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COVID-19 CLINICAL OPERATIONS RESPONSE POLICY

Policy Statement

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. On March 17, 2020, Alberta declared a state of public emergency due to COVID-19 pandemic, and on March 18, 2020, British Columbia declared a state of public emergency as well. College of Physicians of Surgeons of Alberta (CPSA) communications to the Nonhospital Surgical Facilities (NHSF), a memorandum on March 18, 2020 directed NHSFs to cancel all elective and scheduled procedures. On March 23, 2020, the British Columbia Provincial Health Officer (PHO), Dr. Bonnie Henry, provided guidance through the College of Physicians and Surgeons of British Columbia (CPSBC), that decisions regarding the reduction or elimination of non-essential and elective services should be made using processes that are fair and equitable to all patients. Furthermore, it was directed that all non-essential and elective services involving direct physical contact with patients should be reduced to minimal levels, subject to allowable exceptions, until further notice.

As of March 22, 2020, all fertility treatments were temporarily halted at all Pacific Centre for Reproductive Medicine (PCRM) facilities. Infertility is a disease and it is not elective care. PCRM has a duty to our patients, staff and society. The overarching theme of our response has been to guard the health and safety of our patients and staff, and to contribute to reducing COVID-19 cases through potential exposure, thereby “flattening the curve” of the disease progression, and thus helping to reduce the overwhelming impact on public healthcare resources to ensure that severe COVID-19 cases can be appropriately managed.

This document has been created to provide guidance to PCRM staff as to how clinical operations will be modified with resumption of operations. This document will be modified frequently as new information becomes available, with guidance from the Public Health Agency of Canada (PHAC) and the Alberta and British Columbia PHO’s. When this document is in conflict with other PCRM policies or standard operating procedures (SOPs), this document will be considered to be superseded by other documents. When an employee identifies a conflict between this policy and other PCRM controlled documents, the PCRM employee should consult with their direct superior/department head to review for clarification. This document will be in effect until further notice.

Scope

This document applies to all staff at PCRM. The authority of this document supersedes any other PCRM policies, SOPs, controlled documents, while it remains in effect

Responsibility

Each PCRМ facility director must ensure this policy is enforced. Facility directors must direct that department heads/managers/supervisors ensure that their department staff follow the directives in this policy.

Procedure

On Site Staffing

1. It is PCRМ's initiative to target on site staffing to less than 50% of the employees working on any given day to the extent that circumstances permit in order to deliver safe patient care
2. Each department head must organize staff who do not require direct patient care to work from home.
3. Each department head must ensure that on site staff in their department are spaced by at least 2 metres distance between seating in office. In instances where this is not possible, droplet precautions with the use of masks is mandatory.
4. Direct patient care typically involves closer contact. See Personal Protective Equipment (PPE) section for guidance
5. Department head must be accountable to facility director to ensure that staff only present at PCRМ when providing direct patient care or duties that cannot be performed off-site.
6. If at all possible, only the on-call physician should be providing direct patient care in the clinic at a time.
7. When possible, staff should communicate virtually, rather than in person, to minimize contact.

Staff Attire

1. Staff are to change into PCRМ scrubs immediately upon arrival to the clinic
2. PCRМ scrubs are not to be removed from the facility
3. Staff are to change out of their footwear upon arrival and into footwear specific for their duties at PCRМ. Footwear at PCRМ must not be worn outside the facility. Footwear should be cleaned by the staff member at least weekly

Patients in PCRМ Facility

1. It is the responsibility of PCRМ and its employees to ensure that risk of transmission of COVID-19 to other patients and staff is minimized.
2. All patients must be screened prior to presenting to PCRМ facility, if it has been determined that they require an in-person appointment (ie – treatments, required imaging, essential, urgent or emergent care). See Patient Screening for Possible COVID-19 Cases.
3. Patients must be instructed at their appointment confirmation call or correspondence that they may not bring friends or family to the appointment, apart from partners (when applicable) and/or an interpreter.
4. Partners can accompany the patient for embryo transfers and oocyte retrievals. Otherwise, partners should not present with the patient for their appointment. Partners may be present for injection teaching if injection teaching is determined to be essential to be done in-person for proper comprehension of the patient's care. Partners require screening if they are required to be present for an appointment.
5. Patients should be contacted by correspondence though eIVF (or by phone, if correspondence not possible) 1-2 days prior to their in-person appointment and instructed to present for their appointment no earlier than five (5) minutes before their scheduled appointment time.

