Ministry of Health

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

Version 4 – April 25, 2020

Highlights of changes

- Expanded list of symptoms and reference to 'COVID-19 Reference Document for Symptoms'

- Additional guidance for virtual and in-person care

- Expanded guidance on testing and testing options, including reference to 'Quick Reference Public Health Guidance on Testing and Clearance'

- Link to latest 'Directives, Memorandums and Other Resources' page

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

- Please check the [Ministry of Health (MOH) COVID-19 website](#) regularly for updates to this document, mental health resources, and other information.

- The latest 'COVID-19 Reference Document for Symptoms' and 'Case Definition' are available and updated on the [MOH COVID-19 site](#).

- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

General

Virtual Care and Non-Essential Visits

1. All primary care providers are encouraged to implement a system for virtual and/or telephone consultations when and where possible. When possible, primary care providers should conduct a consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation will suffice or if an in-person appointment is necessary. The purpose of this is to support physical distancing and minimizing contact of persons who may have COVID-19 with health care settings as much as possible.

2. Non-essential face-to-face appointments should be postponed or be provided virtually.

3. 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.

In-Person Care and Essential Visits

4. Certain patients or conditions will require in-person visits and should not be deferred (i.e., pregnant women, newborns, childhood exams/vaccines).

5. Consider providing some care virtually even if an in-person visit is needed in order to minimize the in-person time required (i.e., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in person physical assessment).

6. Minimize the need for patients to wait in the waiting room (e.g. spreading out appointments, having each patient stay outside the clinic until the examination room is ready for them and then call in, by phone preferably).

7. Reduce the number of examination rooms being used.

8. Minimize staff in the office/clinic. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.

9. Detailed precautions for primary care providers 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](#).

10. Clean high touch surfaces and facilities after the patient leaves. Refer to PIDAC's [Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings](#) for more information on environmental cleaning.

Screening

11. Primary care providers should post information on their clinic website or send an email to all patients advising them to call prior to coming to the office/clinic.

12. If in-person visits are necessary, all primary care settings should undertake active and passive screening as defined below.

13. If an in-person visit is offered, patients should be advised to wear their own cloth mask to the office/clinic if they have one available to them.

Active:

- Patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments. The latest 'Case Definition' on the [MOH COVID-19 website](#) should be used for screening purposes.

- Where patients present in-person without phone screening, staff should screen patients upon entry to assess for symptoms and exposure history.

- 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.

- Staff conducting screening on site should ideally be behind a barrier to protect from contact/droplet spread. A plexiglass barrier can protect reception staff from sneezing/coughing patients. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the patient. Primary care providers who do not have a barrier and cannot maintain a 2-metre distance should use contact/droplet precautions. This includes the following PPE – gloves, gown, a surgical/procedure mask, and eye protection (goggles, face shield).

Passive:

- Signage should be posted at the entrance to the office/clinic and at reception areas requesting patients with symptoms to put on a mask (if available and if tolerated), perform hand hygiene and then to report to reception to self-identify. Sample signage is available on the [MOH COVID-19 website](#) (scroll to the bottom of the page). If the office/clinic is in a shared building, signage should also be posted at the entrance to the building.

- Where possible, primary care providers should have signage outside the office/clinic asking patients to call the clinic before entering to allow for appropriate screening and direction.

Positive Screening: What to do

Positive screening over the phone

14. A patient who screens positive for symptoms of COVID-19 over the phone should be offered a telephone consultation 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.

15. Clinical judgement, including an assessment of symptoms and exposure history, along with the 'COVID-19 Provincial Testing Guidance' on the [MOH COVID-19 website](#) should be used to help determine whether or not to test a patient for COVID-19.

16. Based on the telephone consultation:

    - If the patient **requires testing**, refer them to a local assessment centre or emergency department as appropriate for where testing is offered in your community.

        a. Primary care providers should be familiar with local testing locations (e.g., emergency departments and/or assessment centres) and their specific protocols and testing criteria. Assessment centres should accept all patients recommended for testing by a primary care provider.

        b. Patients should be instructed to self-isolate immediately and until test results are received.

