Preparing to Resume In-Person Care

A COVID-19 checklist for community-based practices

June 23, 2020
v.2

Summary of Updates

v2. June 23, 2020		
Personal Protective Equipment	Added new resource: PPE Supplier Validation Checklist	pg 12
Occupational Health and Safety: Legal Responsibilities	Updated language: Employees who cannot work for reasons related to COVID-19 can be placed on leave and should be encouraged to apply for applicable government financial assistance programs such as the Canadian Emergency Response Benefit Program (CERB). Physicians are not required to pay out of pocket for this leave.	pg 15
Taking Care of Yourself: Physician Wellness	Added new resource: OMA Wellness Support Line	pg 16

Preparing Your Practice for In-Person Care

On May 26 2020, the government of Ontario amended Directive 2 to allow for the gradual re-introduction of deferred services. The OMA has prepared this back-to-work checklist to practically prepare members with community-based practices to plan for gradually and safely resuming their in-office care.

This checklist incorporates the Operational Requirements for Health Sector Re-Start, as well as relevant information from other sources.

What In-Person Care to Resume, and When

The types of in-person care to resume and when to resume them will differ across regions, specialties, and individual practices. Consider the following factors as you plan to gradually resume in-person care:
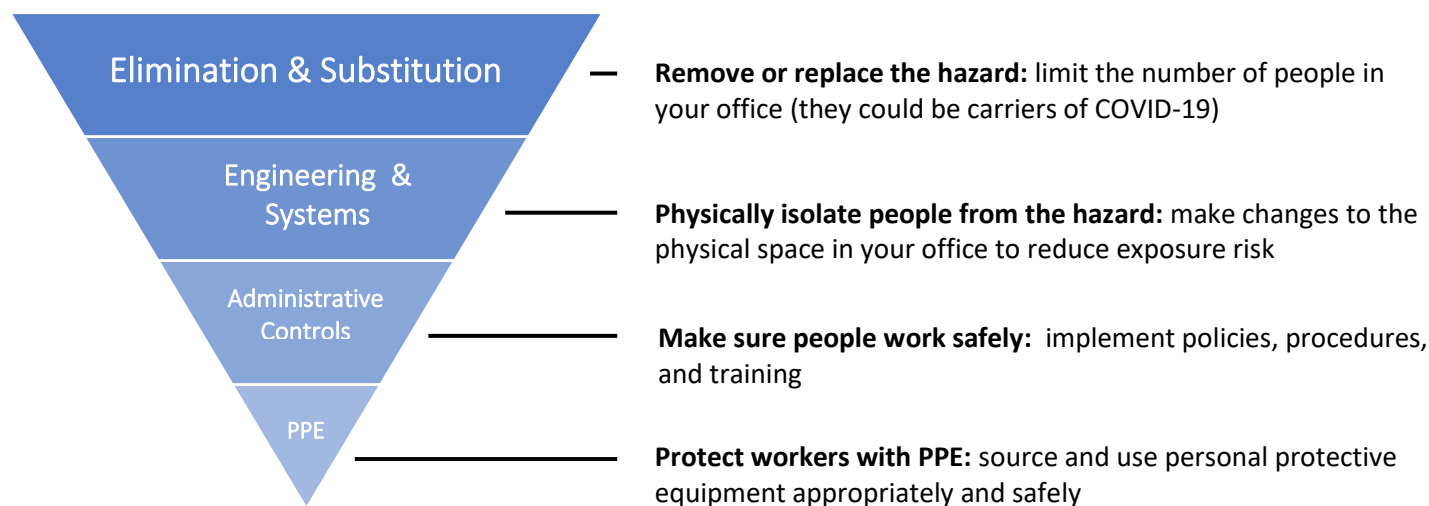
- Local rates of COVID-19 transmission
- Patient population and the type of care you provide
- Overall practice preparedness: staffing, PPE, processes, etc.
- Availability of broader community resources (hospital capacity, etc.)

