

Providing In-Person Care During the COVID-19 Pandemic

A checklist for community-based practices

March 9, 2022
v.10



What's New

V10. March 9, 2022		
What in-person care to provide, and when	Updated quote from CPSO on what in-person care to provide, and when Updated statement on the duty to care for patients (be it virtually or in-person) and to ensure coverage or appropriately redirect care when you are unable to do so	pg. 2
Offer a mix of in-person and virtual care, as appropriate	Updated list of considerations for making decisions about providing in-person care	pg. 5

Preparing Your Practice for In-Person Care

On February 10, 2022, the Ministry of Health revoked Directive 2 to allow non-urgent and non-emergent surgeries and procedures to gradually resume. The OMA has prepared this checklist to practically support members with community-based practices to safely provide in-office care.

What In-Person Care to Provide, and When

The CPSO states that “every practice is unique and finding the right balance will require judgment on the part of the physician to consider the merits of virtual vs. in-person visits and to determine which approach is in the patient’s best interest. Physicians should be continuing to balance in-person and virtual visits based on clinical need. It is critically important that the standard of care is met, which means some care will need to be provided in-person.”

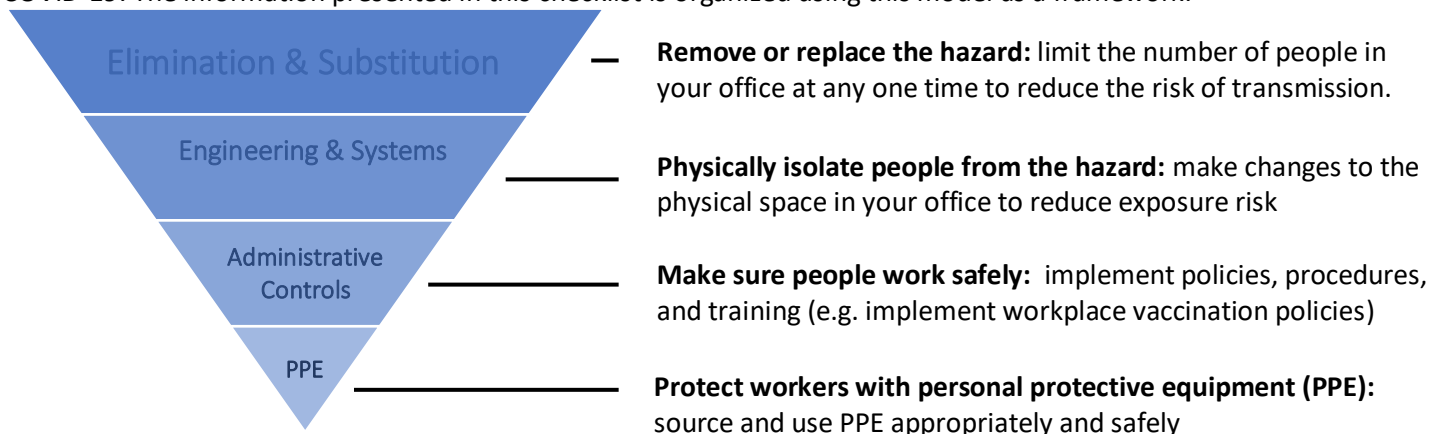
 [CPSO COVID-19 FAQs for Physicians](#)

Members are reminded of their duty to care for their patients (be it virtually or in-person) and to ensure coverage or appropriately redirect care when you are unable to do so. Ensure that patients are aware of their care options by aligning patient messages, including answering machine messages, to communicate the availability of in-person and virtual care.

A patient’s [COVID-19 vaccination status](#) or screening positive for COVID-19 should not affect whether they are able to access necessary in-person care, given that in-person care can be provided safely by taking appropriate precautions, such as screening patients and using necessary PPE.

Managing Occupational Risk

The Hierarchy of Hazard Controls is a model for how to approach managing an occupational risk, such as COVID-19. The information presented in this checklist is organized using this model as a framework:



Also included is information specifically on your **legal responsibilities** as an employer and owner/operator of a medical practice, and **physician wellness resources**.

 [PHO Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#)

Checklist: At a Glance

For more details on each item, see inner pages.

