

Ministry of Health

# COVID-19 Guidance: Primary Care Providers in a Community Setting

Version 10.0 – February 14, 2022

## Highlights of changes

- Updated in-person care guidance (page 3)
- Updated active screening recommendations (page 6)
- Updated PPE requirements when caring for patients with suspected or confirmed COVID-19 (page 9 and 14)
- New testing guidance (page 11)
- Updated case management (page 13)
- Updated HCW self-isolation and return to work guidance (page 17)

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice. In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updated versions of this document and other COVID-19 related information.
- The latest versions of the [COVID-19 Reference Document for Symptoms](#) and [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#) are available.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.
- Please check the Centre for Effective Practice's [Primary Care Operations in the COVID-19 Context](#) Resource Tool regularly for strategies to support the provision of optimal patient care during the COVID-19 pandemic.
- Please review recommendations by Ontario Health on [Optimizing Care Through COVID-19 Transmission Scenarios](#).

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# Deciding how to provide care: In-Person vs Virtual

Primary care providers should follow guidance provided by their regulatory College, use clinical judgement and consider the patient's best interest to determine when to provide care in-person vs. virtually. The CPSO guidance is available [here](#).

## In-Person Care

1. Some patients cannot fully benefit from virtual care and/or do not have adequate access to virtual care. Primary care providers should use a patient-centered approach and consider patient preference and context to determine when to provide in-person care. This means considering patient needs (e.g. age, language and communication barriers) along with the presenting condition.
  - In-person care is essential for certain conditions and services like vaccine administration, prenatal and newborn care and other necessary diagnostic and therapeutic procedures (e.g. Pap smears and biopsies).
  - Some patients may have difficulty communicating virtually
  - Some patients have conditions that would benefit from in person assessment
  - Some patients require a physical assessment to make an appropriate diagnosis and treatment decision.
2. **Primary care providers should not require patients to have a negative COVID-19 test (rapid antigen, rapid molecular, or PCR test) prior to an in-person visit. Access to necessary in-person care should be available to all patients regardless of COVID-19 vaccination status.** For what to do if a patient has symptoms of COVID-19, see Screening section below.
3. Providers should adhere to proper screening and personal protective equipment (PPE) protocols to safely provide in-person care when required.
  - To determine the appropriate PPE for patient interactions, HCWs should follow the PPE chart in Bullet #44 below.

4. Signage should be posted at the entrance to the office/clinic and at reception areas reminding all patients, and those accompanying them that they must wear a mask for the entirety of their visit to the clinic setting and perform hand hygiene before reporting to reception for registration.
  - If the office/clinic is in a shared building, signage should also be posted at the entrance to the building.
  - Sample signage is available on the [MOH COVID-19 website](#) and from [OCFP](#).
5. Reception staff should remind patients and those accompanying them (if applicable) that they must wear a mask (unless they have a valid exemption) and perform hand hygiene while at the office/clinic.
  - Surgical/procedure masks and non fit-tested N95 or KN95 respirators are preferable to cloth masks.
  - Patients who screen positive including those with [COVID-19 symptoms](#) or who have a recent exposure, and those accompanying them, MUST wear a surgical/procedure mask or non fit-tested N95 or KN95 respirator.
  - If a patient does not have a mask or needs to change in case it gets wet or soiled, the office/clinic should be prepared to provide them with a surgical/procedure mask or N95 or KN95 respirator to use during their visit at no cost to the patient.
  - A sample patient handout on wearing and disposing of masks is available on the [OCFP's Clinical Care - Office Readiness](#) page.
6. Patients should have access to hand sanitizer, tissues, and a hands-free waste receptacle .
  - Ensure that patients understand that they should dispose of tissues properly and should not take their masks off in waiting areas including in the exam room.
  - Signage should be posted on respiratory etiquette, including [How to Wash Your Hands](#)

