

IPAC

Considerations for Infectious Respiratory Diseases for Community Practices

Information current as of October 2023

As we enter the fall and winter respiratory illness season, we are seeing COVID-19 cases and hospitalizations **starting to increase** and other respiratory illnesses, including influenza and RSV, are expected to increase in the coming months. See **OCFP's respiratory illness season tools and resources page** for up-to-date information to support your practice during this time.

As of September 14, 2023, health care providers participating in the Provincial Antigen Testing Program can **order RATs to distribute to patients** as well as staff. If not yet enrolled, apply through the **Ontario Together Portal**, and order via the **PPE Supply Portal**.

Personal protective equipment (PPE) continues to be available through the **Provincial PPE Supply Portal**. New users can **register here** to order.

See below for more information on measures for infection prevention and control against COVID-19 and other respiratory viruses, including screening, masking, PPE, physical distancing, cleaning, and ventilation.

Other resources you may find useful:

- PHO **Interim Infection Prevention and Control Measures Based on Respiratory Virus Transmission Risk in Health Care Settings**
 - For more on these guidelines watch the **May 26, 2023 "Changing the Way We Work (COVID-19) Community of Practice"** recording (beginning at 6:15).
- PHO **IPAC Checklist** (July 2019)
- OMA guide on **IPAC and safely providing in-person care** (member log-in required).





Masking

Masking is not required at this time but **still recommended** in clinical settings this fall and winter.

In all practices, mask wearing is **mandatory for patients with signs and symptoms** of infectious respiratory diseases.

As cough and cold season approaches, many Ontario hospitals have announced that they are bringing back mask requirements in patient-care areas. Masking continues to be recommended in any community-based practice with high-risk/ vulnerable patients to protect both those providing and accessing care.

If you are *not currently* requiring universal masking, consider using a **patient-centred approach**. If a patient enters your clinic wearing a mask, consider **reciprocal mask-wearing** to respect and acknowledge their concerns and communicate your solidarity with their precautions.

PHO recommends masking for direct patient care during high-risk periods. **Ontario's Respiratory Virus Tool** (updated every Friday) can provide you with current information on respiratory virus activity in Ontario and by Public Health Unit. Consider your own and other clinic staff's personal risk tolerance in your risk assessment.

Regularly review your clinic's masking requirements when respiratory illnesses are increasing in your community - consider returning to a universal masking policy in clinics if you are not currently masking.

The **Ministry of Health currently recommends to the public**:
"Ontarians may consider wearing a tight-fitting, well-constructed mask in indoor public settings, especially anyone at higher risk of severe infection. Setting-specific masking policies should be followed."

If a patient refuses or is unable to wear a mask:

If a patient will not or cannot adhere to your clinic's masking requirement, see CPSO's COVID-19 FAQs for Physicians "**What if a patient refuses to wear a mask**" for options on how to proceed.

Resources:

- Printable **clinic sign** to remind patients to wear a mask (also available in **French**).
- Printable **clinic sign** reminds patients that abusive behaviour is unacceptable.





Screening

Note: A negative COVID-19 test and/or proof of vaccination should not be required for an in-person patient visit.

Active Screening

Screen patients for signs and symptoms of infectious respiratory diseases to guide care decisions as well as in-office PPE and IPAC measures. Active screening is part of best practices regardless of transmission risk.

Passive Screening

Use signage at office/clinic and building entrance and ask staff, patients, and visitors to self-identify, if ill, to augment active screening.

Staff Screening

Ask all staff to self-monitor for signs and symptoms of infectious respiratory diseases.

Prioritize Appointments for High Risk Patients: You can use this **OCFP tool** to help front office staff screen patients with respiratory symptoms to ensure timely access to influenza and COVID-19 antiviral treatments for individuals at risk of severe complications.



PPE

Direct care/within 2 meters of patients with **signs and symptoms** of infectious respiratory diseases:

- Require symptomatic patient & any accompanying caregiver to wear masks.
- Respiratory etiquette.
- Hand hygiene: ensure ABHR is available at point of care and not expired.
- Wear a mask (e.g., fit-tested, seal-checked N95 respirator, a non-fit tested N95 or equivalent, or well-fitting medical mask).
- Full PPE (i.e., + eye protection, gloves, gown), based on your discretion/ a **point-of-care risk assessment**.
- Clean & disinfect (see below).

Care of patients with **no signs or symptoms** of infectious respiratory diseases:

Follow your clinic's masking policy. To determine if additional PPE is required, use your discretion or PHO's **point-of-care risk assessment**.





Office Flow

Tip: Consider developing a process (e.g., colour coding in your schedule) that highlights and categorizes patients with signs and symptoms of infectious respiratory diseases to triage patients to determine who needs to go into an examination room quickly.

- Minimize time patients spend in the waiting room/shared spaces and reduce non-essential items in patient areas.
- Where possible, schedule symptomatic patients separately at the beginning or the end of the day.
- Seat patients with signs and symptoms of infectious respiratory diseases apart from other patients and require them, and any accompanying caregivers, to wear a medical mask. Triage these patients into a single room as soon as possible.



Cleaning

Medical equipment that **only comes into contact** with the patient's intact skin and is **used between patients** requires cleaning and low-level disinfection after each use (e.g., armrests on chairs; examination table; BP cuff).

Ensure there is a process in place for cleaning after each patient interaction.

Ensure staff are trained in how to clean and how to use the product (contact time, application), using a hospital grade low level disinfectant (e.g., has a drug identification number).



Ventilation

Ensure ventilation system is functioning properly and optimized. If available, request report from the building owner/landlord.

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.

Resources:

- [PHO HVAC guide](#) (not specific to health care)
- [PHO FAQs on portable air cleaners](#)
- [CDC's strategies and tools for improving building ventilation](#) in the context of virus transmission.