6. Patients must be screened immediately upon presentation (see Patient Screening for Possible COVID-19 Cases). This will be done by reception or designate, and patient screening will be documented in patient chart using eVF COVID-19 Patient Screening template.
 - a. Screen positive cases must be brought to the On-call physician and patient should be given mask and alcohol based hand rub (ABHR) immediately and asked to leave the facility.
 - b. Travel outside of Canada within 14 days – patient must not be allowed back into facility for treatment and must be instructed to return to their place for quarantine.
 - c. For patients requiring use of self-assessment tool due to symptoms, decision making whether patient proceeds must be discussed between on-call physician and facility director.
7. No more than 4 people in the waiting room at any time. Additional people will be asked to wait outside the building to be called when their appointment is ready. Spacing must be a minimum of 2 metres. If patient is with partner, they do not require spacing between each other.
8. Patients to be brought into examination rooms as soon as possible.

Patient Screening for Possible COVID-19 Cases

1. All patients (and partners, if present for treatment appointment) must be screened 1-2 days prior to presentation to the facility, by correspondence in eVF or phone, and again at presentation to the facility. Screening questions will be sent to patients daily through the portal, and they will be told to call the facility if they have any positive answers to the screening questions. In addition, screening will be initiated by receptionist upon patient arrival. If additional assistance is needed to conduct screening, reception may request a nurse or medical office assistant (MOA) to assist in screening.
2. If a patient is screen positive at PCR/M arrival assessment, they will be asked to put on a mask, use ABHR, provide a contact phone number, and wait in their vehicle or outside until contacted by PCR/M nurse or physician for guidance.
3. PCR/M physician or nurse must contact facility director to review screen positive. **IF DETERMINED BY THE FACILITY DIRECTOR (OR PHYSICIAN DESIGNATE, IF DIRECTOR NOT IMMEDIATELY AVAILABLE) TO BE TRUE SCREEN POSITIVE PATIENT, TREATMENT MUST BE DELAYED OR CANCELLED.**
4. Advise patients to use the covid-19 self-assessment tools if symptomatic:
 - a. [Alberta](#)
 - b. [British Columbia](#)
5. **In Alberta, you are LEGALLY required to isolate for 14 days if you:**
 - a. Returned from travel outside of Canada
 - b. Are a close contact of a person who tested positive for COVID-19. Close contact is defined as:
 - i. provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment
 - ii. who lived with/otherwise had close prolonged contact (within 2 metres) with the person while they were infectious
 - iii. had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.
 - c. If you become sick with cough, fever, runny nose or sore throat, you must isolate 10 days from onset of symptoms, or complete resolution of symptoms, whichever is longer. This could be in addition of time from a. and b. above.
 - d. **If testing for COVID-19 performed:**

- i. Positive test result requires self-isolate for a minimum of 10 days from start of symptoms, or until symptoms resolve, whichever is longer
- ii. Negative test result does not have legal requirement to self-isolate, but should stay home until symptoms resolve

6. In British Columbia:

- a. Returned from travel outside of Canada – legally required to self-isolate for 14 days
- b. Considered high risk if you are a high risk close contact of a person who tested positive for COVID-19. Close contact is defined as one of the following:
 - i. provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment
 - ii. lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset
 - iii. had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE
 - iv. has been identified by the local MHO as a possible contact.
- c. If you become sick with cough, fever, runny nose or sore throat, you must isolate 10 days from onset of symptoms, or complete resolution of symptoms, whichever is longer. This could be in addition of time from a. and b. above.
- d. For symptomatic patients, the following assessment should be conducted to determine risk assessment and suitability of a symptomatic patient.
 - i. [COVID-19 Screening and Assessment for Ambulatory Care](#)

