Overview:

These guidelines are intended for personnel staff during Phase 2 of BRI’s ramp-up process.

As we carefully open our research institute up, we know that we need to plan for the possibility of ramping down if we see a second wave of community spread. We must also be mindful of personal protective equipment (PPE) inventory levels, screening, masking and physical distancing measures.

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Restart Phases of Research Activities:

- Phase 1 – Activate research that does not occur in inpatient or clinical areas. Phase 1 will include regulated clinical trials, COVID-19 related research and urgent research requiring on-site equipment.
- Phase 2a – Projects that require on-site equipment and/or in-person contact with participants (cannot be virtualized) & were in the middle of data collection
- Phase 2b – Same as a) except data collection not started
- Phase 3 – Research being conducted virtually returns on-site.

Guiding Principles:

1. Adherence to government & institutional directives.
2. Safety and protection of staff, trainees, clients & families.
3. Restarting research should not hinder or impede hospital’s ability to mitigate and handle a surge and provide care.
4. Research originally permitted on-site i.e. regulated clinical trials and COVID-19 research, shall continue to resume on-site activities.
5. Research already approved for full virtual conduct shall continue to remain virtual.
6. Research requiring essential equipment accessible exclusively on-site can resume, provided no other principles are violated.
7. Research that cannot be conducted without physical distancing can resume if the appropriate infection control precautions can be implemented (e.g. PPE).
8. On-site access will be prioritized for graduate students/post-docs who are slated to complete degree requirements in the 2019-2020 academic year.
9. New recruitment for studies fulfilling these principles may commence at the discretion of the PI.
10. All research personnel, participants, vendors and visitors shall comply with the hospital’s mandate for pre-screening, entry screening, physical distancing, masking and other relevant requirements.
11. No greater than the established percentage cap of the workforce shall be on-site at any given time during Phase 2. BRI reserves the right to monitor, audit and the ability to pause any research activities again.
12. Restart plan should ensure equity across research groups.

**Scheduled Timelines:**

<table>
<thead>
<tr>
<th>Week</th>
<th>Capacity</th>
<th>Shift Model</th>
<th>Participants Per Day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1: Jul 27 to Aug 2</td>
<td>25% - Prepare Phase</td>
<td>Per Day</td>
<td>11</td>
</tr>
<tr>
<td>Week 2: Aug 3 to Aug 16</td>
<td>50%</td>
<td>Per Day</td>
<td>35</td>
</tr>
<tr>
<td>Week 3: Aug 17 onwards</td>
<td>70% (if required)</td>
<td>Split into AM/PM</td>
<td>35</td>
</tr>
</tbody>
</table>

*Shared capacity across BRI

**General Guidelines:**
- When I Work (WIW) is a scheduling system to ensure we do not exceed the capacity thresholds set by the hospital, while allowing the flexibility for individual leaders to schedule their teams based on their needs.
- Personnel only required to be on-site are added to WIW, as we ramp up the recovery phases more staff will be added.
- Personnel continuing to work from home or remotely do not need to be added until such time when they are permitted to return on-site.
- It is strongly encouraged you download the WIW app on to your mobile devices for optimal use.

**Detailed instructions for using WIW as an employee or trainee**

[https://help.wheniwork.com/articles/employee-training-resources/](https://help.wheniwork.com/articles/employee-training-resources/)

**Shift Pick-Up:**
- Shifts may be self-serve or assigned to you based on the preference of your leader:
  1. Shifts in Open Shifts can be selected as “self-serve”.
  2. Shifts may be assigned to you directly by your manager.
    - Personnel will be asked to confirm shifts assigned to them; please ensure you confirm your shifts in a timely manner.
Swapping shifts is available among the members of individual labs. You may switch shifts without your leader’s approval. However, your leader can view the history of any shift to determine when and who it was switched with.

Clocking-in and Clocking-out:
- **All personnel scheduled to be on-site MUST clock-in and clock-out either using the mobile app or through the web browser.** This must be done the moment they arrive at the hospital and the moment they are leaving the hospital.
  - The system uses geo-location tracking to determine if staff members are within 100 metres of the building. It will NOT allow you to sign-in or out if you are not within 100 metres. Note: the app does not track your movements within the hospital.

Dropping/Releasing Shifts:
- **If you are no longer required to be on-site for your shift, personnel must release their shift using the mobile app or through the web browser.** This ensures that capacity is not wasted and resources are reallocated to those who need them.

Cleaning of Workstations and Equipment:
- All personnel working on-site are expected to wipe down their workstations and any equipment they use at the beginning and end of your shift or usage respectively.
- Please ensure to use the hospital provided products to clean your workstations and any equipment.

Daily Electronic Attestations:
- At the end of each shift on-site, you are required to complete your electronic attestation at [https://www.surveymonkey.com/r/BRI-Electronic-Attestation](https://www.surveymonkey.com/r/BRI-Electronic-Attestation). This attestation will serve as a checklist to ensure you completed your on-site personnel duties prior to leaving the hospital.
- Audits will be conducted to ensure personnel are completing the attestations in a timely manner that is in alignment with your clock-out time via WIW.
- **Please complete this attestation BEFORE leaving the hospital.**

Participants and Visitors:
- All participants and visitors coming to the hospital must be **pre-screened** and will undergo screening at the door.
- Participants and visitors must adhere to the PPE directives as outlined by the hospital-at-large.
- **Researchers should anticipate potential delays due to line-ups to enter the hospital or cancellations of research visits due to failed screening.**

Standard language for communication with participants:

“Heck Bloorview Kids Rehabilitation Hospital is actively monitoring the COVID-19 pandemic and taking precautions to ensure the safety for all clients, families, staff, volunteers, and students as the situation progresses.

Clients and families coming to Holland Bloorview can expect some changes when they arrive to the hospital from what they are accustomed to. All precautions and measures implemented by the hospital have been put into place to ensure the safety of everyone in our community.

Researchers must notify the hospital about upcoming participant visits by entering their full name, name of the caregiver (if applicable) and the name of the researcher that will meet the participant via REDCAP. Participants not on the entry list may not be permitted entry into the hospital. Information about vendors coming on-site must be entered using the same system.

- REDCAP Link: [https://redcap.hollandbloorview.ca/surveys/?s=9NMREYWRN7](https://redcap.hollandbloorview.ca/surveys/?s=9NMREYWRN7)
- Notifications must be submitted by 11 p.m. the night before the participant’s visit.

Researchers must ensure there is adequate time between participant visit bookings, use of data collection rooms and shared equipment to ensure thorough cleaning before and after each occurrence.

Researchers should meet their participants at the main atrium and escort them directly to the research visit to prevent wandering. This process is being finalized by the hospital, thus may change in the near future.

- Participants should be escorted back to the main lobby/exit at the end of the research visit.

**Limitations on caregivers:** The hospital has a limited caregiver policy where only one caregiver may attend a client to their visit. Researchers should make every effort to encourage only one (1) caregiver to attend the visit.

- If greater than one (1) caregiver is required due to safety issues or hardships to the families, the researcher should ask the family to follow the [Family Caregiver Exception Process](#).

**Participant use of PPE:** Participants must wear a mask when on-site at the hospital. In the event your research protocol requires the mask to be removed, you must adhere to a minimum distance of 2-metres or have plexiglass between you and the participant.

- Research personnel are not exempt from the use of PPE, you must follow PPE directives at all times.

**PPE and Cleaning Supplies:**

- The use of PPE at the hospital is mandatory. The type of mask provided will be determined at screening based on your plans for the work-day primarily around whether you have direct client interactions or not.

- To order from Stores: Please order PPE items via an email to #Stores at least 1-2 days in advance. Include the name and number of items required, as well as the account # to be charged. All orders placed must be picked up from Stores. For urgent requests, staff can come down with an account # but please note some PPE, including hand sanitizers and cavi-wipes, are currently in limited supply and may be rationed.

  - Goggles or Face Shields – are mandatory for anyone having participant interactions. If you require either one, please order these directly from Stores as per your team’s needs.
  - Cleaning wipes – cleaning wipes are available centrally across various sites in the BRI. Wipes will be provided in the 4W Mail Room, 4W385 Research Staff Room, 4W330 Student and Trainee Room, 4W Research Operations Office, and Autism Research Centre. They will not be distributed for individual lab spaces, you are to use them to only clean your workstation before and after your shifts, and any major equipment you use.
- Please only take the amount you need, if you require greater amounts as a direct result of your research protocol to wipe down supplies, minor equipment, and personal items, you must order them directly from Stores as per your team’s needs.
  - Gloves – gloves will be available centrally in the 4W Research Operations Office and Autism Research Centre. These are limited supplies to help ramp up research activities that involve direct interaction with clients. For ongoing needs as a result of your direct research protocols, please order them direct from Stores as per your team’s needs.
  - Hand sanitizers – they are available via the wall dispensers across the hospital.

