



Screening, IPAC and PPE Information for Family Physicians

April 2022

In this document:

- Checklist for screening for COVID-19 symptoms and exposures
- Guidance for IPAC/PPE for your practice during COVID-19
- Practice tips for in-office assessments
- Information for family doctors about N-95s



SCREENING PATIENTS FOR COVID-19

APRIL 2022

Active screening – done virtually when scheduling appointments and again at the point of entry – can reduce the risk of transmission in your office and help determine how best to meet your patient’s clinical needs. Use the steps below to screen for symptoms and exposures.

STEP 1: Screen for symptoms

Patient is “screen positive” if:

any **ONE** of:

- | | |
|---|---|
| <input type="checkbox"/> Fever > 37.7°
and/or chills | <input type="checkbox"/> Trouble
breathing |
| <input type="checkbox"/> A cough that’s
new or worse
than usual | <input type="checkbox"/> Trouble
tasting and
smelling |

OR

any **TWO** of:

- | | |
|--|--|
| <input type="checkbox"/> Runny or
stuffed-up nose | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle aches/joint pain |
| <input type="checkbox"/> Extreme fatigue | <input type="checkbox"/> Vomiting or diarrhea |

▶ If “screen positive” at an in-person visit, provide N95/medical masks to patient and caregiver(s), immediately distance them from others, provide information on [required isolation](#), and assess benefits of [COVID-19 treatment](#).

STEP 2: Screen for exposures

Does the patient live with someone who is currently isolating because of:

- | | | |
|---|--|--|
| <input type="checkbox"/> a positive COVID-19 test | <input type="checkbox"/> waiting for COVID-19 test results | <input type="checkbox"/> COVID-19 symptoms |
|---|--|--|

If ‘yes’ to any of the above, follow “screen positive” steps outlined in section above.

Note: patient **should be self-isolating if:**

- | |
|---|
| <input type="checkbox"/> has not tested positive in the last 90 days and completed isolation |
| <input type="checkbox"/> 18 or older and has not received booster |
| <input type="checkbox"/> has an isolating household member who has not yet tested negative on a molecular test or on two rapid antigen tests separated by 24-48 hours |

▶ **Isolation period**, starting after test or symptom onset:

- 5 days if fully vaccinated or under age 12.
- 10 days if age 12 and older and not fully vaccinated or immunocompromised.

You may stop isolating after day 5 or day 10 if you have not had a fever for at least 24 hours AND if you have been getting better for at least 24 hours (48 hours if you had vomiting or diarrhea).

Sources: [Confused About COVID?](#) and [Management of Cases and Contacts of COVID-19 in Ontario](#), Ministry of Health



IPAC GUIDANCE FOR COMMUNITY PRACTICES DURING COVID-19

APRIL 2022

With most COVID-19 public health measures lifted in Ontario, control measures in your practice continue to be key to reducing transmission and keeping patients, staff, and yourself safe, and meeting clinical needs.

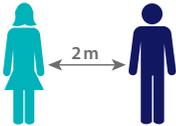
Outlined below are pandemic-related measures for infection prevention and control, including **screening, masking, PPE, physical distancing, cleaning, and ventilation.**

 Screening	<p>Active Screening</p> <p>Screen patients and anyone who accompanies them, both when scheduling appointment and at clinic/ office entrance.</p> <p><u>OCFP tool</u> to screen for COVID symptoms and exposure risk.</p>	<p>Passive Screening</p> <p>Passive screening is not required but signage posted at office/ clinic and building entrance, asking staff, patients and visitors to self-identify if ill, may augment active screening.</p>	<p>Staff Screening</p> <p>All staff to self-monitor for symptoms of COVID.</p>
	<p>A negative COVID test and/or proof of vaccination are not required for an in-person patient visit. Consider scheduling “screen positive” patients during dedicated clinic hours i.e., at the beginning or end of the day.</p>		

 Masking	<p>Universal Masking</p> <p>At this time, masks continue to be required for patients and staff in all healthcare settings, including community-based practices. More information below on masks as part of PPE.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHO factsheet: Universal Mask Use in Health Care • OCFP’s printable office sign to remind patients to keep their masks on at all times 		
	<p>For “Screen positive” patient and any accompanying caregiver</p> <p>Provide a medical mask or non-fit tested N95 respirator.</p>	<p>If patient refuses or is unable to wear a mask</p> <p>Take measures to protect other patients and staff, i.e., move directly to exam room, seat in a separate area distanced from others, or schedule during specific times. See CPSO’s COVID-19 FAQs for Physicians.</p> <p>Resource: Printable clinic sign reminds patients that abusive behaviour is unacceptable</p>	



 <p>PPE: clinic staff healthcare team</p>	<p>Direct care/within 2 metres of confirmed or “screen positive” patient</p> <p>Fit-tested, seal-checked N95 respirator or equivalent (non-fit tested N95, KN95 or well-fitting medical mask), isolation gown, gloves and eye protection (goggles, face shield or safety glasses with side protection)</p> <p>Change/discard PPE between patients; hand hygiene between patients.</p>	<p>All other patient interactions care of patients who screen negative</p> <p>Well-fitting medical mask or N95 respirator; if patient is unmasked, also wear eye protection.</p> <p>Hand hygiene between patients.</p>	<p>Staff receiving patients/ conducting screening</p> <p>If can maintain physical distance of at least 2 metres or have an impermeable barrier (such as plexiglass): medical mask or fit-tested N95 respirator or equivalent</p> <p>If not: fit-tested N95 respirator or well-fitted medical mask or non-fit tested respirator or equivalent, and eye protection; if direct physical contact, also wear isolation gown and gloves.</p> <p>Hand hygiene after physical contact or contact with shared equipment, i.e. pens, clipboards.</p>
	<p>Tips:</p> <ul style="list-style-type: none"> • PPE allocations, including N95s, are available from the provincial pandemic stockpile. • Steps can be taken to safely extend the use and/or re-use your N95 respirator. If a respirator must be re-used, keep it from being contaminated by carefully storing it in a clean paper bag, or in a cleanable container with a lid. Wash your hands before and after handling your mask. 		
	<p>Resources: Poster: PPE in community practice – OMA (gated access)</p> <p>Summary: PPE Selection for Suspect or Confirmed COVID-19 – PHO</p>		

 <p>Physical distancing Office flow</p>	<p>General</p> <p>While not required, physical distancing where possible is still recommended.</p> <p>Minimize time patients spend in the waiting room, and non-essential items in patient areas.</p>	<p>Confirmed or “screen positive” patient</p> <p>Move patient to exam room immediately or to separate area away from others; if not possible, distance by 2 metres or more from other patients. See above for masking step.</p> <p>Continue scheduling symptomatic patients separately, where possible, at beginning or end of day.</p>	<p>Staff</p> <p>As much as possible, schedule staff breaks to avoid crowded eating rooms and other staff areas.</p> <p>If more than one staff in break room, masks should be removed for as little time as possible, as required for eating and drinking.</p>
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 Cleaning	Confirmed or “screen positive” patient	Patients who screen negative
	<p>Clean and disinfect within 2 metres of patient as soon as possible, and clean and disinfect treatment areas, horizontal surfaces and equipment before another patient is brought into area or used on another patient.</p>	<p>Use standard cleaning processes (i.e., as would normally be done pre-pandemic for IPAC).</p>
<p>PHO’s Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings.</p>		

 Ventilation	<ul style="list-style-type: none"> • Ensure ventilation system is functioning properly and optimized. If needed, request report from the building owner/landlord. • Keep doors and windows open if possible. • Consider an air cleaner with a HEPA (high-efficiency particulate air) filter if HVAC is very poor or non-existent, or there is no outdoor air exchange. Select a portable air cleaner with clean air delivery rate (CADR) large enough for the size of the room or area. <p>Resources: Five elements of an air quality check (Dr. Jeya Nadarajah), Public Health Ontario HVAC guide (not specific to health care); FAQs on portable air cleaners; CDC’s strategies and tools for improving building ventilation in the context of virus transmission.</p>
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PRACTICE TIPS FOR IN-OFFICE ASSESSMENTS

UPDATED APRIL 2022

Staff

- ✓ Update staff on in-office [IPAC guidelines and practices](#), including the need to self-monitor for symptoms and self-identify if ill.
- ✓ As much as possible, enable physical distance between staff when interacting, including in staff common areas.
- ✓ Although staff vaccination in community-based settings is not mandatory, clinics may maintain their own policies. ([downloadable template](#) for mandatory COVID-19 vaccination - OMA [gated access])

Screening and Flow

- ✓ [Screen](#) for COVID – both passively with signage and actively with questions on the phone or on your web-based booking, and when patients present to the clinic.
- ✓ Minimize number of people entering with the patient.
- ✓ Separate/distance patient who screens positive from others in the office as much as possible. For patients who screen positive and their accompanying caregivers, provide a medical mask or non-fit tested N95 respirator.
- ✓ Do not cohort “screen positive” patients together unless they are in the same household.
- ✓ Space appointments to allow for room cleaning as needed (see ‘Cleaning’ below) and to minimize wait in the waiting room. When possible, stagger in-person and virtual appointments to facilitate room cleaning.
- ✓ Continue scheduling patients who screen positive, where possible, at end of day or another dedicated time.
- ✓ While not required, physical distancing is still recommended.

PPE

Keep distance until exam and use [PPE according to guidelines](#):

- ✓ For patients who **screen positive**, wear fit-tested and seal-checked N95 respirator, eye protection, gloves and gown.
- ✓ For those who **screen negative**, wear a well-fitting medical mask or N95 respirator. If patient is unmasked*, eye protection is also required.

Cleaning

[Environmental cleaning requirements](#) (Public Health Ontario)

- ✓ For **patients who screen positive**: disinfect within 2 metres of patient as soon as possible, and clean and disinfect treatment areas, horizontal surfaces and equipment before another patient is brought into area or used on another patient.
- ✓ For **patients who screen negative**: use standard cleaning processes.

*see [What if a patient refuses to wear a mask?](#) – CPSO

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COVID-19 and N95s

Information for family doctors about N95s

- **Fit-tested, seal-checked N95 respirators (or equivalent) should be worn for direct care of any patient with suspected/confirmed COVID-19.**
 - If you are unable to access fit-tested N95s, wear a non fit-tested N95 respirator (or equivalent), a KN95 respirator (which is designed for use without fit-testing), or a well-fitted surgical/procedure mask based on a risk assessment.
- **Family doctors may order N95s for themselves and their practice via the [Provincial Pandemic Stockpile](#)** – from dropdown menu, select “N95 Mask for Regular Supply”.
 - The **requirement for fit testing has been removed for ordering the 1870+ N95 masks for primary care** but not for other models. The expectation is for the 1870+ mask fit testing to be done when possible.
 - Direct questions to COVID19SupplyChain@ontariohealth.ca.
- To conserve and safely **extend use and/or re-use your N95** respirator: keep it from being contaminated by carefully storing it in a clean paper bag, or in a cleanable container with a lid. Wash your hands before and after handling your mask. Note that a mask that is wet or crumpled should be discarded.

See Health Canada’s [COVID-19 medical masks and respirators: Information for health professionals](#).

Reminder: for patients who **screen positive**, PPE also includes **isolation gown, gloves and eye protection** (goggles, face shield or safety glasses with side protection).