Staff Screening for Possible COVID-19 Cases

- 1. The goal of screening is to reduce possible exposure of patients or staff with possible COVID-19 to other patients or staff.
- 2. Staff should self screen daily using the following:
 - a. [Alberta COVID-19 Self-Assessment for Healthcare Workers](#)
 - b. [British Columbia – Health Canada Thrive App for COVID-19](#)
- 3. Staff who are screen negative from the self-screening online assessment tools above are to send daily screenshots of their self-assessment to the following email:
 - a. IPAC@pacificfertility.ca
- 4. Staff who screen positive for possible COVID-19 must contact their direct supervisor and will be instructed not to come into the office and must be scheduled for working at home in isolation, if possible, or to take sick leave.
 - a. Screen positive includes:
 - i. Travel outside of Canada (staff must quarantine for 14 days)
 - ii. Fever, new onset respiratory or gastrointestinal symptoms – must do self-assessment via phone with facility director (or department head, if delegated by facility director) to determine whether COVID-19 testing required and how long self-isolation required
 - iii. Close Contact to Confirmed or Probable COVID-19 case. Close contact is defined as:
 - 1. provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment

2. who lived with/otherwise had close prolonged contact (within 2 metres) with the person while they were infectious
3. had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.
5. If staff is instructed to not return for work at PCR, return to work on-site must be approved by the facility director. Guidance is provided by:
 - a. [Return to work for Healthcare Workers in Alberta](#)
 - b. [Return to work for Healthcare workers in British Columbia](#)
6. Facility director is responsible for informing the office manager and employee's department head of disposition of screen positive employee and employee must correspond with department head and facility director to determine when they are permitted to resume work at PCR on-site. This correspondence must be in writing or by email and placed in the employee's personnel file.

Infection Prevention and Control (IPC Recommendations)

1. For Alberta, all staff must follow:
 - a. [Routine Recommendations](#)
 - b. Patients and staff to use Personal Protective Equipment (see below)
 - i. Continuous masking of patients and staff
 - c. [Cleaning and disinfection of physician offices](#)
2. For British Columbia, all staff must follow:
 - a. [Routine Recommendations](#)
 - b. Patients and staff to use Personal Protective Equipment (see below)
 - i. Continuous masking of patients and staff
 - c. [Cleaning and disinfection of physician offices](#) (Posted in all patient care areas)
3. For All Facilities:
 - a. All door handles, bed surfaces and seating must be cleaned with virucidal wipes between patients
 - b. Desks must be wiped twice daily with virucidal wipes, regardless of patient contact. Desks must be wiped with virucidal wipes after any patient contact

Personal Protective Equipment (PPE)

1. When involved in any direct patient contact, and when spacing between staff is under 2 metres distance, a surgical mask must be worn, to prevent droplet and contact transmission.
 - a. In an effort to limit excessive utilization of scarce PPE, staff should limit use of masks to two per day. If a mask becomes soiled or contaminated, an additional mask may be used above the allotted recommendation.
2. Any direct patient contact requires use of gloves. Handwashing with soap and water for at least 20 seconds is required between patient contacts. If soap and water not easily available, Alcohol based hand rub (ABHR) may be used instead. When hands are visibly soiled, soap and water are mandatory.
3. For oocyte retrievals, eye protection should be worn
 - a. This may be single use or reusable. Reusable must be cleaned between each use.
 - i. [Cleaning of eye wear](#)

Patient Care – Scheduling Consultations and Follow-up Appointments

1. All appointments will be by telemedicine if possible. No in person appointments may be made without clearance by the MRP (most responsible practitioner).
2. The necessity of in-person appointments will be determined by the patient's MRP.
3. Urgent or emergent in-person appointments to be determined by the physician on call or the MRP.

4. All obstetrical ultrasound in-person appointments to be approved by the patient's MRP. Appointments should not be scheduled before 7 weeks gestation. Appointments prior to 7 weeks gestation should be made in the schedule of the physician approving early ultrasound, or with another physician, after the approving physician discusses with other physician.
5. On call physician will prioritize sonohysterogram and viability ultrasounds, followed by pelvic ultrasounds on their on-call days over follow up appointments (if time permits).
6. A visualized scheduling template can be found in the document COVID-19 On-Call Physician Schedule Template.