7. Primary care providers should try to make sure there is enough space for patients/clients to follow physical distancing guidelines (i.e. maintain at least 2 metres from other people, where possible).
  - Where this is not possible, primary care providers should maximize distance, minimize contact, and ensure proper masking is followed.
  - Primary care providers should use their clinical judgement to adapt patient flows based on their unique circumstances including community prevalence and physical space.
8. Primary care providers should consider ways to optimize ventilation and/or filtration within the office/clinic.
  - This can be achieved through a variety of strategies including centrally by a heating, ventilation, and air conditioning (HVAC) system, natural ventilation (e.g., by opening windows) or local exhaust fans. Where ventilation is inadequate/unavailable or mechanical ventilation does not exist, the use of portable air cleaners can help filter out aerosols.
  - Where available, expert consultation may be helpful to assess and identify priority areas for improvement and improve ventilation and filtration to the extent possible given HVAC system and building characteristics. Refer to PHO's [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#) and [Use of Portable Air Cleaners and Transmission of COVID-19](#).

## Virtual Care

9. Primary care providers may continue to offer virtual care, when appropriate. Consider the appropriateness of providing care virtually in each instance and if it is in the patient's best interest. If virtual care is provided, it must meet the same standard of practice as would apply in-person.
10. Primary care providers or their office administrative staff must screen patients prior to booking an appointment to determine whether a virtual service is appropriate or if an in-person appointment is required.

- The patient perspective on the need for in-person assessment (including patient age, language and communication barriers) should be considered when determining if an in-person appointment is appropriate.
  - **A virtual appointment is not required before an in-person appointment.**
- 11.** Regardless of mode of care delivery, all primary care providers should continue to provide essential care to their patients. This includes medication renewals and answering phones/faxes.
- This includes for those patients on controlled substance regimes or opioid agonists who will need their measured renewals by their main prescriber (in most cases their family doctor) so they do not need seek controlled substance renewal elsewhere.

## Screening

- 12.** Primary care providers should post information on their clinic website or send an email detailing COVID-19 screening requirements at the office/clinic to all patients and advise them to call prior to coming to the office/clinic where applicable.
- Primary care providers may consider a mailing by post for those patients who do not have email and/or internet access.
- 13.** For in-person visits, the primary care setting should undertake active and passive screening as defined below.
- 14.** The [COVID-19 Patient Screening Guidance Document](#) should be used and may be adapted as needed and appropriate for screening purposes. *Note that the case definition is primarily for public health surveillance.*
- 15.** For reference, a full list of common COVID-19 symptoms is available in the [COVID-19 Reference Document for Symptoms](#).

## Active Screening

- 16.** Patients should be screened over the phone, or suitable online screening tool such as the [Self-Assessment Tool](#), for symptoms of COVID-19 when scheduling appointments.

- 17.** Patients and those accompanying them (if applicable) should be screened by staff at the point of entry to the office/clinic to assess for COVID-19 symptoms and exposure history on the day of their scheduled appointment.
- 18.** Staff conducting active screening on site should adhere to routine practices (including wearing a surgical/procedure mask or better alternative) and ideally be behind a barrier.
  - A barrier (e.g., plexiglass) can protect reception staff from droplets.
  - If the office is unable to provide a physical barrier for those who perform screening or the HCW doing the screening is unable to maintain a distance of at least 2-metre then use appropriate PPE including gloves, isolation gown, a surgical/procedure mask or N95 respirator (or equivalent) as an alternative, and eye protection (goggles, face shield or safety glasses with side protection).
  - Refer to PHO's [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) for more information.

## **Passive Screening**

- 19.** Signage should be posted at the entrance to the office/clinic and at reception areas reminding all patients of the symptoms of COVID-19 and to self-identify to clinic/office staff if they have had a recent exposure to any symptomatic household member or a case of COVID-19.

# Positive Screening: What to do

## Positive screening over the phone

20. Patients who identify as having severe symptoms (including severe difficulty breathing, new onset confusion or reduced level of consciousness, severe chest pain, or increasing significant fatigue) over the phone should be directed to the emergency department. Patients with moderate symptoms who cannot be safely monitored at home and for whom an in-person visit in the primary care office is not available and/or sufficient can be referred to a [COVID-19 Clinical Assessment Centre](#).
21. Patients who screen positive for symptoms of COVID-19 over the phone and whose symptoms are not severe should be instructed to [self-isolate](#) as per [current guidance](#). The primary care provider may complete an assessment for the patients' COVID-19 symptoms and/or non-COVID-19 issue virtually or in-person as indicated, using appropriate PPE. The primary care provider should use clinical judgement to ensure that the original reason(s) for the medical visit are managed appropriately.
22. Based on the virtual care service:
  - If testing is indicated and the patient is eligible for testing, they can be referred or brought in for testing. See Testing Guidance section below.
  - The provider should instruct the patient to follow the isolation and clearance of isolation guidance outlined in [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
  - Patients with symptoms of COVID-19 and who are at high-risk of severe disease should have follow up arranged to monitor for deterioration in symptoms and to receive new guidance if appropriate. See Case Management section below for information on caring for COVID-19 patients in the community.



## Positive screening in the office/clinic

- 23.** As soon as the reception staff is aware that a patient screens positive for COVID-19, the patient and those accompanying them should be provided a surgical/procedural mask or a non-fit tested N95 or KN95 respirator (if not currently wearing one) and advised to change masks away from other patients and staff. The patient should be immediately placed in a separate room with the door closed, where possible, to avoid contact with other patients in common areas of the office/clinic (e.g., waiting rooms).
- If it is not possible to move a patient from the waiting room to an available exam room, the patient can be instructed to return outside (e.g. vehicle or parking lot, if available and appropriate) and informed that they will be texted or called when a room becomes available.
- 24.** Symptomatic patients should not be cohorted together; rather, each symptomatic patient should be isolated individually unless they are from the same household.
- 25.** Primary care providers may offer clinical assessment and examination to patients who screen positive by following appropriate precautions.
- As an interim recommendation in light of the undetermined relative contributions of increased transmissibility inherent in the Omicron (B.1.1.529) variant and immune evasion, HCWs providing direct care to patients with suspected or confirmed COVID-19 infection must wear a fit-tested seal-checked N95 respirator (or equivalent), gloves, isolation gown, and eye protection (goggles, face shield or safety glasses with side protection).
  - HCWs who are not yet fit-tested for an N95 respirator (or equivalent) must wear a non fit-tested N95 respirator (or equivalent), KN95 respirator, or well-fitted surgical/procedure mask based on a risk assessment.
  - See PHO's [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) for more information.

26. If primary care providers are not able to follow the recommended precautions, they should divert the care of the patient as appropriate. This includes to the emergency department if the reason for the medical visit is urgent, to a [COVID-19 Clinical Assessment Centre](#) if necessary, to [testing centre](#) if indicated, or delay the visit/provide virtual care until the patient meets criteria to end self-isolation if the issue is non-urgent. The primary care provider should use clinical judgement to ensure that the original reason(s) for the medical visit are managed appropriately and in a timely manner.

## COVID-19 Vaccination

27. Primary care providers and their office/clinic staff are strongly recommended to be fully vaccinated and boosted.
28. Primary care providers should consider implementing staff vaccination policies for their practice.
29. Primary care providers should consider discussions of vaccine status with their patients and, where possible and appropriate, recommend and offer COVID-19 vaccinations.
30. Primary care providers that are participating in Ontario's COVID-19 vaccination program should refer to the Ministry of Health's [COVID-19 Vaccine-Relevant Information and Planning Resources](#) website which includes guidance on:
- [Vaccine Storage and Handling](#), [Vaccine Administration](#), [Vaccine Administration Errors and Deviations](#), [Medical Exemptions](#), and [Vaccination Recommendations for Special Populations](#).
  - Other health care provider education documents include [Vaccination in Pregnancy and Breastfeeding Clinical Support Tool](#), resources on [vaccine hesitancy](#), and [general immunization documents](#) for patients.

# Testing for COVID-19

## Testing Guidance

- 31.** Certain populations are currently eligible for PCR or rapid molecular testing. Providers should refer to the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#) for testing eligibility.
- Individuals who have COVID-19 symptoms and who are eligible for PCR or rapid molecular testing should be tested and be instructed to self-isolate as outlined in the guidance document.
  - Any individuals who have new or worsening symptoms that are compatible with COVID-19 but are not eligible for testing, or who decline or are unable to access a test, should be directed to self-isolate as outlined in the guidance document.
- 32.** Primary care providers should be familiar with local testing locations and their specific protocols. Testing options include:
- **Referral to the nearest [testing location](#) (e.g. Assessment Centre, drive-thru clinic, pharmacy):** Primary care providers should follow their local testing location's protocol about referrals for testing. If patients are referred to a testing location, the primary care provider should make efforts to ensure that the patient is aware of the need for safe arrangements for travel to the testing location that maintains isolation of the patient (i.e., patient should wear a surgical/procedure mask and should avoid public transit if possible).
  - **Referral to the nearest [COVID-19 Clinical Assessment Centre \(CAC\)](#):** Primary care providers should refer patients with known or suspected COVID-19 who cannot be safely monitored at home and when an in-person assessment in the primary care office is not feasible and/or sufficient. CACs provide assessment and appropriate testing, diagnosis, and disposition planning including consideration for COVID-19 treatment.

- **Testing in the primary care office/clinic:** Can be performed if the primary care provider is able to follow the recommended precautions as outlined above, has the appropriate tools and knowledge of how to test, and can ensure coordination of sample delivery to a laboratory providing COVID-19 testing (if completing PCR testing).
- 33.** If a symptomatic patient has access to a rapid antigen test (RAT), the RAT can be used to assess the likelihood that symptoms are related to COVID-19 infection.
- A positive RAT is highly indicative that the patient has COVID-19 and they must self-isolate according to the current [guidance](#).
  - A positive RAT does not require confirmatory PCR/rapid molecular testing in most settings.
  - Multiple consecutive negative RATs suggests the symptomatic individual is less likely to have COVID-19. Refer to the current [guidance](#) for isolation requirements with negative RATs.

## **Specimen Collection, Handling, and Submission**

- 34.** Providers collecting specimens on patients who have symptoms of COVID-19 should wear appropriate PPE as outlined in the HCW Precautions table below.
- Links to resources on properly conducting NP swabs are available under 'In-Person Care' on OCFP's [Clinical Care - Office Readiness](#) page.
- 35.** Specimens must be placed in the specimen bag with the fully completed [COVID-19 virus test requisition](#) placed in the attached pouch, so it is not exposed to the specimen. It is recommended that the swab is pre-labelled so that it can simply be dropped into the bag without further handling once the swab is obtained.
- 36.** The office/clinic should become familiar with specimen transport requirements of the laboratory being used by the practice.
- Primary care providers should contact the laboratory being used to understand these requirements if required.

## Case Management

37. If primary care providers are aware a patient tested positive for SARS-CoV-2 or are presumed positive based on symptoms, they should inform the patient to self-isolate and follow the guidance outlined in [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
38. Primary care providers should arrange follow-up (e.g. virtual visits) to monitor for deterioration in symptoms for patients who are at higher risk of severe outcomes.
  - Providers can [order](#) oxygen saturation monitors from the Ministry of Health through COVID@Home Monitoring for Primary Care for patients with COVID-19 to use at home.
  - Evidence-based resources for managing COVID-19 patients in the community (COVID@home) are available through [Ontario Health](#) and [Hamilton Family Medicine](#).
39. Patients who cannot be safely monitored at home and for whom an in-person assessment by the primary care provider is not feasible and/or sufficient can be referred to a [COVID-19 Clinical Assessment Centre](#). This would include patients who might be eligible for COVID-19 treatments.
40. Guidance on managing the post-COVID-19 condition is available [here](#).
41. Public health does not require individuals to have a medical note from a primary care provider for return to school, child care or workplace.
  - Additional information specific to return to school of children include the latest [COVID-19 Screening tool for Children in School and Child Care](#). This tool is to provide guidance on when and if children should continue to attend their school or child care centre when they have certain symptoms. This is not a clinical tool.

## Reporting of COVID-19 Cases

42. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).

# Occupational Health & Safety

## Personal Protective Equipment (PPE)

43. Summary of required HCW precautions are displayed in the table below.  
Adapted from PHO's [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)

Activity	HCW Precautions
Before every patient interaction	HCW must conduct a point-of-care risk assessment to determine the appropriate PPE required.
All interactions with patients <b>who screen positive</b>	<ul style="list-style-type: none"><li>• Fit-tested seal-checked N95 respirator (or equivalent). If not yet fit-tested for an N95 respirator, HCWs must wear a non-fit tested N95 respirator, KN95 respirator or well-fitted surgical/procedure mask</li><li>• Isolation gown</li><li>• Gloves</li><li>• Eye protection (goggles, face shield or safety glasses with side protection)</li><li>• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li></ul>

Activity	HCW Precautions
All interactions with patients <b>who screen negative</b>	<ul style="list-style-type: none"> <li>• Surgical/procedure mask required*</li> <li>• If patient is unmasked, eye protection (goggles, face shield or safety glasses with side protection) is required. If the patient is masked appropriately for the entirety of the visit, eye protection may be used based on clinical discretion.</li> <li>• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li> </ul>
Administrative tasks that do not involve contact with patients	<ul style="list-style-type: none"> <li>• Routine practices including universal medical masking</li> </ul>

\*HCWs may choose to wear a fit-tested N95 respirator (or equivalent) for all patient interactions taking into account community prevalence of COVID-19, patient characteristics (e.g. ability to tolerate a mask) and encounter characteristics (e.g. prolonged close proximity).

44. HCW precautions should take into consideration the task at hand and both COVID-19 and other potential communicable diseases as part of the point-of-care risk assessment (PCRA).
45. HCWs should be knowledgeable on the proper sequence of donning and doffing PPE.
  - A visual factsheet for [Putting on and taking off PPE](#) is available on [PHO's website](#).
  - Videos are also available on [PHO's website](#).
46. Primary care providers can [order](#) N95 respirators from the provincial stockpile. Health Care Providers and Health Care Entities must make reasonable efforts to ensure health care workers obtain fit-testing at the earliest opportunity. For information on arranging N95 respirator fit-testing, see the CMOH's [Directive #1: Questions and Answers](#) document.

## Infection Prevention and Control

47. Primary care settings should have measures and procedures for worker safety including measures and procedures for infection prevention and control (IPAC).
  - Online learning on IPAC is available on [PHO's website](#).
48. Primary care providers and all office/clinic staff must [actively screen themselves](#) daily before coming to the office/clinic. There should be someone designated to be responsible for ensuring all staff entering have completed screening and are negative.
49. If a patient or staff member was in the office/clinic and later tests positive for COVID-19 or develops symptoms of COVID-19, primary care providers and/or office/clinics, if aware, should assess their potential exposure and implications for continuation of work.
  - The risk assessment should include whether the HCW wore PPE consistently and appropriately, and the type and duration of the interaction.
  - See [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#) for further guidance including who is considered a close contact.
50. Cleaning of examination rooms and patient-contact surfaces should be performed based on patient screen status. Healthcare disinfectants approved by Health Canada are effective against COVID-19.
  - For patients who screen positive, patient-contact surfaces (i.e., areas within 2 metres of the patient) should be disinfected as soon as possible. Treatment areas, including all horizontal surfaces (typically within 2 metres of the patient), and any equipment that have come in direct contact with the screen positive patient (e.g., exam table, thermometer, BP cuff) MUST be cleaned and disinfected before another patient is brought into the treatment area or used on another patient.



- For patients who screen negative, routine standard cleaning processes should be used. Medical equipment and surfaces that come into direct contact with the patient's intact skin and are used between patients should be cleaned after each use prior to using on another patients.
- Refer to PIDAC's [Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings](#) and [Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings](#) for more information about environmental cleaning. Additional resources and overviews are available under 'Office Readiness' on OCFP's [Clinical Care - Office Readiness](#) page.

51. Plexiglass barriers, or similar, are to be included in routine cleaning (e.g. daily and when visibly contaminated) using a cleaning product that will not affect the integrity or function of the barrier. High-touch surfaces (e.g., doorknobs, telephones) should be cleaned and disinfected at least daily.
52. Non-essential items are recommended to be removed from patient care areas to minimize the potential for these to be contaminated and become a vehicle for transmission (e.g., magazines and toys).
53. Staff only areas of the office/clinic used for [meals and breaks](#) should be arranged to minimize the number of people using the space at the same time, especially if unmasked, and to ensure physical distancing is maintained.
54. Primary care providers should consider ways to optimize ventilation and/or filtration within the office/clinic, including in staff only areas. See Bullet #8 above for more details.

### **HCW Self-Isolation and Return to Work**

55. Primary care providers should ensure that all staff who work in their settings are aware of the [symptoms of COVID-19](#), continually [self-monitor](#) for COVID-19 symptoms, and are instructed to remain at home and not return to work if symptoms develop.
56. Symptomatic, patient-facing HCWs are eligible for molecular COVID-19 testing (PCR or rapid molecular testing). This includes any staff working in a primary care office who interact with patients in-person.

- For the most up to date guidance on who is eligible for molecular testing, including household members, see the [eligibility criteria](#).
  - For information on using RATs for symptomatic individuals, see Bullet #33 above. Primary care clinics can order RATs [here](#).
- 57.** All staff who test positive, have symptoms compatible with COVID-19 infection, or are a household or close contact of someone with confirmed or probable COVID-19 infection should follow the guidance outlined in [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
- Primary care offices are not considered highest risk settings as described in the guidance document. If staff also work in highest risk settings (e.g. hospitals, long-term care homes), they should follow the guidance specific to those settings.
  - For staff who also work in highest risk settings, information on early return to work and work self-isolation, can be found at [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings](#) and the [How to Self-isolate while Working fact sheet](#).
- 58. International Travel:** HCWs returning from international travel should follow [federal guidelines](#).
- 59.** Primary care providers should have a clinic plan developed to support continued virtual care if numerous staff need to self-isolate. This would include a process to ensure someone is checking incoming faxes for urgent issues, patients are called to cancel or convert to virtual appointments and virtual appointments and administrative duties can be done from home.

## Key Resources

- [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge \(MOH\)](#)
- [IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19 \(PHO\)](#)
- [Infection Prevention and Control Fundamentals \(PHO\)](#)
- [Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings \(PHO\)](#)
- [Recommended Steps for Taking Off PPE \(PHO\)](#)
- [Aerosol Generation from Coughs and Sneezes \(PHO\)](#)
- [How to Self-Monitor \(PHO\)](#)
- [How to Self-Isolate \(PHO\)](#)
- [How to Self-Isolate When Working \(PHO\)](#)
- [How to Wash Your Hands \(PHO\)](#)
- [Infection Prevention and Control – Online Learning \(PHO\)](#)
- [COVID-19: Clinical and Practical Guidance for Primary Care Providers \(CEP\)](#)
- [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice \(publichealthontario.ca\)](#)