CEP | Providers

Operational requirements for in-person visits

At a minimum, all healthcare providers must meet these requirements when holding in-person visits. See COVID-19 Operational Requirements: Health Sector Restart (June 15, 2020) for greater detail.

Screening, care and testing	

Active screening	☐ Patients and visitors should be screened over the phone before coming to the clinic.
	☐ If they screen positive, appointment should be deferred if possible and the individual referred for testing. If the appointment is urgent, refer the patient to the emergency room.
	☐ If a patient screens negative, appointment can be made. Remind the patient that if they develop symptoms between the time of the phone screening and the appointment, they should call the clinic for further instructions instead of coming in person.
	
	☐ Patients and visitors should be screened on-site before entering the clinic.
	☐ Patients and visitors should wear their own face covering. If they do not have one, provide one prior to entrance.
	☐ In-person screening must include staff protection as follows:
	  • **Best option:** staff should be behind a plexiglass barrier.
	  • **Second option:** If a barrier is not available, a 2-metre distance should be kept between screening staff and individuals being screened.
	  • **Last resort:** if a barrier is not available and 2-metre distance is not possible, screening staff should wear PPE according to Droplet and Contact precautions
	☐ If an individual screens positive, appointment should be deferred if it will not compromise patient safety, and the individual referred for testing.
	☐ Visitors who screen positive should not be permitted to accompany or visit the patient, pending test results. If the patient cannot attend the visit without the visitor, reschedule the visit for when an alternative visitor can accompany the patient.

Passive screening	☐ Information about screening should be included on outgoing voicemail and email signatures, appointment confirmations, and clinic website, with links to the provincial online self-assessment tool where applicable. ☐ Signage must be posted at the entrance to the clinic and in the reception area, requiring all patients and visitors to wear face coverings (if available and tolerated), perform hand hygiene, and report to reception to self-identify. ☐ Signage should be accessible to all patients and visitors, reflecting the cultural context of the region and patient community. Download signage in English and French on MOH site, or see CMA's resources in English, French, Arabic, Cantonese, Mandarin, Punjabi, and Spanish.

Care for positive-screened patients	☐ Before every patient interaction, healthcare workers must conduct a point-of-care risk assessment to determine the level of precautions required.
	☐ Healthcare workers may provide care with and within 2 metres of patients who screen positive for COVID-19 **only** if they have the PPE required to follow Droplet and Contact precautions (Surgical/procedural mask, isolation gown, gloves, eye protection -goggles or face shield) and the sufficient knowledge to follow proper donning and doffing procedures. Practice donning and doffing with a buddy if staff are still being trained on procedures.
	  • If your setting does not meet these requirements, divert the care of the patient:
	    • to the emergency department if the medical reason for the appointment is urgent
	    • to assessment centre for assessment and testing if the medical reason for the appointment is not urgent.
	☐ Patients who screen positive should be given a surgical/procedural mask and perform hand hygiene.
	☐ The patient should be isolated.
	  • If an exam room is available, place the patient in the room with the door closed, avoiding contact with other patients if possible.
	  • If an exam room is not available, instruct the patient to wait outside the clinic and call/text them when a room is available.
	☐ In the exam room, the patient should have access to tissues, hand sanitizer, and a touch-free/foot pedal-operated wastebasket.
	☐ Instruct patient to take their mask home with them (do not leave in waiting room) and provide information on doffing procedures.

Screening, care and testing (continued)

Care for negative-screened patients	☐ Mask required and eye protection recommended for interactions with and within 2 meters of patients who screen negative. ☐ No gown or gloves unless consistent with Routine Practices for specific patient symptoms. ☐ Request all patients and visitors keep masks on.

Testing	☐ All patients with at least one symptom should be tested.
	   • Asymptomatic patients who are concerned they have been exposed to COVID-19 should be tested.
	   • Asymptomatic patients who are at risk of exposure through their work (essential workers) should be tested
	 ☐ If your setting is knowledgeable and equipped, testing can happen on-site. All testing requires full droplet and contact PPE, even if the patient is asymptomatic.
	 ☐ If not equipped to offer testing, cases should be referred elsewhere (an assessment centre or emergency department)

Risk assessment and mitigation

Operational assessment	☐ Use the Readiness assessment for primary care settings to develop strategies to mitigate risk of COVID-19 transmission.
Employer responsibilities	☐ Have measures for staff safety, including infection prevention and control. ☐ Ensure stable supply of essential supplies (drugs, PPE, hand hygiene and cleaning supplies). ☐ Source and provide PPE through the regular supply chain, including regional leads or the provincial PPE Supplier Directory. ☐ Ensure adequate staffing for services. Use information from Readiness assessment for primary care settings to ensure staffing needs are aligned with PPE availability. Consider preserving staff capacity where possible in preparation for future outbreaks. ☐ Ensure service offerings align with related services such as laboratory diagnostics, rehabilitation, etc. ☐ Work collaboratively with local region and other primary care providers where possible to ensure coordinated service offerings.
Physical Responsibilities	☐ Ensure there is sufficient space to maintain 2-metre social distancing between people. ☐ Redesign physical settings and interactions to minimize contact. ☐ Provide face coverings where physical distancing is not possible. ☐ Request all patients and visitors wear face coverings if they have them. ☐ Provide tissues and lined garbage bins for patients and staff. ☐ Ensure sufficient supplies for proper hand hygiene: hand washing stations and 70% alcohol hand sanitizer. ☐ Post signage about symptom screening, hand hygiene, proper mask use, and respiratory etiquette. CMA has signage on high-level protections and symptoms available in English, French, Arabic, Cantonese, Mandarin, Punjabi, and Spanish.
Daily operations	☐ Employers and healthcare workers should determine which visitors are essential, and restrict all other visitors from entering the clinic. ☐ Where possible, schedule symptomatic patients for end-of-day visits. ☐ Minimize the time patients spend in the waiting room. If possible for patient, have them wait outside or in the car – otherwise, stagger appointments so that social distancing can be maintained. ☐ Minimize staff in the healthcare setting. Consider which roles can be performed remotely, or develop shifts to meet the necessary number of on-site staff while ensuring social distancing. ☐ Ensure healthcare workers, staff, and patients use proper PPE across clinic settings and have adequate observed training in donning and doffing. ☐ Healthcare workers should preserve the use of PPE by applying other mitigation strategies identified through the Readiness assessment for primary care settings. ☐ If a patient comes into the setting and later tests positive, contact local public health unit for advice and guidance about the risk of possible exposure for healthcare workers.

Risk assessment and mitigation (continued)

Healthcare worker infection prevention and control	☐ Staff should self-monitor for symptoms and not come to work if they develop symptoms. Consider using a daily screening form, log or app for staff as a prompt for this. ☐ Ensure there is space to isolate healthcare workers who develop symptoms. ☐ If a healthcare worker develops symptoms at work, they should put on a mask if not already wearing one, isolate, and be sent home as soon as possible. ☐ If they are critical to operations, healthcare workers who have returned from travel within the last 14 days (outside of Canada or from a COVID infected area within Canada) or had a confirmed exposure to a COVID-19-positive patient must self-monitor for symptoms but may continue to work with specific precautions.
Cleaning	☐ After every patient visit (symptomatic or asymptomatic), sanitize treatment areas, horizontal surfaces and equipment before another patient is brought in. Remember to include administrative equipment – mouse, keyboard, printer, etc. ☐ All common areas should be regularly cleaned, at least twice daily. ☐ Plexiglass barriers should be integrated into cleaning schedule and cleaned daily. ☐ Non-essential items should be removed from patient care areas to avoid contamination.

Resources for implementation

Foundational/broad overview resources
- COVID-19 Operational Requirements: Health Sector Restart (MOH)
- Directive #2 (MOH)
- Guidance for Primary Care Providers in a Community Setting (MOH)
- COVID-19 resource centre (CEP)
- Canadian Centre for Occupational Health and Safety
- Ontario public health units

Healthcare worker infection control
- POC Risk Assessment flowchart (PHO)
- HCW: Working while self-isolating (PHO)
- COVID-19 Quick Reference Public Health Guidance on Testing and Clearance (MOH)
- PPE for in-person visits (OCFP)
- Donning and doffing (PHO)
- Provincial PPE Supplier Directory
- Ontario Regional Leads
- Environmental and equipment cleaning (BCCDC)

COVID-19 screening, assessment, testing, signage
- How to self-monitor (PHO)
- Screening guidance (PHO)
- COVID-19 Assessment centres
- COVID-19 Testing information (PHO)
- Reference document: COVID-19 symptoms (MOH)
- English and French passive screening signage (MOH)
- English, French, Arabic, Cantonese, Mandarin, Punjabi, and Spanish signage (CMA)
- Cover your cough signage (PAHO)
- COVID-19 hand hygiene (PHO)
- Safely use non-medical face covering (Health Canada)

Decision-making supports for service expansion
- COVID-19 Local surveillance data (PHO)
- Virtual Care Playbook (CMA)
- COVID-19: Local service availability (CEP and thehealthline.ca)