.
- If caregivers cannot maintain adequate physical distance from each other while providing clinical care using appropriate PPE should be considered.

Patient & Family Engagement/Education

Include the patient and family in teaching and conversations about the rationale for social distancing and to problem solve ways to maintain this whilst providing patient and family centred care.

This script about physical (social) distancing can be used with patients and families:

"To lower the chance of spreading COVID-19 and other illnesses, your care team will decrease the number of people you come into close contact with. We will also stand farther away from you when we can. We will still give you the same quality of care, but you may notice that your care team stands about 2 metres from you.

It is also possible that some of the healthcare team will speak with you by phone or other technology instead of coming into your room as usual.

The most important thing you can expect from your care team to lower the chance of spreading COVID-19 and other illnesses is that we will clean our hands before and after we care for you. We will do this with alcohol-based hand sanitizer or soap and water. Sometimes we clean our hands outside your room before we come in, or after we come in your room. You can always ask us if we have cleaned our hands or any other questions about your care."

References

BC Centres for Disease Control. Common Questions (2020). <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/common-questions>

DONNING (PUTTING ON) PERSONAL PROTECTIVE EQUIPMENT (2020). [http://policyandorders.cw.bc.ca/resource-gallery/Documents/Infection%20Control/C-0506-12-60561%20Donning%20\(Putting%20On\)%20Personal%20Protective%20Equipment.pdf](http://policyandorders.cw.bc.ca/resource-gallery/Documents/Infection%20Control/C-0506-12-60561%20Donning%20(Putting%20On)%20Personal%20Protective%20Equipment.pdf)

Principles of Additional Precautions (2017). <http://policyandorders.cw.bc.ca/resource-gallery/Documents/Infection%20Control/IC.04.01-Principles%20of%20Additional%20Precautions%20Revised%20July%2017%202017.pdf>

Public Health Agency of Canada (PHAC). Coronavirus disease (COVID-19): Prevention and risks (2020). <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#social>

Public Health Agency of Canada (PHAC). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in HealthCare Settings. Ontario, 2013. http://publications.gc.ca/collections//collection_2013/aspc-phac/HP40-83-2013-eng.pdf.

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
26-Mar-2020	C-0506-07-60577 Physical (Social) Distancing While At Work	Developed by CW COVID-19 Response Working Group; Approved by Professional Practice Director

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