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Reduce the number of patients in your office at any one time

- ☐ Offer a mix of in-person and virtual care, as appropriate
- ☐ Schedule extra time between in-person patient appointments
- ☐ Consider scheduling unvaccinated or partially vaccinated patients separately from vulnerable patients
- ☐ Consider scheduling patients with COVID-19 symptoms at the beginning or end of the day
- ☐ Ask patients to wait outside of the office where possible

Minimize the number of visitors in your office

- ☐ Reduce the number of visitors

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Set up the space to reduce contact and allow for physical distancing

- ☐ Rearrange furniture
- ☐ Put markings on the floor
- ☐ Install a plexiglass barrier at reception
- ☐ Keep doors open if appropriate
- ☐ Number your exam rooms
- ☐ Remove non-essential items
- ☐ Designate an isolation space
- ☐ Rearrange staff break rooms

Provide resources necessary for hand/respiratory hygiene

- ☐ Provide tissues and garbage cans
- ☐ Set up hand hygiene stations

Optimize ventilation

- ☐ Ensure the ventilation system is functioning properly
- ☐ Keep doors and windows open if possible
- ☐ Consider using a high-efficiency particulate absorbing (HEPA) filter

Post instructional signage

- ☐ Put up screening posters
- ☐ Put up public health posters
- ☐ Post reminders on how to don and doff PPE safely

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Address vaccination with your staff and patients

- ☐ Consider implementing a COVID-19 vaccination policy for your staff
- ☐ Encourage and support vaccination of your staff and patients
- ☐ Educate staff and patients to build vaccine confidence

Establish policies and procedures for mask wearing

- ☐ Communicate that all patients and visitors should wear a mask in your office
- ☐ Train staff to watch for well-fitted masks
- ☐ Provide a disposable mask to patients if they do not have a mask
- ☐ Plan ahead for patients who refuse to wear a mask

Identify and respond to suspected cases of COVID-19

- ☐ Screen all patients, visitors, and staff
- ☐ Develop a protocol for when a patient, visitor, or staff member screens positive
- ☐ Consider using rapid antigen tests to screen unvaccinated or partially vaccinated asymptomatic staff
- ☐ Understand the recommended steps to take when someone screens positive on a rapid antigen test
- ☐ Report all probable and confirmed cases of COVID-19

Develop and implement enhanced cleaning procedures

- ☐ Establish a daily schedule to disinfect both office and patient care areas

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Source the right type of PPE needed for your practice

- ☐ Choose PPE recommended for the type of clinical care you provide
- ☐ Source additional PPE for your office staff
- ☐ Provide masks for patients and visitors who do not bring their own
- ☐ If you are experiencing difficulties sourcing PPE, connect with provincial resources

Educate your staff on proper PPE use

- ☐ Make sure all staff are trained on how to safely don, wear, and doff PPE

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Protect your staff from workplace hazards

- ☐ Develop an infectious disease preparedness and response plan
- ☐ Create a safe work environment and provide appropriate PPE
- ☐ Educate and train staff

Prepare for, and respond appropriately to staff illness and absences

- ☐ Obtain insurance
- ☐ Report staff illnesses
- ☐ Develop and implement a staff return to work policy
- ☐ Reasonably accommodate staff who cannot come to work for reasons related to COVID-19

Taking Care of Yourself: Physician Wellness 19

Take steps to support and promote resilience

Contact the OMA Physician Health Program if you need support

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Elimination & Substitution

The most effective strategy to prevent transmission of COVID-19 is to eliminate opportunities for the virus to enter and spread in your office. This checklist outlines strategies to limit the amount of people in the space at any given time.

Reduce the number of patients in your office at any one time

☐ Offer a mix of in-person and virtual care, as appropriate

In most cases, in-person care can now be provided safely and appropriately, including to patients who have not been vaccinated or who screen positive on a COVID-19 assessment. Not all care can be provided virtually and (even when it is possible) virtual care is not always appropriate.

Use your professional and clinical judgment to decide which visits should be offered virtually and which should be offered in-person. Adopt a patient-centred approach that considers patient preference as a factor in determining when to provide in-person care.

CPSO recommends that patients be seen in-person when:

- Physical contact is necessary to provide care (e.g. newborn care, prenatal care)
- Physical assessments are necessary to make an appropriate diagnosis or treatment decision (e.g. infectious conditions, post-operative care, chronic disease management).

When making decisions about providing in-person care, in addition to patient preference, consider:

- Patient need (i.e. type of care to be provided and whether it is appropriate and safe to do virtually)
- Negative patient outcomes that could arise from delaying in-person care
- Medical benefit and/or patient perceived benefit of in-person care
- Patient's access to technology (e.g. devices and internet access), their ability and comfort using technology, and their access to safe spaces to conduct a virtual visit
- Resources needed to provide the care (e.g. PPE)
- Whether the patient will need other health care services with limited availability

Risk of COVID-19 exposure in your community should not be the main factor considered when making decisions about providing in-person care. OCFP states that "local COVID-19 prevalence alone should not preclude an in-person visit when warranted, nor the ability to consider patient preference".

