

Ministry of Health

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

Version 3 - March 20, 2020

Highlights of changes

- Implementing a system for virtual and/or telephone consultations
- Referrals to local assessment centres
- Conducting clinical examination and specimen collection using Contact/Droplet precautions
- Link to latest case definition, signage and PHO IPAC recommendations

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, the latest case definition, FAQs, and other pertinent information: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

General

1. All primary care providers are encouraged to implement a system for virtual and/or telephone consultations when and where possible. When possible, conduct a consultation over the phone to determine if a virtual/telephone or in-person appointment is necessary. The purpose of this is to support social distancing and minimizing contact of persons who may have COVID-19 with health care settings.
2. Non-essential face-to-face appointments should be postponed or converted to virtual appointments

Screening

3. The latest case definition for screening is available on the MOH [COVID-19 website](#).
4. All primary care settings should undertake active and passive screening as defined below.
5. Primary care providers should post information on their clinic website or send an email to all patients advising to call prior to coming to a clinic.

Active:

- Patients should be screened over the phone before scheduling appointments.
- Where patients present without phone screening, trained staff should screen patients upon entry using the [case definition](#).
- Primary conducting screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect reception HCWs from sneezing/coughing patients. If a plexiglass barrier is not available, HCW should maintain a 2-metre distance from the patient. HCW who do not have a barrier and cannot maintain a 2-metre distance should use Droplet/Contact precautions.

Passive:

- [Signage](#) should be posted on entry to the office and at reception areas requesting patients with symptoms to put on a mask, perform hand hygiene and then to report to reception to self-identify. If the office is in a shared building, signage should also be posted at the entrance to the building.
- Provide the patient hand sanitizer (if available), access to tissue and a hand's-free waste receptacle for their used tissues and used masks.
- All patients should be instructed to cover their nose and mouth with a tissue when coughing and sneezing.

Positive Screening: What to do

Positive screening over the phone

6. A patient who screens positive over the phone should be offered a same day telephone consultation with a primary care provider. Patients should be instructed to [self isolate](#) until further discussion with their primary care provider.
7. If the patient fits the case definition, refer them to the local assessment centre or Emergency Department as appropriate. Physicians should call ahead to the ED/assessment centre to inform them of the patient's pending arrival. ED/testing centres are responsible for reporting testing to Public Health. Some sites may not be able to offer testing to minimally symptomatic patients and testing is not being offered to asymptomatic patients.
8. Physicians should be familiar with local testing locations (e.g, emergency departments and/or assessment centres) and their specific protocols. Patients should not show up to the hospital or assessment centre unannounced.

Positive screening in the office

9. Patients screening positive should be given a surgical/procedure mask (if available and if tolerated) and placed in a room with the door closed on arrival (do not cohort with other patients), where possible, to avoid contact with other patients in common area of the practice (e.g., waiting rooms).
10. HCWs may offer clinical assessment, examination, and possibly testing to a probable or confirmed case, in the primary care setting if they are able to wear the appropriate personal protective equipment. If providing care, the ministry recommends the use of Routine Practices and Additional Precautions (Contact/Droplet Precautions). This includes the following personal protective equipment (PPE) – gloves, gown, surgical/procedure mask, and eye protection (goggles, face shield).
11. Detailed precautions for HCWs, by activity and procedure are listed in PHO's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).
12. Primary care providers should follow routine procedures for submitting respiratory virus specimens. Naso-pharyngeal swabs are not considered an aerosol generating procedure and can be performed in the office setting with

appropriate Contact/Droplet PPE of gloves, gown, surgical/procedure mask, and eye protection (goggles, face shield).

- 13.** If patients are referred to hospital or assessment centre, the primary care provider should ensure that patient has safe arrangements for travel to the hospital or assessment centre that maintains isolation of the patient (i.e., patient should not take public transit). If the local testing centre or Emergency Department requires it, please call ahead to inform them of the patient's arrival. Public health will be informed of any testing for COVID by the testing location.

Testing for COVID-19

- 14.** Testing options include (contact public health unit to confirm local options):

- 1) Testing in the primary care office (following precautions as outlined above) and ensuring coordination of sample delivery to the [Public Health Ontario Laboratory](#); or
- 2) Referral to the nearest emergency department or assessment centre. All referrals to hospital should be made to a triage nurse; or
- 3) Testing facilitated by the local public health unit;

Reporting of Positive Screening

- 15.** COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).
- 16.** Regulated health professionals should contact their local public health unit to report a probable case or confirmed case.

Occupational Health & Safety

- 17.** When applicable, primary care settings should have written measures and procedures for worker safety including measures and procedures for infection prevention and control. Detailed guidelines for COVID-19 are available on the Ministry of Health COVID-19 website.

If patient was screened for COVID-19 in your office

18. Patient-contact surfaces (i.e., areas within 2 metres of the patient who has screened positive) should be disinfected as soon as possible. Treatment areas, including all horizontal surfaces, and equipment (e.g., exam table, thermometer, BP cuff) should be cleaned and disinfected before another patient is brought into the treatment area or used on another patient. Refer to PIDAC's [Best Practices for Environmental Cleaning for Infection Prevention and Control April 2018 for more](#) information about environmental cleaning.

If patient was in office for unrelated appointment and later tested positive for COVID-19

19. HCWs are encouraged to call their local Public Health Unit if they are aware of a patient who has visited their clinic and is now testing (or has tested) positive for COVID-19