



OCFP SUMMARY: COVID-19 GUIDANCE FOR PRIMARY CARE PROVIDERS

On July 28, 2021, the Ministry of Health issued updated COVID-19 [guidance](#) for primary care providers. Below are some of the highlights.

IN-PERSON AND VIRTUAL CARE

Use a “patient-centered approach” in deciding whether to book an in-person or virtual visit.

- ✓ The guidelines have moved from a ‘virtual first wherever possible’ care approach to one that considers patient preference in addition to clinical need.
- ✓ See the OCFP’s [Considerations](#) for balancing in-person and virtual care.

In office/clinic:

- ✓ Ensure sufficient space for physical distancing.
- ✓ [Optimize air flow/ventilation](#) – ensure the HVAC system is properly installed and regularly inspected.
 - Additional measures to consider, as noted [here](#) (see page 2, PPE and Infection Control) – open doors and windows, fans, HEPA filter.

SCREENING

Screen patients for COVID-19 **when booking appointment.**

- ✓ If patient screens positive, offer a virtual appointment (same day if possible). Direct patients with severe symptoms to the emergency department.

Screen patients for COVID-19 **again at entry to clinic/office.**

- ✓ Staff conducting onsite screening should ideally be behind a barrier – if not, they should use Droplet and Contact Precautions (surgical/procedure mask, gown, gloves, eye protection).

For patients who **screen positive** in the office/clinic:

- ✓ Isolate them from other patients unless they are other symptomatic patients from the same household.
- ✓ If you are unable to safely isolate and/or take Droplet and Contact Precautions (see PPE below), redirect them to an [assessment/testing location](#) or to an emergency department if care is urgently needed.



PERSONAL PROTECTIVE EQUIPMENT – PPE

Use PPE [according to guidelines](#):

- ✓ For patients who **screen positive**, wear an isolation gown, surgical/procedure mask, eye protection and gloves.
- ✓ For those who **screen negative**, a surgical/procedure mask is required. If patient is unmasked, eye protection is also required.

All patients should wear a mask; if symptomatic or recently exposed to COVID-19, they must wear a surgical/procedure mask.

VACCINATION

- ✓ Primary care providers and office/clinic staff are strongly recommended to be vaccinated.
- ✓ Consider discussions of vaccine status with patients and, where possible and appropriate, offer COVID-19 vaccinations.
- ✓ See MOH [COVID-19 Vaccine-Relevant Information and Planning Resources](#) website.

TESTING*

- ✓ If your patient has new or worsening COVID-19 symptoms, or is an asymptomatic contact of a confirmed case, offer or arrange testing. List of [testing locations here](#) and refer to an emergency department if care is urgently needed.
- ✓ If you are able to safely test and coordinate sample delivery (see ‘Testing’ section in [guidance](#)), here is PHO’s list of [preferred or acceptable specimen types](#) and the [test requisition](#).
- ✓ Antigen point-of-care testing (“rapid testing”) can be used as an additional layer of screening –not to diagnose COVID-19. Refer those with a positive antigen test for confirmatory PCR testing.

** Do not delay care of patients with COVID-19 symptoms that are clinically evident of a different diagnosis. Use clinical judgment, considering local prevalence and contact history.*

REPORTING AND CASE MANAGEMENT

- ✓ Contact your [local PHU](#) to report any probable and confirmed cases of COVID-19.
- ✓ Instruct patients who test positive to contact their [local PHU](#), to inform their households and close contacts to self-isolate for 14 days from last exposure to the case, and for the contacts to be tested.
- ✓ In general, fully vaccinated contacts do not need to isolate following an exposure, but they must contact their PHU for more advice. Testing is not required but is strongly recommended.
- ✓ See interim guidance for [fully vaccinated individuals contacts](#) and this [flowchart for high-risk exposure](#).



INFECTION PREVENTION AND CONTROL – IPAC

Patient screen status is the basis for cleaning of exam rooms and patient-contact surfaces.

- ✓ For patients who **screen negative**: standard cleaning processes can be used (i.e., as would normally be done pre-pandemic for IPAC).
- ✓ For patients who **screen positive**: 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, must be cleaned and disinfected before another patient is brought into the treatment area or used on another patient.

Other IPAC measures

- ✓ All those working in the office/clinic must [actively screen](#) daily before coming to the office/clinic. An office/clinic manager should ensure all staff entering have passed screening.
- ✓ If a patient or staff tests positive for COVID-19 after being in the office, contact their [local PHU](#) for advice on implications/continuation of work.
- ✓ Minimize the number of staff in [meal/break rooms](#) at the same time.
- ✓ Remove non-essential items (magazines, toys, etc.) from patient care areas and routinely clean (e.g., daily and when visibly contaminated) plexiglass barriers.

HEALTHCARE WORKER (HCW) SELF-ISOLATION AND RETURN TO WORK

- ✓ **Unvaccinated HCWs returning from international travel** are strongly recommended to quarantine for 14 days, whenever possible.
 - If deemed critical to operations in their organization, they may continue to work with specific precautions and [under work self-isolation](#).
 - They cannot directly care **for patients 65 and older** for the 14 days (unless exempted by the Chief Public Health Officer of Canada).
- ✓ **Unvaccinated HCWs/staff with a high-risk exposure** should self-isolate at home.
 - If the exposure is a household contact and symptomatic, self-isolate until that individual has a negative COVID-19 test.
 - Earlier return to work may be possible if asymptomatic, clinical care would be severely compromised, and the precautions above are in place.
- ✓ **Fully vaccinated HCWs/staff with a high-risk exposure** may not have to self-isolate and should follow the direction of public health.