The CPSO also recommends engaging your patients in the decision-making process to help determine if they are comfortable coming to the office for in-person care, and to discuss the safety measures you have in place in your office.

 [OntarioMD Virtual Care Resources](#)

 [OMA Virtual Care Resources](#)

 [CPSO COVID-19 FAQs for Physicians](#)

 [OCFP Considerations for Family Physicians: Balancing In-Person and Virtual Care](#)

[!\[\]\(08a82c22d89d6b027ff69762ad096586_img.jpg\) OCFP Practice Tips for In-Office Assessments](#)

[!\[\]\(35e4f762fc1cfea5610d92e2d225d5b4_img.jpg\) CEP Determining when to schedule in-person vs remote visits](#)

☐ **Schedule extra time between in-person patient appointments**

Space out in-person appointments to limit the number of patients crossing paths as they enter and exit the office. Consider scheduling a virtual appointment between each in-person appointment as a way of decreasing physical contact between in-person patients.

☐ **Consider scheduling unvaccinated or partially vaccinated patients separately from vulnerable patients**

When possible, schedule unvaccinated or partially vaccinated patients who require in-person care separately from vulnerable patients to help avoid contact between these groups. For example, schedule unvaccinated or partially vaccinated patients at the end of the day when staff and other patients are not in the office.

☐ **Consider scheduling patients with COVID-19 symptoms at the beginning or end of the day**

Ensure the ability to isolate the patient when they are in clinic. When possible, schedule patients with COVID-19 symptoms who require in-person care at the beginning or end of the day when staff and other patients are not in the office.

☐ **Ask patients to wait outside of the office where possible**

Try to avoid the need for a wait in the waiting room. When appropriate and applicable, ask patients to wait outside of the office or in their car until their exam room is ready (rather than waiting in the waiting room). Notify patients by phone (if possible) when it is time to enter the clinic.

Minimize the number of visitors in your office

☐ **Consider reducing the number of visitors**

Visitors (individuals who accompany patients to their appointments) could be reduced. Consider the risk of COVID-19 exposure/transmission in your community when deciding which visitors are essential.

Engineering & Systems Controls

Engineering and systems controls help reduce the risk of COVID-19 exposure and transmission by physically isolating or removing people from it. Practices designed to prevent the spread of COVID-19 will also help to mitigate the spread of other infectious diseases (e.g. respiratory, enteric, etc.). The following checklist outlines changes you should make to your physical office space to protect your patients and staff.

Set up the space to reduce contact and allow for physical distancing

Try to make sure there is enough space for patients to maintain at least two metres from other people.

☐ **Rearrange furniture**

Space out chairs in the waiting room or work areas so that they are at least 2 metres apart. If necessary, remove furniture to create more room.

☐ **Put markings on the floor**

Place markings on the floor to control the flow of foot traffic and provide visual distance cues. For example, mark out 2-metre intervals in spaces where individuals may line up or congregate (such as at reception or in front of the elevator), and/or use arrows to designate isles or corridors as 'one way.'

☐ **Install a plexiglass barrier at reception**

A plexiglass barrier can help to protect reception staff from coughing/sneezing patients. If a plexiglass barrier is not available, staff must maintain a 2-metre distance from patients or take Droplet/Contact precautions. Plexiglass barriers can be accessed through [OMA eMarketplace](#).

☐ **Keep doors open if appropriate**

When appropriate, keep main doors open to eliminate the need to touch the knobs and handles.

☐ **Number your exam rooms**

Use signs to number your exam rooms so that patients can go directly into the room without contacting other staff or using the waiting room.

☐ **Remove non-essential items**

Remove things like toys, magazines, and remote controls from the waiting room and keep surfaces in patient care areas bare other than the computer monitor or other essential items.

☐ **Designate an isolation space**

Ensure that there is space in your office (ideally a room with a door that closes) to isolate patients with symptoms of COVID-19 or who screen positive. If there is no space in the office, instruct the patient to wait in their vehicle or outside until a room becomes available. If this is not possible, the patient can remain in the waiting room with at least a 2-metre distance from other patients.

☐ **Rearrange staff break rooms**

Ensure shared spaces for staff to eat, take breaks and change are well-ventilated and set up to maintain physical distance. For example, rearrange furniture to help workers stay at least 2 metres apart. Minimize the number of staff in break rooms at one time.

 [Meal and break periods at work during COVID-19](#)

Provide resources necessary for hand/respiratory hygiene

☐ **Provide tissues and garbage cans**

Place tissues and lined, no-touch garbage cans in the waiting room and common areas for patients and staff, as well as in any room where positive-screen patients are isolated.