Regardless of how your practice resumes in-person care, members are reminded of their duty to care for their patients (be it virtually or in-person) and to ensure coverage or appropriately redirect care when you are unable to do so.

For more information on the OMA's position regarding re-opening the healthcare system in Ontario, including guiding principles for identifying deferred services to re-introduce, refer to the OMA's Principles for the Re-introduction of Deferred Services.

Preparing to Resume In-Person Care

The Hierarchy of Hazard Controls is a model for how to approach managing an occupational risk, such as COVID-19. The information presented in this checklist is organized using this model as a framework:

Elimination & Substitution — **Remove or replace the hazard:** limit the number of people in your office (they could be carriers of COVID-19)

Engineering & Systems — **Physically isolate people from the hazard:** make changes to the physical space in your office to reduce exposure risk

Administrative Controls — **Make sure people work safely:** implement policies, procedures, and training

PPE — **Protect workers with PPE:** source and use personal protective equipment appropriately and safely

Also included is information specifically on your **legal responsibilities** as an employer and owner/operator of a medical practice, and **physician wellness resources**.

Checklist: At a Glance

For more details on each item, see inner pages.

Minimize the number of patients in your office

☐ Offer virtual care whenever possible

☐ Schedule extra time between in-person patient appointments

☐ Ask patients to wait outside of the office

Minimize the number of staff in your office

☐ Stagger staff schedules

Minimize the number of visitors in your office

☐ Allow only essential visitors

Rearrange the space to reduce contact and allow for physical distancing

☐ Rearrange furniture

☐ Put markings on the floor

☐ Install a plexiglass barrier at reception

☐ Keep doors open if appropriate

☐ Remove non-essential items

☐ Designate an isolation space

Provide resources necessary for hand/respiratory hygiene

☐ Provide tissues and garbage cans

☐ Set up hand hygiene stations

Post instructional signage

☐ Put up screening posters

☐ Put up public health posters

☐ Post reminders on how to don and doff PPE safely

Identify and respond to suspected cases of COVID-19

☐ Screen all patients, essential visitors, and staff

☐ Develop a protocol for when a patient or staff member screens positive

☐ Report all probable and confirmed cases of COVID-19

Develop and implement enhanced cleaning procedures

☐ Establish a daily schedule to disinfect both office and patient care areas

Continue to plan for how your practice will respond to COVID-19

☐ Review and update your Business Continuity Plan

Personal Protective Equipment

Source the right type of PPE needed for your practice

☐ Choose PPE recommended for the type of clinical care you provide

☐ Source additional PPE for your office staff

☐ Provide face coverings for patients if necessary

☐ If you are low on PPE, use strategies to conserve your supply

☐ If you are experiencing difficulties sourcing PPE, connect with provincial resources

Educate your staff and patients

☐ Make sure all staff are trained on how to safely don, wear and doff PPE

Occupational Health & Safety: Legal Responsibilities

Protect your staff from workplace hazards

☐ Develop an infectious disease preparedness and response plan

☐ Create a safe work environment and provide appropriate PPE

☐ Educate and train staff

Prepare for, and respond appropriately to staff illness and absences

☐ Obtain insurance

☐ Report staff illnesses

☐ Develop and implement a staff return to work policy

☐ Reasonably accommodate staff who cannot come to work for reasons related to COVID-19

Taking Care of Yourself: Physician Wellness

Take steps to support and promote resilience

Contact the OMA Physician Health Program if you need support

Sources

Elimination & Substitution

The most effective strategy to prevent transmission of COVID-19 is to eliminate opportunities for the virus to enter and spread in your office. This checklist outlines strategies to limit the amount of people in the space at any given time.

