



COVID-19 Safety Plan

Dr. Bryan Friedmann Optometry Clinic's COVID-19 Safety Plan has been developed in compliance with BC's Centre for Disease Control and WorkSafeBC's guidelines. It accounts for safe physical distancing, hand and respiratory hygiene, use of engineered and administrative controls, and use of personal protective equipment where appropriate. Please read through the following safety measures:

1. **Maximum Occupancy** – 5 people (including doctor & staff) are permitted in the office at any given time.
2. **Arrival Time** – Please come 10 minutes prior to your appointment time for check-in & diagnostic testing.
3. **Come Alone** – Unless you are a minor and/or require a companion.
4. **Barriers and Partitions** – Have been installed at front desk.
5. **Masks** – Patients, doctor and pretest staff must wear a mask. One will be provided if needed.
6. **Personal Protection Equipment** – Doctor will wear a mask, gloves and gown when attending a patient.
7. **Hand Sanitization** –
 - a. Health Canada approved hand sanitizer is available upon entering the clinic and as needed thereafter.
 - b. Each exam room has a sink and soap available for hand washing.
 - c. Doctor and staff will sanitize their hands before and after each patient encounter.
8. **Staff Health** – Doctor and staff will monitor their health daily and if they start to feel ill, they will self-isolate until well again and the clinic will be closed.
9. **Disinfecting Pretest and Exam Rooms** – All surfaces will be disinfected with Health Canada approved disinfectant between patients.
10. **Waiting Room** – Will be disinfected after each patient encounter.
11. **Virtual Consultations** – Will be provided where clinically appropriate at no charge to the patient.
12. **Screening** – In accordance with BC Centre for Disease Control guidelines, all patients are screened prior to their appointment and asked to reschedule their appointment to a later date if the answer is **Yes** to any of these following questions. Do you, or the person you are inquiring about:
 - **Yes No** Have any new onset of shortness of breath, coughing, and/or fever?
 - **Yes No** Been in contact with someone that is confirmed to have COVID-19 in the last 14 days?
 - **Yes No** Been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?
 - **Yes No** Travelled off Vancouver Island in the last 14 days?

I, _____, have read Dr. Bryan Friedmann's Optometry Clinic COVID-19 Safety Plan and I agree to comply with its protocols and procedures. I understand that, should I develop any changes to my health as detailed in item number twelve (12) above, I will contact your office by phone or email to reschedule my appointment.

Signature:

Date: