Ontario

Ministry of Health

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

Version 8.0 – July 28, 2021

Highlights of changes

- Updated 'In-Person Care' and 'Virtual Care' sections
- Updated 'Screening' sections for masking requirements
- New section on COVID-19 vaccination
- Minor updates to 'Testing' section and new bullet on point-of-care testing
- Updated 'Case Management' for information on fully vaccinated individuals
- Updates to the Occupational Health and Safety section including PPE requirements to wear eye protection, updates to cleaning guidelines, and self-isolation requirements after travel or exposure to a case.

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, the case definition, testing guidance, mental health resources, and other COVID-19 related information.
- The latest version of the COVID-19 Reference Document for Symptoms and COVID-19 Patient Screening Guidance Document are available and updated on the MOH COVID-19 website.
- 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.

Deciding how to provide care: In-Person vs Virtual

While virtual care can be a helpful tool to support access to care during the pandemic, the pressures that existed early in the pandemic that required virtual care to replace in-person services in many cases have now diminished (e.g., lack of personal protective equipment) and, in most instances, in-person care can now be provided safely and appropriately. Providers must make decisions that are in their patient's best interest and work together to find a solution that satisfies the need for patient access, safety, and quality care.

In-Person Care

1. In-person care is essential for certain conditions and services like vaccine administration, and some patients cannot fully benefit from virtual care.

2. Health Care Workers (HCWs) should use a patient-centered care approach and consider patient preference to determine when to provide in-person care. Some helpful 'In-Person Considerations' related to providing in-person visits based on patient need are set out in the Ontario College of Family Physicians (OCFP)'s Considerations for Family Physicians: In-Person Visits when Phone/Video Isn't Enough.

3. To determine the appropriate PPE for patient interactions, HCWs should follow the PPE chart in Bullet #31 below. For those providers who are not able to follow the required precautions, they should divert the care of the patient as appropriate (see Bullet #17).

4. All patients, (and those accompanying them, if applicable) regardless of screening, should wear a mask and perform hand hygiene while at the office/clinic. Patients who are symptomatic for COVID-19 or have a recent exposure MUST wear a surgical/procedure mask. A sample patient handout on wearing and disposing of masks is available on the OCFP's Clinical Care - Office Readiness page.

5. Primary care providers should ensure that there is enough space for patients/clients to follow physical distancing guidelines of maintaining at least 2 metres from other people. Primary care providers should use their clinical judgement to adapt patient flows based on their unique circumstances including rate of community spread and physical space.

6. Consider ways to optimize ventilation within the office/clinic to maximize airflow. Refer to PHO's Resource on Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Virtual Care

7. To minimize in-person contact with persons who may have COVID-19, primary care providers may continue to offer virtual care, when appropriate.

8. Primary care providers or their office administrative staff may screen 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 need for in-person assessment should be considered when determining if an in-person appointment is appropriate. Some helpful considerations related to balancing in-person and virtual care are set out in the OCFP's Considerations for Family Physicians: Balancing In-Person and Virtual Care.

9. Some patients needs cannot be met through virtual care. All primary care providers should continue to be available for medication renewals (office coverage, phone/fax, communication with local pharmacies, etc.), including 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) and should not be forced to seek controlled substance renewal elsewhere.

Screening

10. Primary care providers should post information on their clinic website or send an email to all patients on screening requirements at the office/clinic 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.

11. For in-person visits, the primary care setting should undertake active and passive screening as defined below. If the individual does not have a mask, the office/clinic should be prepared to provide them with a disposable mask to use during their visit at no cost to the patient.

Active Screening

- 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.
- All patients (and those accompanying them, if applicable) should be screened again by the staff at the point of entry to the office/clinic to assess for symptoms and exposure history on the day of their scheduled appointment.
- Staff conducting screening on site should ideally be behind a barrier. A plexiglass barrier can protect reception staff from droplets. If the office is unable to provide this physical barrier for those screening, the health care worker (HCW) doing the screening should use Droplet and Contact Precautions. This includes the following PPE – gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield).
- The latest COVID-19 Patient Screening Guidance Document on the MOH COVID-19 website 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.
- For reference, a full list of common COVID-19 symptoms is available in the COVID-19 Reference Document for Symptoms on the MOH COVID-19 website. Atypical symptoms and signs of COVID-19 are also available on this document and should be considered, particularly in children, older persons, and people living with a developmental disability.

Passive Screening

- Signage should be posted at the entrance to the office/clinic and at reception areas reminding all patients, and those accompanying them, regardless of symptoms, that they are expected to wear a mask for the entirety of their visit to the clinic setting and perform hand hygiene before reporting to reception for registration. Patients who are symptomatic for COVID-19 or have a recent exposure MUST wear a surgical/procedure mask. Sample signage is available on the MOH COVID-19 website. If the office/clinic is in a shared building, signage should also be posted at the entrance to the building.

Positive Screening: What to do

Positive screening over the phone

12. A patient who screens positive for symptoms of COVID-19 over the phone should be offered a virtual care service with a primary care provider ideally on the same day. Patients with severe symptoms should be directed to the emergency department. Otherwise, patients should be instructed to self-isolate until further discussion with their primary care provider. This discussion should include a thorough history-taking as well as assessment and management of symptoms, even if COVID-19 testing is being considered as part of the diagnostic plan. COVID-19 testing should be offered to, or arranged for, all patients with compatible symptoms where possible.

13. Based on the virtual care service:

- If testing is needed, refer the patient to a local testing location or emergency department as appropriate for where testing is offered in your community. If testing is provided in the primary care office/clinic, the patient should be booked to come in to be tested following precautions outlined under testing guidance below.
- Primary care providers should be familiar with local testing locations (e.g., emergency departments, drive-thru testing centres, and/or assessment centres) and their specific protocols.
- Patients should be instructed to self-isolate immediately and until test results are received and further instructions are provided by the primary care provider.

- If the patient is not able to get a test or declines testing for any reason, advise the patient, and their contacts, to self-isolate. The patient should isolate for 10 days following symptom onset. Patients can be advised to discontinue isolation at 10 days after symptom onset, provided that the individual is afebrile, and symptoms are improving. In general, fully vaccinated contacts do not need to isolate following an exposure, but they must contact their PHU for more advice and should get tested.
    - Patients with symptoms should have follow up arranged to monitor for deterioration in symptoms and to receive new guidance if appropriate.
- 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. Other related tools include an algorithm on Primary Care Paediatric Testing, Isolation and Return to School.
- Public health guidance does not include a requirement for medical notes from primary care providers for return to school, child care or workplace.

Positive screening in the office/clinic

14. As soon as the reception staff is aware that a patient screens positive, 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. Symptomatic patients should not be cohorted together; rather, each symptomatic patient should be isolated individually unless they are from the same household.

15. Patients should be provided with hand sanitizer, access to tissues, and a hands-free waste receptacle for their used tissues and used masks. 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. All patients should be instructed to cover their nose and mouth with a tissue when coughing and sneezing, dispose of the tissue in the receptacle and use the

hand sanitizer right afterwards. Signage should be posted on respiratory etiquette, including How to Wash Your Hands.

16. Primary care providers may offer clinical assessment and examination to patients who screen positive following Droplet and Contact Precautions. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield).

17. If primary care providers are not able to follow Droplet and Contact Precautions they should divert the care of the patient as appropriate. This includes: to the emergency department for testing and patient care if the reason for the medical visit is urgent, or to an assessment centre for testing. The primary care provider should use clinical judgement to ensure that the original reason(s) for the medical visit are managed appropriately.

COVID-19 Vaccination

18. Primary care providers and their office/clinic staff are strongly recommended to be vaccinated.

19. Primary care providers should consider discussions of vaccine status with patients and, where possible and appropriate, offer COVID-19 vaccinations.

20. 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 and Vaccination Recommendations for Special Populations. Also included are health care provider education documents, including a Vaccination in Pregnancy and Breastfeeding Clinical Support Tool, resources on vaccine hesitancy, and general immunization documents for patients.

21. More guidance for fully vaccinated individuals is available in the Ministry of Health's COVID-19 Fully Vaccinated Individuals: Case, Contact and Outbreak Management Interim Guidance document.

Testing for COVID-19

Testing Guidance

22. Testing should be offered to, or arranged for, all patients with new or worsening symptoms that are compatible with COVID-19 where possible and appropriate. Testing should also be offered to, or arranged for, asymptomatic contacts of a confirmed case. Primary care providers should reference the COVID-19 Provincial Testing Guidance Update for guidance on assessing and managing patients considered to be at higher risk, including priority population groups.

23. Primary care providers should not delay assessment and treatment of issues which have symptoms that overlap with those of COVID-19 but are clinically evident of a different diagnosis (e.g. COPD exacerbation, sinusitis). Providers should use clinical judgement, taking into account local epidemiology and exposure history, to assess and treat these types of issues in a timely manner. Any individual who has been referred for testing must be told to isolate until a negative result is received. Additionally, PHO has developed Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology.

24. Primary care providers should reference the COVID-19 Provincial Testing Guidance Update for testing guidance and the COVID-19 Reference Document for Symptoms for the latest version of the symptom list, including exceptions related to underlying conditions.

25. Point-of-care testing (also known as 'rapid testing') can be used as an additional layer of screening within the primary care environment. **Antigen point-of-care testing is not to be used for diagnosis of COVID-19.** Individuals who test positive on a rapid antigen test must be referred for confirmatory PCR testing. More guidance is available on the Ministry of Health website.

26. Primary care providers should be familiar with local testing locations and their specific protocols. Testing options are outlined below.

- **Referral to the nearest testing location or emergency department:** Primary care providers should follow their local testing location's protocol about referrals for testing. If patients are referred to a hospital or 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 hospital or testing location that maintains isolation of the patient (i.e.,

patient should wear a surgical/procedure mask and should avoid public transit if possible).

OR

- **Testing in the primary care office/clinic:** Can be performed if the primary care provider is able to follow Droplet and Contact 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.

Case Management

27. For guidance regarding diagnosing and managing cases, primary care providers should consult the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance on the MOH COVID-19 website.

28. Primary care providers should instruct patients who test positive for SARS-CoV-2 to contact their local public health unit, inform their households and close contacts to self-isolate (if they are not already) for 14 days from last exposure to the case, and for the contacts to be tested as per the COVID-19 Provincial Testing Guidance Update. In general, fully vaccinated contacts do not need to isolate following an exposure as per the COVID-19 Fully Vaccinated Individuals: Case, Contact and Outbreak Management Interim Guidance, but they must contact their PHU for more advice.

Specimen Collection, Handling, and Submission

- A suspect COVID-19 case should be tested by collecting a preferred or acceptable specimen type.
- NP swab collection is not considered an aerosol-generating procedure (AGMP) and therefore can be performed using Droplet and Contact Precautions (i.e., gloves, isolation gown, surgical/procedure mask, and eye protection). This is important as many people will cough or sneeze when the NP swab is done. Links to resources on properly conducting NP swabs are available under 'In-Person Care' on OCFP's Clinical Care - Office Readiness page.
- 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.

Reporting of COVID-19 Cases

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

30. Regulated health professionals should contact their local public health unit to report any probable and confirmed cases of COVID-19, based on the latest case definition.

Occupational Health & Safety

Personal Protective Equipment (PPE)

31. Summary of required HCW precautions are displayed in the table below

Activity	**HCW Precautions**
Before every patient interaction	HCW must conduct a point-of-care risk assessment to determine the level of precautions required
All interactions with and within 2 metres of patients **who screen positive**	Droplet and Contact Precautions: • Surgical/procedure mask • Isolation gown • Gloves • Eye protection (goggles or face shield) • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE

Activity	HCW Precautions
All interactions with and within 2 metres of patients **who screen negative**	• Surgical/procedure mask required • If patient is unmasked, eye protection (goggles or a face shield) is required. If the patient is masked for the entirety of the visit, eye protection may be used based on clinical discretion. • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE

32. HCW precautions should take into consideration both COVID-19 and other potential communicable diseases as part of the point-of-care risk assessment (PCRA).

33. Primary care providers 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.

Infection Prevention and Control

34. Primary care settings should have measures and procedures for worker safety including measures and procedures for infection prevention and control (IPAC).

35. Primary care providers and all office/clinic staff must actively screen themselves daily before coming to the office/clinic. There should be an office/clinic manager responsible for ensuring all staff entering have passed screening.

36. If a patient or staff member was in the office/clinic and later tests positive for COVID-19, primary care providers and/or office/clinics, if aware, should call their local public health unit for advice on their potential exposure and implications for continuation of work.

37. Online learning on IPAC is available on PHO's website.

38. Cleaning of examination rooms and patient-contact surfaces should be performed based on patient screen status.

- 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, and any equipment used on 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, standard cleaning processes can be used.
- 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.

39. 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.

40. 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).

41. Staff only areas of the office/clinic used for meals and breaks should be arranged to minimize the number of people are using the space at the same time, especially if unmasked, and to ensure physical distancing is maintained.

HCW Self-Isolation and Return to Work

42. All staff in the office/clinic should self-monitor for COVID-19 symptoms at home and not come to work if feeling ill. Primary care providers should ensure that all staff who work in their settings are aware of the symptoms of COVID-19 and are instructed to remain at home, or return home from work, if symptoms develop. The COVID-19 Quick Reference Public Health Guidance on Testing and Clearance has specific guidance on how to ensure a safe return to work for HCWs.

43. **International Travel:** HCWs who have returned from travel outside of Canada in the last 14 days are not required by the Federal Emergency Orders to quarantine. However, unless an exemption is given by the Chief Public Health Officer of Canada, they cannot directly care for patients aged 65 and older during the 14 day period that begins on the day they enter Canada. Travellers who are fully vaccinated and meet specific requirements may be exempt from quarantine requirements as per federal guidelines. Ontario strongly recommends that unvaccinated HCW's quarantine for 14 days after international travel, whenever it is possible. As per the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, if deemed critical to operations in their organization, these HCWs may continue to work with specific precautions and under work self-isolation.

44. **Unvaccinated Staff:** HCWs or office staff who are not fully vaccinated (i.e. more than 14 days since the final dose in a vaccine series) and have had a confirmed, high-risk exposure to a person with COVID-19 should self-isolate at home. As per the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, in exceptional circumstances where clinical care would be severely compromised without additional staffing, an earlier return to work under work self-isolation may be considered for an asymptomatic HCW. Unvaccinated HCWs and office staff who are a household contact of a symptomatic person should self-isolate at home until the symptomatic person has a negative COVID-19 test.

45. **Vaccinated Staff:** HCWs or office staff who are fully vaccinated and have had a high-risk exposure may not have to isolate as per Ministry of Health guidance and should follow the direction of public health.

46. More information on work self-isolation, can be found on the How to Self-isolate while Working fact sheet and the Quick Reference Sheet Public Health Guidance on Testing and Clearance available on the MOH COVID-19 website.

Key Resources

- 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)
- Droplet and Contact Precautions for Non-Acute Care Facilities (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)