**Desk Assignments:**
- With the exception of very few and select areas, desks are now considered hotel spaces to ensure physical distancing. There are no more assigned workstations. Do not use desks that have been cautioned off.
  - It is our collective responsibility to ensure workstations are thoroughly cleaned before and after our shifts to ensure the safety of our colleagues.
  - For those of you with laptops, please bring your laptop on-site and use a workstation with a laptop dock if possible, to save enough workstations workstations with PCs for those that do not have laptops.

**Meetings and Gatherings:**
- All meetings that can be facilitated virtually should remain virtual.
- If in-person meetings are required, you must ensure all attendees are wearing masks.
- Gathering limitations are in place and shall be directed by the provincial health authorities.

**Work Chat Feature:**
- Work chat allows you to connect with other members of leadership, staff or trainee that have an account on the system.
- You may create a Work Chat for your team specifically if you wish. To create a Work Chat for your team.

1. Step 1 – Select Work Chat from the top banner.

2. Step 2 – Select new Work Chat.
Step 3 – Select the members of the BRI you wish to add and name the chat group (optional).

* Steps 1 to 3 can also be used to speak with a single person.

**This chat feature can be used to reach out to all of BRI to ask if there is additional capacity within their teams in the event you need a last-minute shift that will exceed your capacity.
Check off any symptoms and circle yes/no to each question.

**Appendix A – Pre-Screening Requirements and Logic Diagrams**

**Screening Form for Clients**

Client Name (first and last): 
Location of visit: 
Contact #: 
Date (Y/MM/DD): 
Time: 
Screener initials: 

**Important Contacts**

Telehealth: 1-866-797-0000
Public Health Hotline: 416-338-7600

Website to find local public health units: www.phdpcs.health.gov.on.ca/phlocator/

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### Outpatient client or inpatient client arriving from home, or research subject

**Client arrives at entrance**

**What type of client?**

**Inpatient client arriving from another institution (from ambulance, etc.)**

**No screening required, instruct client to go directly to unit**

**Ask:**

Do you have ANY of the following symptoms, new or worsening, that are not part of a chronic condition?

- Fever
- Shortness of breath
- Dry cough
- Difficulty swallowing
- Changes in sense of smell or taste
- Any other respiratory symptoms (e.g., runny nose)
- Headaches
- Joint aches
- Fatigue
- Pink eye (conjunctivitis)

**Have you travelled outside of Canada in the last 14 days?**

- Yes
- No

**Have you tested positive for COVID-19 in the last 14 days or had close contact with a confirmed case of COVID-19 without wearing the appropriate PPE?**

- Yes or No

**Check: is client on outpatient exception list?**

- Yes
- No

**1. Provide 1 COE or pediatric mask to client and ask them to sanitize hands**

- 2. Client must wear mask at all times

- 3. Follow instructions on exceptions list; contact the unit/clinic/team as directed to inform about outcome

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**1. Call unit or clinic to inform them that client will need to return home**

2. Instruct client to return home and reschedule appointment or admission

3. Provide all 3 fact sheets
Screening Form for Visitors

Check off any symptoms and circle yes/no to each question.

Visitors, deliveries etc. (see list of common visitors, not exhaustive)

Outpatient caregiver (limited to 1 caregiver over age of 16 per subject)

Inpatient caregiver (limited to 1 caregiver over age of 16 per client)

Have you been identified as a designated caregiver (check inpatient caregiver delegation list)?

Are other caregivers currently visiting on the unit?

Have you travelled outside of Canada in the last 14 days?

Have you tested positive for COVID-19 in the last 14 days or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Do you have ANY of the following symptoms (new or worsening, without any underlying cause):
- fever
- dry cough
- difficulty swallowing
- shortness of breath
- changes in sense of smell or taste
- any other respiratory symptoms (e.g. runny nose)
- headaches
- joint aches
- fatigue
- pink eye (conjunctivitis)

Instruct visitor/caregiver to return home until symptom free for 48 hours.

1. Provide 1 CMO mask and info sheet
2. Proceed to clinic/unit
3. For inpatient caregivers please provide an “I’ve been screened” sticker to adhere around their lanyard, or if the visitor has no lanyard, stick on their shirt where visible.

Visitor arrives at entrance

Ask: What is the reason for your visit?

All other reasons

We apologize, only clients and immediately family are able to come into the hospital in order to protect the safety of our staff and clients.

We apologize, only the delegated caregiver over the age of 16 can come to the hospital at this time to ensure health of clients.

Inform family that only 1 caregiver TOTAL, and NO caregivers under 16 are permitted at one time. If family wants more than 1 caregiver present, call unit/clinic for backup support, or call HCM manager on call. Engage security if needed x 6101.

1. Instruct visitor/caregiver to return home and self-monitor for 14 days
2. Provide 3 fact sheets

Yes

Visitor/ Caregiver name (first and last; limited to 1 caregiver over age 16 per client):

Location of visit:

Contact:

Date (Y/MM/DD):

Time:

Screening initials:

Yes

1. Instruct visitor/caregiver to return home and self-monitor for 48 hours

Visitors V6.5

Version 1.4

Nov. 6, 2020
Appendix B – Family Caregiver Exception Process:

Family Caregiver Protection Protocol: Exceptions process and documentation map
Date: 2020-06-18  Author: BRI – Marie Steele

Purpose of this document
To give BRI staff guidance on how to triage family caregiver feedback and requests for an exception to the Holland Bloorview’s Pandemic Planning Family Caregiver Protection Protocol.

Appeals process:

- **Step 1**: Invite family caregiver to request an exception to the Family Caregiver Protection protocol
- **Step 2**: Research team submits the appeal request including name of PI to jfong@hollandbloorview.ca
- **Step 3**: Request is reviewed by Manager, Research Ethics Office and Clinical Ethicist using pre-determined criteria
- **Step 4**: If straightforward, Manager, REO communicates decision to the research team.
  
  If not, REO engages expanded review team as needed for deliberation and decision: IPaC, Bioethics, Vice President P&S for deliberation and decision. Manager, REO then communicates decision to the research team.

- **Step 5**: Research Team communicates decision to the Family Caregiver

- **Step 6**: If an exception is granted, Manager, REO informs HB screening team that an exception has been granted and provides participant and caregiver names and date and time of visit.
  
  Research team updates REDCAP to include additional visitor

- **Step 7**: Decision is documented centrally through Client and Family Relations
  
  Decision is documented by research team in the identifiable research record

**Note:** Research staff should introduce the visitor restriction protocol and its rationale to family caregivers during the screening telephone call. If after this stage family caregivers still wish to make a request for an exception, the above process is triggered. Exception requests will be reviewed within 2 business days. Please ensure that exception requests are submitted at least 3 business days prior to any scheduled research visit.

**Examples of circumstances that may lead to accommodating family appeals:**

- Caregiver visitation requires on-site supervision by child protection agency (safety)
- Caregiver requires personal attendant for physical assistance while on-site (medical needs)
- Two or more caregivers are required on-site for clinical or research teaching (safety)
Appendix C

Flowchart A

1. Client Advises of Symptoms
2. Pending COVID-19 Test?
   - Yes: Proceed to Visit
   - No: Wait for Results
3. Negative Results?
   - Yes: Proceed to Visit
   - No: Client May Proceed to Visit 48th Post-Resolution of Symptoms

Flowchart B

1. Family Member (not Client) Has Symptoms
2. Does the Client Have Symptoms or Waiting Test Result?
   - Yes: Follow Flowchart A
   - No: Availability of Asymptomatic Family Member or Client Attend Visit Alone?
   - Yes: Visit May Proceed with Asymptomatic Family Member or Client Alone
   - No: Family Member Awaiting COVID-19 Test Result?
     - Yes: Wait for Results
     - No: Client May Proceed to Visit 24th Post-Resolution of Family Member Symptoms
3. Negative Results?
   - Yes: Proceed to Visit