

Ministry of Health

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

Version 7 – November 9, 2020

Highlights of changes

- Reference to Ontario Health's document on [Optimizing Care Through COVID-19 Transmission Scenarios](#).
- Importance of in-person care where essential and for those conditions and instances where patients may not benefit from virtual care (Bullet 4)
- Reference to [COVID-19 Screening tool for Children in School and Child Care](#) (Bullet 14)
- Change from 14 to 10 days of self-isolation following symptom onset, provided that the individual is afebrile, and symptoms are improving (Bullet 14)
- Importance of not delaying assessment and treatment of issues which have symptoms that overlap with those of COVID-19 but are clinically evident of a different diagnosis (Bullet 20)
- Reference to [Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology](#) (Bullet 20)
- Reference to [Guidance for Immunization Services During COVID-19](#) (Bullet 28)

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](#).

General

Virtual Care

1. To minimize contact with persons who may have COVID-19 within health care settings, primary care providers are encouraged to continue to implement a system for virtual and/or telephone consultations, when and where possible and appropriate.
2. 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 and/or more appropriate.
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

4. In-person care is essential for certain conditions and some patients cannot fully benefit from virtual care. Primary care providers should continue to exercise clinical judgement to determine whether an in-person visit is necessary.

5. Certain patient services or conditions will require in-person visits, this includes vaccine administration for infants, children and seniors. 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](#).
6. For patients who screen negative, in-person care should be provided using a surgical mask, considering eye protection and following hand hygiene. For patients who screen positive, in-person care may be provided following Droplet/Contact precautions which include the above as well as using gowns and gloves. Refer to the PPE table under Bullet 26 and OCFP's infographic on [PPE and Infection Control](#) for additional details. If primary care providers are not able to follow appropriate precautions, they should divert the care of the patient as appropriate (see Bullet 18).
7. Primary care providers could consider providing some care virtually even if an in-person visit is needed in order to minimize the in-person time required (i.e., a prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in person physical assessment).
8. All patients, regardless of screening should wear a mask and perform hand hygiene while at the office/clinic. Patients may also be instructed to take their surgical/procedure mask home with them with instructions for doffing masks. A sample patient handout on wearing and disposing of masks is available on the OCFP's [Clinical Care - Office Readiness](#) page.
9. Primary care providers should ensure that there is enough space to follow physical distancing guidelines of maintaining at least 2 meters from other people. This includes the following:
 - 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).
 - Space out chairs in the waiting room to allow for physical distancing.
 - Consider ways to minimize traffic flow for common spaces (e.g. physical markings in hallways, limiting the number of people in an elevator, unidirectional flow, etc.).

- Reduce the number of examination rooms being used.
- Minimize the number of staff in the office/clinic at one time. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.
- Minimize the number of individuals in the office/clinic at one time. For example, limit the number of non-essential individuals that may accompany a patient for their appointment (excluding minors and support persons). Where possible, take note of all accompanying persons, in order to facilitate contact tracing in the event this is necessary.

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.** If an in-person visit is necessary and feasible, the primary care setting should undertake active and passive screening as defined below.
- 12.** If an in-person visit is offered, patients should be advised to wear their own mask (cloth or other) to the office/clinic, regardless of whether they have symptoms. Anyone accompanying the patient should also wear a mask. If they do not have a mask, the office/clinic should be prepared to provide them with a mask to use during their visit.

Active Screening

- Patients should be screened over the phone 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 to protect from droplet and contact 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. 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, 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. 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

- 13.** 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. 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.
- 14.** Based on the telephone consultation:

 - 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 to self-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.

- 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

- 15.** 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.
- 16.** Patients should be provided with hand sanitizer, access to tissue, 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. 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. Signage should be posted on respiratory etiquette, including [How to Wash Your Hands](#).
- 17.** 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).
- 18.** 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.

Testing for COVID-19

Testing Guidance

19. 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.
20. 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. bacterial infection). 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; COVID-19 testing should be considered in *parallel* if warranted. Any patient who has been referred for testing should isolate until a negative result is received. Additionally, PHO has developed [Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology](#).
21. 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.
22. 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. Testing options are outlined below.
 - **Referral to the nearest emergency department or testing location:**
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 has 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 not take public transit).

OR

- **Testing in the primary care office/clinic:** Can be performed only 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

23. 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](#). This document also outlines the recommended approaches for HCWs who are returning to work after symptom resolution and/or COVID-19 testing. Primary care providers should collaborate with public health on clearing and/or discontinuing isolation.

Specimen Collection, Handling, and Submission

- Specimens should be sent to a [PHO Laboratory](#) or another suitable laboratory with testing capacity.
- A suspect COVID-19 case should be tested by collecting a single upper respiratory tract specimen. Upper respiratory tract specimens include a nasopharyngeal (NP) swab, deep nasal swab, anterior nasal swab, or a viral throat swab. When appropriate swabs are available, NP swabs are the preferred specimen, followed by a deep nasal swab.
- 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

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

26. 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: <ul style="list-style-type: none"> • 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 |
| All interactions with and within 2 metres of patients who screen negative | <ul style="list-style-type: none"> • Surgical/procedure mask required • Use of eye protection (goggles or a face shield) should be considered • Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE |

27. HCW precautions should take into consideration both COVID-19 and other potential communicable diseases as part of the point-of-care risk assessment (PCRA).
28. Following the PCRA, for patients who screen negative and are coming to the office/clinic for vaccine administration, a surgical/procedure mask should be worn, and eye protection should be strongly considered. Gloves should be considered (e.g. skin integrity and some vaccines) as per the Canadian Immunization Guide. In most cases gloves do not need to be worn except when: the skin on the vaccine provider's hands is not intact; administering intranasal or oral vaccines due to the increased likelihood of coming into contact with a patient's mucous membranes and body fluids; and/or administering Bacille Calmette-Guérin (BCG) vaccine. Additional [Guidance for Immunization Services During COVID-19](#) is available on the MOH COVID-19 website.
29. Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, masking (surgical/procedure mask) for the full duration of shifts for HCWs working in direct patient care areas is recommended. Masking is also recommended for HCWs working outside of direct patient care areas when interacting with other HCWs and physical distancing cannot be maintained. The rationale for full-shift masking is to reduce the risk of transmitting COVID-19 infection from HCW to patients or other office/clinic HCWs, at a time when no signs or symptoms of illness are recognized, but the virus can be transmitted. This is a form of source control.
30. The use of eye protection (e.g., goggles or a face shield) for the duration of a shift should be strongly considered in order to protect HCWs when there is COVID-19 infection occurring in the community.
31. 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

32. Primary care settings should have measures and procedures for worker safety including measures and procedures for infection prevention and control (IPAC).
33. Online learning on IPAC is available on [PHO's website](#).

- 34.** 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.
- 35.** Primary care providers who are asymptomatic and have returned from travel outside of the country or from travel to an area inside the country with an elevated rate of COVID-19 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](#). Local public health units and [Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology](#) should be referenced for guidance.
- 36.** 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 any 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. Additional resources and overviews are available under 'Office Readiness' on OCFP's [Clinical Care - Office Readiness](#) page.
- 37.** Plexiglass barriers, or similar, are to be included in routine cleaning (e.g. daily) using a cleaning product that will not affect the integrity or function of the barrier.
- 38.** Non-essential items are recommended to be removed from patient care areas to minimize the potential for these to be contaminated and become a potential vehicle for transmission (e.g., magazines and toys).

39. 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, are encouraged to call their [local public health unit](#) for advice on their potential exposure and implications for continuation of work.

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 \(CEP\)](#)