Sonohysterograms and Viability Ultrasounds and Pelvic Ultrasounds

1. These must be requested by the physician and these appointments should be in the schedule of the MRP.
2. If these cannot be scheduled in the schedule of the MRP, this should be reviewed with an alternate physician prior to scheduling
3. Between 10 am – 4 pm, a maximum - in combination of 14 (fourteen) sonohysterograms and viability ultrasounds and pelvic ultrasounds may be scheduled in the on-call physician.
 - a. These appointments should be scheduled at the :15 and :30 and :45 hourly timeslots. between 10 am-noon and then :15 and :45 hourly timeslots after noon until 4 pm.
 - b. Priority given to sonohysterograms and viability ultrasounds. Pelvic ultrasounds may be scheduled additionally as per the on-call physician availability.

Injection Teaching

1. When possible, injection teaching should be performed via telemedicine (e.g. Skype or Zoom). All patients will be required to perform a scheduled telemedicine consult on the first day they are to start medications to ensure proper preparation (exceptions allowed for patients that have used the injectable medications in a prior treatment cycle). In-person injection teaching should be kept to a minimum.

Monitoring of Fertility Treatments

1. Monitoring should start at 700 am.
2. No more than 3 patients should be scheduled at any scheduled appointment time. Try to have no more than 2 IVF patients undergoing ovarian stimulation per time slot.
3. First fill each time slot with 2 patients prior to adding a 3rd patient, so as to manage capacity.
4. Patients should be brought directly to the ultrasound room once cleaned and available.
5. Appointment times for ultrasounds for fertility treatment monitoring will be 7 am, 7:15 am, 7:30 am, 7:45 am, 8 am, 8:15 am, 8:30 am, 9:15 am, 9:30 am, 9:45 am, with no more than 1 patient per room per time slot.
6. One nurse should be responsible for one patient, including bringing to room, identification, prescription preparation and discharge from facility.
7. If ultrasound is performed, estradiol should not be performed unless specifically requested by the on-call physician.

Assisted Reproductive Technology (ART) Procedures

1. No more than five (5) oocyte retrievals should be scheduled on any given day. Deviation from this requires approval by the Facility Director.
2. No more than 5 frozen embryo transfers should be scheduled on any given day. Additional frozen embryo transfers, if volume cannot be accommodated during weekday, may need to be performed on weekends. Exceeding these numbers requires approval by the facility director.
3. Oocyte retrievals to be performed starting at 9 am and scheduled hourly. If there is a fifth oocyte retrieval, this should be scheduled at 8 am.

4. Embryo transfers to be scheduled every half hour. First embryo transfer to be scheduled at 1230 pm. Frozen and fresh embryo transfers will be scheduled in these time intervals and staff must stay until completed. Scheduling should occur accordingly, for all staff. For facilities not performing oocyte retrievals, embryo transfer scheduling can start at 10 am.
5. As oocyte retrievals must be spaced throughout the week, anticipate greater volumes on weekends. Nursing department responsible to have a running list of IVF cycle starts. List to start on Sunday and end Saturday, each week. Once cycle starts exceed weekly maximum, patient instructed to call the following month, or under direction of physician, may start oral contraceptive (OCP) to delay cycle by 2 weeks, for scheduling purposes.

Enforcement

Deviations of this policy are strictly prohibited. Any clarifications required should be reviewed with your supervisor. Supervisors to seek clarification from facility directors. Disciplinary action may be warranted for any contravention to this policy.

Notes

List any additional notes which may be relevant to the documented procedure. <NOTE – Any headings not relevant to the specific Policy may be deleted>

References

1. [Alberta Health Services – COVID-19 Information for AHS Staff and Health Professionals](#)
2. [BC Centre for Disease Control – COVID-19](#)
3. [BC Centre for Disease Control – COVID-19 Care](#)
4. [CPSA: COVID-19 – Reopening Practice](#)

Definitions

None

Referenced Documents

Document Name	Document Control Number
COVID-19 On-Call Physician Schedule Template	

Document History

Document Location

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