- If the patient **does not require testing** but has compatible symptoms, and no exposure history, they should be advised to self-isolate for 14 days following symptom onset and until 24 hours symptom-free. If symptoms persist beyond 14 days, they should continue to self-isolate and be reassessed.

Positive screening in the office/clinic

17. Patients who screen positive should be given a surgical/procedure mask and be advised to perform hand hygiene. As soon as the reception staff is aware that the patient screens positive, the patient should be placed in a room with the door closed (do not cohort with other patients), 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 to their vehicle (if available) and informed that they will be texted or called when a room becomes available.

18. Patients should be provided with hand sanitizer (if available), access to tissue and a hands-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, dispose of the tissue in the receptacle and to use the hand sanitizer right afterwards. Patients may also be instructed to take their mask home with them with instructions for doffing masks (refer to Ontario College of Family Physicians website for sample handouts).

19. Primary care providers may offer clinical assessment, examination, and possibly testing to those requiring testing in the primary care setting if they are able to wear the appropriate PPE and have access to appropriate swabs, requisitions and process (see details below under Testing for COVID-19). If providing care, primary care providers must use routine practices and additional contact/droplet precautions. This includes the following PPE: gloves, gown, a surgical/procedure mask, and eye protection (goggles or face shield).

20. Primary care providers should be knowledgeable on the proper sequence of donning and doffing PPE. Visual factsheets for 'Putting on PPE' and 'Taking off PPE' are available on PHO's website.

21. For those who require testing in the primary care setting, primary care providers should follow recommended procedures for collecting and

submitting specimens for COVID-19 testing. See details below under Testing for COVID-19.

22. If the patient does not require testing but has compatible symptoms, and no exposure history, they should be advised to self-isolate for 14 days from onset of symptoms and until 24 hours symptom-free. If symptoms persist beyond 14 days they should continue to self-isolate and be reassessed.

23. If patients are referred to a hospital or an assessment centre for testing, the primary care provider should make efforts to ensure that the patient has safe arrangements for travel to the hospital or assessment centre that maintains isolation of the patient (i.e., patient should wear a surgical/procedure mask and should not take public transit). Primary care providers should follow their local testing location's protocol about referrals for testing.

Testing for COVID-19

24. Primary care providers should be familiar with local testing locations (e.g., emergency departments and/or assessment centres) and their specific protocols and criteria. Testing options are outlined below.

- **Referral to the nearest emergency department or assessment centre:** Primary care providers should follow their local testing location's protocol about referrals for testing; or

- **Testing in the primary care office/clinic:** Can be performed **only if** the primary care provider is able to follow precautions as outlined above, has the appropriate tools and knowledge of how to test, and can ensure coordination of sample delivery to the Public Health Ontario Laboratory or an alternative laboratory providing COVID-19 testing.

Note: If testing is conducted in the office/clinic, it is important to conduct the nasopharyngeal swab properly to minimize the risk of a false negative sample. Specimens must be placed in the specimen bag with the properly completed requisition placed in the attached pouch, so it is not exposed to the specimen. It is recommended that the swab is prelabelled so that it can simply be dropped into the bag without further handling once the swab is obtained. Nasopharyngeal swab collection is not considered an aerosol generating procedure and can be performed in the office/clinic with appropriate contact/droplet precautions of gloves, gown, surgical/procedure mask, and eye protection (e.g., goggles, face shield). This is important as many people will cough or sneeze when the nasal swab is done.

Reporting of Probable and Confirmed COVID-19 Cases

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

26. 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 posted on the MOH COVID-19 website.

Occupational Health & Safety

27. Primary care settings should have written measures and procedures for worker safety including measures and procedures for infection prevention and control. Detailed "Guidance for Occupational Health and Safety" is available on the MOH COVID-19 website.

28. Primary care providers who have returned from travel in the last 14 days and/or have had unprotected exposure to a person with COVID-19 and have been identified critical to operations in their organization, should refer to 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.

29. After every patient visit, whether the patient is symptomatic or not, 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 equipment used on the patient (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 Prevention and Control in All Health Care Settings for more information about environmental cleaning.

30. If a patient was in the office/clinic and later tests positive for COVID-19, primary care providers, if aware, are encouraged to call their local public health unit for advice on their potential exposure and implications for continuation of work (including multiple site work).