**Trent Hills Family Health Team Return to Work Survey**

In response to the Covid19 pandemic, Trent Hills Family Health Team/Hillside Medicine will be increasing our focus on health and safety in order to protect our staff and clinicians while providing the best care for ~~our~~ patients.

All measures will be taken to prevent the spread of COVID-19 in compliance with requirements under the Ontario Health & Safety Act (OHSA),public health directives and Ontario Ministry of Health *COVID-19 Guidance: Primary Care Providers in a Community Setting (Version 5 – May 22, 2020).* In the event of a conflict between this Guidance document and a Directive of the Chief Medical Officer of Health, the latter (Directive of CMO) prevails.

In order to begin planning for a gradual return to the workplace, when deemed safe, we need your help to create a plan that fits the clinic and staff/clinician needs.

This survey is completely confidential. Your answers will help us understand concerns you may have and provide us with suggestions and ideas of how to keep everyone safe and confident in returning to work at the clinic.

1. What do you like about working from home? Click all that apply.

🞏 Ability to self-isolate

🞏 Lack of commute to work

🞏 Ability to juggle home responsibilities more easily

🞏 Lack of interruption in work

🞏 I do not like working from home.

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What don’t you like about working from home? Click all that apply.

🞏 Communication with management

🞏 Communication with other staff

🞏 Communication with clinicians

🞏 Social isolation

🞏 Maintaining home/work balance, i.e. keeping to scheduled hours, breaks, lunches

🞏 There is nothing I dislike about working from home.

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you comfortable to work in the clinic on a scheduled date (e.g. June 15, 2020 OR “when there are no active COVID 19 cases in Trent Hills”)?

🞏 Very comfortable

🞏 Comfortable

🞏 I will be comfortable once I know the plan

🞏 Hesitant

🞏 Very Uncomfortable

1. Do you have concerns about returning to work? Click all that apply.

🞏 Increased exposure to COVID-19 due to patient contact

🞏 Increased exposure to COVID-19 due to staff/clinician contact

🞏 Increased exposure to COVID-19 due to surface contact in clinic and office

🞏 Increased risk due to travel to and from work

🞏 Increased risk of personal illness

🞏 Increased risk of infecting vulnerable family members

🞏 I am not concerned about returning to work.

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review the attached ***THFHT/HFM Health & Safety / Infection Prevention & Control policy***, Section B. *Infection Prevention & Control* to answer questions5-8 **(attach copy to survey):**

1. Is there anything in the Infection Prevention & Control Policy that you would like to have clarified or discussed?

🞏 Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 No

1. If there anything that you feel could be added to this policy?

🞏 Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 No

1. Are there measures that could be put in place that would make you feel more comfortable returning to work in the clinic?

🞏 Stricter controls for contact with patients

🞏 Stricter controls for contact with staff/clinicians

🞏 Stricter controls for clinicians to disinfect clinical areas in between patients

🞏 A Workplace Risk assessment prior to staff returning to work in the clinic

A staggered work schedule so staff/clinicians can physical distance in the clinic

🞏 Training on infection control for all team members & physicians

🞏 If needed, PPE training

🞏 Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the policy Personal Protective Equipment (PPE) is restricted to specific uses. Are you comfortable with the explanations and restrictions discussed?

🞏 Yes

🞏 No

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please provide any suggestions, ideas, comments or questions about returning to work in the clinic during COVID-19 measures:

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| **Thank you for participating in this survey. We value staff input and suggestions as we develop best practices in providing primary care during the COVID-19 pandemic.** |