As Ontario opens up, we know that family practices should now have sufficient personal protective equipment (PPE) and experience with IPAC protocols to conduct routine and necessary in-office assessments. Working with your patients, you can determine when an in-person visit is needed, or whether a virtual visit will suffice.

Before every patient interaction, conduct screening and consider whether you can best serve your patient’s need with an in-person or virtual visit. See the visual guide below for tips on PPE use and environmental cleaning for the clinical setting.

1. All patients should wear a mask* (may bring their own mask to the clinic).

2. Conduct 20-second hand hygiene (either soap/water or hand sanitizer) before and after all patient interactions, and after removal of PPE.

3. You can re-use your procedure mask until soiled, wet, crumpled or no longer fits properly. Store in a breathable container between uses (a paper bag is reasonable). N95 masks are not required for in-clinic use as no aerosol generating procedures are performed.

4. PPE use is required for all interactions within 2 metres of patients. For patients who screen positive for COVID-19 in office, take Droplet and Contact precautions. (surgical/procedure mask; isolation gown; gloves; eye protection)

5. Goggles or face shield are required for patients who screen positive and for those who screen negative. Goggles or face shield should be cleaned after seeing a patient who screens positive and you suspect may have COVID-19.

6. Isolation gown and gloves are not required for those who screen negative. When administering vaccines, consider the use of gloves as per the Canadian Immunization Guide. Gowns may be worn when seeing a series of patients who may have COVID-19 but should be changed if moving from a COVID suspect to a COVID negative screened patient.

7. Clean equipment and surfaces – after every patient interaction for shared equipment.

* Some patients with underlying health conditions may not be able to tolerate masks. For patients refusing or unable to wear a mask, family doctors need to determine the right course of action for their own circumstances (e.g., ability to isolate the patient, etc.). Those choices may involve providing in-person assessment, deferring, rescheduling, or redirecting the patient to another setting that can safely provide care to them. (For more, see the CPSO’s COVID-19 FAQs for Physicians.)

Staying safe when providing in-person care:

Turn over/see next page for more information on healthcare provider precautions from the Ministry of Health.
### Summary of Required Healthcare Provider (HCP) Precautions

<table>
<thead>
<tr>
<th>Activity</th>
<th>HCP Precautions</th>
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<tbody>
<tr>
<td>Before every patient interaction</td>
<td>HCP must conduct a point-of-care risk assessment* to determine the level of precautions required</td>
</tr>
</tbody>
</table>
| All interactions within 2 metres of patients **who screen negative** | • Surgical/procedure mask  
• Eye protection (goggles or face shield)  
• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE |
| All interactions within 2 metres of patients **who screen positive** | Droplet and Contact precautions:  
• Surgical/procedure mask**  
• Isolation gown  
• Gloves  
• Eye protection (goggles or face shield)  
• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE |

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* A Point-of-Care Risk Assessment (PCRA) assesses the task, the patient, and the environment. A PCRA should be completed by the HCP before every patient interaction to determine whether there is a risk to the provider or other individuals of being exposed to an infection, including COVID-19.

** N95 respirator must be worn for Aerosol-Generating Medical Procedures (AGMPs). See page 5 of this Technical Brief from Public Health Ontario for a list of AGMPs.