Minimize the number of patients in your office

☐ **Offer virtual care whenever possible**

Virtual/telephone visits should continue to be the default mode of offering care where appropriate. Use your professional and clinical judgment to decide which visits should be offered virtually and which should be offered in-person. When in-person care is necessary, you may also consider whether parts of the patient encounter could be offered virtually to minimize the amount of time the patient is in the office.

When making these decisions about providing in-person care, the CPSO recommends considering the following factors:

- Risk of COVID-19 exposure/transmission in your community
- Patient need (and how it may change over time)
- Negative patient outcomes that could arise from delaying in-person care
- Medical benefit and/or patient perceived benefit of in-person care
- Resources needed to provide the care (e.g., PPE, medication in short supply, the risk of acute/critical care needs, etc.)
- Whether the patient will need other health care services with limited availability
- Whether the patient will require a visitor to accompany them to the appointment (and any risks to that individual)
- Your ability to provide the care safely with appropriate precautions that protect you, your staff, the patient, your other patients, and the public more broadly

The CPSO also recommends engaging your patients in the decision-making process to help determine if they are comfortable coming to the office for in-person care, and to discuss the safety measures you have in place in your office.[1]

   ⤤ OntarioMD Virtual Care Resources

   ⤤ OMA Virtual Care Resources

☐ **Schedule extra time between in-person patient appointments**

Space out in-person appointments to limit the number of patients crossing paths as they enter and exit the office. Consider scheduling a virtual appointment between each in-person appointment.

☐ **Ask patients to wait outside of the office**

When appropriate and applicable, ask patients to wait outside of the office or in their car until their exam room is ready (rather than waiting in the waiting room). Notify patients by phone (if possible) when it is time to enter the clinic.

Minimize the number of staff in your office

☐ **Stagger staff schedules**

Reduce staff interaction with each other and patients by staggering their schedules, scheduling them outside of regular patient care hours, or allowing them to complete tasks from home where possible.

Minimize the number of visitors in your office

☐ **Allow only essential visitors**

Visitors (individuals who accompany patients to their appointments) should be limited to those who are essential. Consider the risk of COVID-19 exposure/transmission in your community when deciding which visitors are essential.

Essential visitors may include:

- Those who are accompanying patients who are very ill
- Parents/guardians of patients
- Those who are providing physical assistance, transportation, or other essential support

Engineering & Systems Controls

Engineering and systems controls help reduce the risk of COVID-19 exposure and transmission by physically isolating or removing people from it. The following checklist outlines changes you should make to your physical office space to protect your patients and staff.

Rearrange the space to reduce contact and allow for physical distancing

☐ **Rearrange furniture**

Space out chairs in the waiting room or work areas so that they are at least 2 metres apart. If necessary, remove furniture to create more room.

☐ **Put markings on the floor**

Place markings on the floor to control the flow of foot traffic and provide visual distance cues. For example, mark out 2-meter intervals in spaces where individuals may line up or congregate (such as at reception or in front of the elevator), and/or use arrows to designate isles or corridors as 'one way.'

☐ **Install a plexiglass barrier at reception**

A plexiglass barrier can help to protect reception staff from coughing/sneezing patients. If a plexiglass barrier is not available, staff must maintain a 2-meter distance from patients or take Droplet/Contact precautions.

☐ **Keep doors open if appropriate**

Where appropriate, keep main doors open to eliminate the need to touch the knobs and handles.

☐ **Remove non-essential items**

Remove things like toys, magazines, and remote controls from the waiting room and keep surfaces in patient care areas bare other than the computer monitor or other essential items.

☐ **Designate an isolation space**

Designate a space in your office (ideally a room with a door that closes) to isolate staff that develop symptoms of COVID-19 until they can go home/to an assessment centre.

Provide resources necessary for hand/respiratory hygiene

☐ **Provide tissues and garbage cans**

Place tissues and lined, no-touch garbage cans in the waiting room and common areas for patients and staff.

