



Summary of changes in MOH COVID-19 Guidance for Primary Care Providers in a Community Setting

August 17, 2021

On July 28, 2021, the Ministry of Health issued an update to [COVID-19 Guidance: Primary Care Providers in a Community Setting](#).

The OCFP has compiled this **summary of the key changes**.

HIGHLIGHTS

- **In-Person Care** and **Virtual Care** sections updated to reflect the transition to more in-person care
- New COVID-19 **Vaccination** section added
- **Screening** sections updated to reflect in-office approach with symptomatic patients
- New information on point-of-care testing added to the **Testing** section
- Updates to the **Occupational Health and Safety** section, including when eye protection is required, revised cleaning guidelines, and updated healthcare worker self-isolation requirements after travel or exposure to a case.

IN-PERSON and VIRTUAL CARE

Sections updated to reflect the transition back to more in-person care.

- **Patient preference should be considered:**
 - Healthcare workers “should use a patient-centered care approach and consider patient preference to determine when to provide in-person care.”
 - See the OCFP’s [Considerations](#) on Balancing In-Person and Virtual Care.
- **In-person care can be provided safely and appropriately in most instances:**
 - “While virtual care can be a helpful tool to support access to care during the pandemic, the pressures that existed early in the pandemic that required virtual care to replace in-person services in many cases have now diminished (e.g., lack of personal protective equipment) and, in most instances, in-person care can now be provided safely and appropriately.”
- **Virtual care may be offered when appropriate, instead of encouraged to be offered:**
 - “To minimize in-person contact with persons who may have COVID-19, primary care providers may continue to offer virtual care, when appropriate.”

Information added to ‘In-Person Care’ section on ventilation.

- Consider ways to [optimize ventilation](#) within the office/clinic to maximize airflow. 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.

Summary of Changes in MOH COVID-19 Guidance for Primary Care Providers

VACCINATION

New section added on COVID-19 vaccination. For primary care providers:

- They and their office/clinic staff are **strongly recommended to be vaccinated**.
- They should **consider discussions of vaccine status with patients** and, where possible and appropriate, **offer COVID-19 vaccinations**.
- Links: vaccine-related documents available via the MOH [COVID-19 Vaccine-Relevant Information and Planning Resources](#) website.

SCREENING

'Screening' sections updated to reflect in-office approach with symptomatic patients.

- The requirement remains for patients and those accompanying them to **wear a mask in clinic**, with the added stipulation that patients who are **symptomatic** for COVID-19 or have a recent exposure **MUST wear a surgical/procedure mask**.
- In-office screening: Symptomatic patients **from the same household** may be cohorted together in the office. Otherwise, it remains that each symptomatic patient should be isolated individually.

TESTING

New bullet added on point-of-care testing.

- The guidance notes that **antigen point-of-care testing** (“**rapid testing**”) can be used as an **additional layer of screening and should NOT be used to diagnose COVID-19**. Individuals with a positive rapid antigen test should be referred for confirmatory PCR testing.

CASE MANAGEMENT

'Case Management' updated for fully vaccinated individuals.

- [Fully vaccinated close contacts](#) (“**high-risk**” contacts) of COVID-19 positive patients should still be encouraged to get tested but are **no longer routinely required to self-isolate** for 14 days from last exposure to the case.
- Public Health no longer needs to be consulted on clearance on return to work for healthcare workers. *More below on conditions and requirements for healthcare workers.*

SPECIMEN COLLECTION, HANDLING, AND SUBMISSION

New list of preferred specimen types.

- The guidance now links to a [PHO list of preferred specimen types](#) by patient characteristic (preference for specimens from nasopharyngeal swab, followed by deep nasal swab, has been removed).
- This sentence has been removed from the guidance: “Specimens should be sent to a PHO Laboratory or another suitable laboratory with testing capacity.”

PERSONAL PROTECTIVE EQUIPMENT – PPE

Change as to when eye protection (goggles or face shield) required.

- For **patients who screen negative, eye protection** is now only required **if patient is unmasked**. If a negative screened patient is masked for entire visit, use eye protection at your discretion.

INFECTION PREVENTION AND CONTROL

Updates to cleaning guidelines and new measures for healthcare workers/staff.

- **Patient screen status** is now the basis for cleaning of exam rooms and patient-contact surfaces.
 - For patients who **screen negative**: “standard cleaning processes” can now be used.
 - 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 screen positive patient (e.g., exam table, thermometer, BP cuff) **MUST** be cleaned and disinfected before another patient is brought into the treatment area or used on another patient.
- **Two new measures for healthcare workers/staff:**
 - Primary care providers and all office/clinic staff must [actively screen](#)¹ themselves daily before coming to the office/clinic. There should be an office/clinic manager responsible for ensuring all staff entering have passed screening.
 - Arrange staff-only areas of the office/clinic used for [meals and breaks](#) to minimize the number of people using the space at the same time, and to maintain physical distancing.

HEALTHCARE WORKER SELF-ISOLATION / RETURN TO WORK

New section added with content updated to reflect vaccination status.

- **International travel and unvaccinated healthcare workers/staff:**
 - **Ontario strongly recommends unvaccinated healthcare workers quarantine** for 14 days after returning from **travel outside Canada, whenever it is possible**. They may return to work sooner if deemed critical to operations in their organizations with specific precautions and under [work self-isolation](#).
 - Unvaccinated healthcare workers returning from international travel **cannot care directly for patients 65 and older** within 14 days of return to Canada unless exempted by the Chief Public Health Officer of Canada.
- **High-risk exposure in unvaccinated healthcare workers/staff:** If not fully vaccinated and have had a **high-risk exposure**, healthcare workers or office staff should self-isolate at home.
 - As per the [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#), in exceptional circumstances where clinical care would be severely compromised without additional staffing, an earlier return to work under work self-isolation may be considered for an asymptomatic healthcare worker.
 - Unvaccinated healthcare workers and office staff who are a household contact of a symptomatic person should self-isolate at home **until the symptomatic person has a negative COVID-19 test**.
- **High-risk Exposure in fully vaccinated staff:** If fully vaccinated, healthcare workers or office staff may not have to isolate ([MOH guidance](#)) following a high-risk exposure and should follow the direction of public health.

¹ Active screening is the process of answering a set of screening questions to determine a person’s risk of having COVID-19.