☐ **Set up hand hygiene stations**

Place 60-90% alcohol-based hand rub in the waiting room and common areas for patients and staff. Also ensure that that there are enough cleaning supplies like liquid pump soap, paper towels, etc. in all hand-washing areas.

Post instructional signage

☐ **Put up screening posters**

Place screening posters at the point of entry to your clinic and at reception. If your clinic is located inside a shared building, consider placing signage both at the entry to the building as well. The posters should instruct patients and visitors to wear a face covering (if available and if tolerated), perform hand hygiene, and then report to reception to self-identify. Signage should be accessible and accommodating. Consider whether to provide signage in languages other than English/French based on your patient population.

☐ **Put up public health posters**

Post signage throughout the building to remind patients and staff of COVID-19 signs and symptoms and promote social distancing and hand/respiratory hygiene. Signage should be accessible and accommodating. Consider whether to provide signage in languages other than English/French based on your patient population.

    🔗 [How to Wash Your Hands Poster](#)

☐ **Post reminders on how to don and doff PPE safely**

Provide visual reminders for staff at PPE donning and doffing stations. Also consider posting guidance in patient areas.

    🔗 [OCFP Patient Poster: Wearing and Disposal of Masks](#)
    🔗 [Public Health Ontario – Poster – Donning](#)
    🔗 [Public Health Ontario – Poster – Doffing](#)

Administrative Controls

Administrative control strategies include policies, procedures, training, or education that aim to reduce the risk of transmitting COVID-19 in your office. This checklist outlines the practices you should adopt to protect your patients and staff.

Identify and respond to suspected cases of COVID-19

☐ **Screen all patients, essential visitors, and staff**

In addition to passive screening with posters at the entrance to the clinic and shared building (if applicable), all patients, essential visitors, and staff should be actively screened according to the Ministry of Health's patient screening guidance document.

Over the phone: Screen patients for symptoms of COVID-19 over the telephone before they arrive for their appointments.

At the office: Screen patients and essential visitors at reception when they arrive at the office. Staff should also be screened when they report to work and should self-monitor for COVID-19 symptoms throughout the day.

🔗 Patient Screening Guidance Document

☐ **Develop a protocol for when a patient or staff member screens positive**

Patients on the phone: Instruct the patient to self-isolate and refer them to an assessment center for testing. Refer patients with severe symptoms to the nearest emergency department as appropriate.

Patients in the office: Your response to a positive screening in the office will depend on whether you have the appropriate PPE to assess patients with suspected COVID-19. See the PPE checklist (pg 11) for an outline of required PPE to assess patients with suspected COVID-19.

- If you have appropriate PPE: Ask the patient to wear a mask (if tolerated and if available) and then isolate the patient in a room with a closed door. If there is no exam room available, ask the patient to wait outside or in their car and call or text the patient when a room becomes available. Examine and assess the patient for COVID-19 symptoms and risk factors (e.g. exposure). If you have the capacity to test, you may do so. If you do not have the capacity to test, refer the patient to a local COVID-19 assessment centre or emergency department.
- If you do not have appropriate PPE: Redirect the patient to an assessment centre for testing and reschedule the visit. If the nature of the visit is urgent, divert the patient to the nearest emergency department for care and testing.

Staff in the office: Staff who develop symptoms of COVID-19 while at work should go immediately to the designated isolation room and make arrangements to go home or get tested. Staff should not return to work until they have tested negative or their case is cleared. See the Occupational Health & Safety – Legal Responsibilities checklist (pg 14) for more information about staff illness and return to work.

□ **Report all probable and confirmed cases of COVID-19**

COVID-19 is a designated disease of public health significance reportable under the *Health Protection and Promotion Act.* Regulated health professionals should contact their local public health unit to report any probable and confirmed cases of COVID-19 identified either over the phone or in the office.

⬈ Public Health Units

Develop and implement enhanced cleaning procedures

□ **Establish a daily schedule to disinfect both office and patient care areas**

All areas must be cleaned on a regular basis.

Office: Disinfect horizontal surfaces in the office daily and wipe down high-touch surfaces (such as doorknobs) at least twice per day using a hospital-grade disinfectant. Cover less-used equipment that cannot be relocated so it is not contaminated. Use keyboard covers or a wipeable keyboard.

Examination Room: Disinfect any surfaces in direct contact with patient and horizontal surfaces within 2 metres (6 feet) of the patient such as exam table, blood pressure cuff, stethoscope, thermometer, armrests of the chair. A low-level, hospital-grade disinfectant is enough to inactivate COVID-19. Give the disinfectant enough contact time before bringing in the next patient (check the label for contact time - typically 3-5 minutes).

⬈ Public Health Ontario Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition (250 pages)

⬈ British Columbia CDC COVID-19 Instructions for Environmental Cleaning and Disinfectants for Physicians' Offices (2 pages)

⬈ Health Canada list of disinfectants with evidence for use against COVID-19

Continue to plan for how your practice will respond to COVID-19

□ **Review and update your Business Continuity Plan**

As you gradually ramp up your practice, review your business continuity plan to make sure that you, your staff and your facilities are prepared for how to respond if the situation changes again.

⬈ OMA Business Continuity Planning Guide for Physicians

Personal Protective Equipment

When close contact with others is required, personal protective equipment (PPE) should be used to protect against the risk of exposure to COVID-19.

Source the right type of PPE needed for your practice

☐ **Choose PPE recommended for the type of clinical care you provide**

When providing regular patient care:

	Patients who screen negative for suspected COVID-19	Patients who screen positive for suspected COVID-19: Use Droplet and Contact Precautions
Surgical or procedure mask (medical grade)	✓	✓
Eye protection (goggles or shield)	Strongly suggested	✓
Gloves	Only if administering vaccination	✓
Gown		✓

When performing aerosol-generating medical procedures:

	AGMP on <u>any</u> patient: Use Airborne Precautions
N95 respirator or equivalent	✓
Eye protection (goggles or shield)	✓
Gloves	✓
Gown	✓
Airborne infection isolation room (AIIR)	Wherever possible. Otherwise, isolate patient in room with closed door.

- ↗ [OMA Summary of Public Health Ontario PPE Recommendations for suspected or confirmed COVID-19 patients](#) (2 pages)
- ↗ [Public Health Ontario – Droplet and Contact Precautions for Non-Acute Care Facilities](#) (2 pages)
- ↗ [Public Health Ontario – IPAC Requirements for AGMPs](#) (2 pages)
- ↗ [Public Health Ontario – FAQs – COVID-19 Aerosol-Generating Medical Procedures](#) (3 pages)

☐ **Source additional PPE for your office staff**

Universal masking is recommended for staff outside of direct patient care areas who cannot maintain a distance of more than 2 metres from each other, as a form of source control.

Note that any staff who are screening patients upon entry to the office should wear a medical-grade mask, eye protection, gown and gloves if they cannot maintain a 2-metre distance from the patient or are not behind a plexiglass barrier.

⤢ [Public Health Ontario – Universal Mask Use in Health Care](#) (2 pages)

☐ **Provide face coverings for patients that do not bring their own**

Patients should be instructed to bring their own non-medical mask or face covering to in-person appointments. Provide face coverings for patients that do not have their own if physical distancing is not possible. Ask patients not to leave their face coverings in waiting areas.

The Ministry of Health has confirmed that providing supplies (such as PPE) to staff and patients as part of infection prevention and control measures is considered a constituent element of an ensured service. As a result, physicians providing insured services are not permitted to charge patients for masks.

⤢ [Public Health Ontario – Non-Medical Masks and Face Coverings](#) (2 pages)

☐ **If you are low on PPE, use strategies to conserve your supply**

In situations where you do not have enough PPE, contingency and crisis capacity management strategies can be used to conserve your supply. These include extended use (wearing the same PPE over the course of multiple patients), limited re-use (using the same PPE over multiple patients, but taking it on and off between patients), and using products past their shelf life.

These strategies introduce an element of risk and should be done with caution.

⤢ [OMA Optimizing Supply of Disposable Face Masks and Respirators](#) (6 pages)
⤢ [Ontario Health - Optimizing the Supply of Personal Protective Equipment During the COVID-19 Pandemic](#) (34 pages)

☐ **If you are experiencing difficulties sourcing PPE, connect with provincial resources**

If you are unable to source PPE through your local supplier, other practices or through local PPE drives, you can make a request for PPE to your Ontario Health region.

To do this, determine which region your practice is located in and submit a request via the appropriate Personal Protective Equipment Intake Form. Your Regional Table Lead will work with you to see if they can address your request within the region.

If the need cannot be addressed regionally, the Regional Table Lead will escalate your request to the Ministry Emergency Operations Centre.

⤢ [OMA - PPE Supplier Validation Checklist](#)
⤢ [Ontario Health – map of regions](#)
⤢ [Ontario Health - Personal Protective Equipment Request Form](#)

Educate your staff and patients

☐ **Make sure all staff are trained on how to safely don, wear, and doff PPE**

As an employer, you have a responsibility to ensure your staff are educated on how to properly wear PPE, including how to put it on (don) and take it off (doff) safely. Follow these general principles:

- Always perform hand hygiene before touching your face at any point (both before donning and when doffing)
- Do not touch your shield or face mask once on. If you do, perform hand hygiene immediately
- Change your PPE if it becomes wet, soiled, damaged or contaminated
- User proper donning and doffing techniques (see resources below)
- Pay attention and use caution when doffing. Doffing is when most mistakes happen. Remember: the outside of used PPE is considered contaminated
- Safely dispose of or store used PPE for laundering. Containers for used PPE should be available. Used lined garbage cans for disposable PPE, and dedicated, labeled containers for re-useable PPE (e.g. gowns)

You can also consider using a buddy system where another member of staff observes you as you don and doff, to help catch any possible mistakes that could lead to contamination.

- ⬀ [Public Health Ontario – Illustrated Guide to Putting on and Taking Off PPE](#) (3 pages)
- ⬀ [Public Health Ontario – Poster – Donning](#)
- ⬀ [Public Health Ontario – Poster – Doffing](#)
- ⬀ [Public Health Ontario – Posters (2) – Detailed Donning and Doffing steps](#)
- ⬀ [Public Health Ontario – Video – Donning](#) (2 minutes)
- ⬀ [Public Health Ontario – Video – Doffing](#) (1 minute)
- ⬀ [Alberta Health Services – Video – Donning and Doffing PPE](#) (13 minutes)

Occupational Health & Safety: Legal Responsibilities

As an employer, you have responsibilities under the *Occupational Health and Safety Act* (OHSA).

Protect your staff from workplace hazards

☐ **Develop an infectious disease preparedness and response plan**

Establish an infectious disease preparedness and response plan. The plan should include an organizational risk assessment for your individual practice and follow recommendations and guidance from the Ministry of Health and Public Health Ontario. The plan should describe the safety precautions and policies/procedures you will put in place and detail how you will identify and respond to suspected cases of COVID-19 in your office.

☐ **Create a safe work environment and provide appropriate PPE**

As an employer, you have a duty to protect your staff from hazards (including COVID-19) in the workplace. Implement the precautions and procedures laid out in your infectious disease and preparedness plan and obtain the necessary PPE to keep your staff safe.

Note that your staff have the right to refuse unsafe work. If you cannot resolve their concerns with them informally, they can file a complaint with the Ministry of Labour, Training and Skills Development and prompt an inspection.

> ↗ OHSA: Right to Refuse Unsafe Work

☐ **Educate and train staff**

It is your responsibility to ensure that your staff know what you are doing to keep them safe, and what is expected of them to protect themselves and others. Review your infectious disease preparedness and response plan and all associated policies and procedures with staff and make copies available to them. It is also your responsibility to ensure that they know how to don, use, and doff PPE safely and effectively. Provide training if necessary.

Prepare for, and respond appropriately to staff illness and absences

☐ **Obtain insurance**

Obtain insurance through the Workplace Safety and Insurance Board (WSIB) or private insurance provider to cover workplace illness for all staff. Without insurance, you may be personally responsible for all costs associated with workplace illness or injury.

Note that the federal government offers an Emergency Response Benefit to eligible individuals who cannot work for reasons directly related to COVID-19.

> ↗ Canadian Emergency Response Benefit

☐ **Report staff illnesses**

Where a case involves a staff member that is likely to have been infected as a result of workplace exposure, it is your responsibility as an employer under the *Occupational Health and Safety Act* to provide written notice of the illness to the following bodies within four days of learning of the illness:
- The Ministry of Labour, Training, and Skills Development, within4 days
- Your Joint Health and Safety Committee or health and safety representative, within 4 days
- The staff's trade union (if applicable), within 4 days
- WSIB (if applicable), within 3 days

   ⬈ [Occupational Illness: Requirements to Report to the Ministry of Labour](#)

☐ **Develop and implement a staff return to work policy**

Staff who contract COVID-19 should not be permitted to return to work until their case has been 'cleared.' According to the Ontario Ministry of Health's guidance for the general population, individuals who are symptomatic (both confirmed COVID-19 and not tested), should isolate until 14 days after symptom onset, provided that they are afebrile and symptoms have been improving for at least 72 hours. Asymptomatic positive patients should isolate for 14 days from the specimen collection date.

   ⬈ [Quick Reference Public Health Guidance on Testing and Clearance](#) (5 pages)

☐ **Reasonably accommodate staff who cannot come to work for reasons related to COVID-19**

Some staff may be unable to work for reasons related to COVID-19. This includes the need to care for children for those who are unable to obtain child-care. Terminating staff for this reason is prohibited under the Employment Standards Act and human rights law. These employees should be placed on leave and encouraged to apply for the applicable assistance program (currently CERB; more details below).

Some staff may be unable to work for other reasons, such as underlying medical conditions or the inability to wear a mask. Ontario human rights legislation requires you to accommodate these workers to the point of 'undue or excessive hardship.' These instances should be considered on a case-by case basis and may require legal assistance to determine next steps, including potential leave.

The federal government offers an Emergency Response Benefit to eligible individuals who cannot work for reasons directly related to COVID-19, including the need to care for family members.

   ⬈ [Canadian Emergency Response Benefit](#)

Taking Care of Yourself: Physician Wellness

During an infectious disease outbreak like COVID-19, you will encounter heightened stress and challenges. Over time, stress, fatigue, or worry related to COVID-19 may arise and impact whether you feel your best.

Take steps to support and promote resilience

The OMA Physician Health Program has developed practical resources to help you monitor your well-being and resilience and support your colleagues. Review PHP COVID-19 supports or join one of the daily in drop-in groups to connect with colleagues.

The OMA Physician Health Program has also partnered with the Canadian Medical Association to launch a new wellness support line to connect physicians and their families with counselling resources.

- [Keeping yourself healthy: Resilience and stress inoculation during COVID-19](#)
- [OMA Physician Health Program: Virtual Chats](#)
- [OMA Wellness Support Line](#)

Contact the OMA Physician Health Program if you need support

Call the confidential OMA Physician Health Program telephone number toll-free at 1-800-851-6606 or email: php@oma.org.

Sources

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10. Public Health Ontario. IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19. May 3, 2020.

11. Public Services Health and Safety Association. Health and Safety Guidance During COVID-19 For Physician and Primary Care Provider Employers. Accessed June 3, 2020.