☐ **Set up hand hygiene stations**

Place 60-90% alcohol-based hand rub in the waiting room and common areas for patients and staff. Also ensure that there are enough cleaning supplies like liquid pump soap, paper towels, etc. in all hand-washing areas.

Optimize ventilation

☐ **Ensure the ventilation system is functioning properly**

Ventilation systems should be properly installed and regularly inspected and maintained. Ensure the ventilation system is functioning by having it inspected or requesting a report from the building owner/landlord.

☐ **Keep doors and windows open if possible**

Improve air exchange by keeping doors and windows open and using fans to circulate air, ensuring that fans are positioned to avoid blowing air from one person to another.

☐ **Consider using a high-efficiency particulate absorbing (HEPA) filter**

Consider using a HEPA filter if your heating, ventilation, and air conditioning (HVAC) is very poor, or if there is no outdoor air exchange.

[!\[\]\(4b7a79268f6ba26c1471d4232fffa85a_img.jpg\) OCFP FAQs about IPAC, PPE and In-office Visits](#)

[!\[\]\(95b425611cbd2b8716a140cf67c81822_img.jpg\) PHO Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)

[!\[\]\(b4eeff342f60cc7bcd67d869b4fedca2_img.jpg\) PHO Use of Portable Air Cleaners and Transmission of COVID-19](#)

[!\[\]\(4f6bf54ae7e4144a72d78316053e412d_img.jpg\) PHAC Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings](#)

Post instructional signage

☐ **Put up screening posters**

Place screening posters at the point of entry to your clinic and at reception. If your clinic is located inside a shared building, consider placing signage at the entry to the building as well. The posters should instruct patients and visitors to wear a mask, perform hand hygiene, and then report to reception to self-identify. Signage should be accessible and accommodating. Consider whether to provide signage in languages other than English/French based on your patient population.

☐ **Put up public health posters**

Post signage throughout the building to remind patients and staff of COVID-19 signs and symptoms and promote physical distancing and hand/respiratory hygiene. Signage should be accessible and accommodating. Consider whether to provide signage in languages other than English/French based on your patient population.

 PHO [How to Wash Your Hands Poster](#)

 MOH [COVID-19 Symptoms Posters for Patients and Visitors \(available in English and French\)](#)

☐ **Post reminders on how to don and doff PPE safely**

Provide visual reminders for staff at PPE donning and doffing stations. Also consider posting guidance in patient areas.

 [OCCP Patient Poster: Wearing and Disposal of Masks](#)

 [PHO Poster – Donning](#)

 [PHO Poster – Doffing](#)

Administrative Controls

Administrative control strategies include policies, procedures, training, or education that aim to reduce the risk of transmitting COVID-19 in your office, as well as encouraging vaccination of your staff and patients. This checklist outlines the practices you should adopt to protect your patients and staff.

Address vaccination with your staff and patients

☐ Consider implementing a COVID-19 vaccination policy for your staff

Ensuring that staff are vaccinated against COVID-19 helps to create a safer work environment. The OMA has drafted a mandatory COVID-19 vaccination policy template that you can use with your employees, available on the [OMA COVID-19 Practice Management page](#).

☐ Encourage and support vaccination of your staff and patients

Encourage your staff to get vaccinated and boosted against COVID-19 and support them by providing time-off to do so, as well as paid sick-time if they develop post-vaccination symptoms. Similarly, promote COVID-19 vaccination and booster doses to your patients (for example, share that you and your family members got vaccinated), and support them in booking a primary vaccination series or booster dose appointment if needed. Encourage staff to stay up-to-date on other vaccinations as well (e.g. influenza).

☐ Educate staff and patients to build vaccine confidence

Recognize that physicians can play an important role and influence regarding vaccination. Consider holding information sessions with staff and addressing vaccination with each patient.

 [OMA COVID-19 vaccine hesitancy resources](#)

Establish policies and procedures for mask wearing

☐ Communicate that all patients and visitors must wear a mask in your office

All patients and visitors must wear a mask (unless they have a valid exemption) and perform hand hygiene while at your office. Surgical/procedure masks and non-fit tested N95/KN95 respirators or equivalents are preferred over cloth masks.

Patients who have symptoms of COVID-19, screen positive, or had a recent exposure MUST wear a surgical/procedure mask, or a non-fit tested N95/KN95 respirator or equivalent, regardless of vaccination status. Any accompanying caregivers must also wear a surgical/procedure mask, or a non-fit tested N95/KN95 respirator or equivalent.

☐ Train staff to watch for well-fitted masks

Train staff to identify well-fitted masks. If patients or visitors are wearing ill-fitted masks (e.g. bandanas, buffs, dirty or torn masks, masks with several gaps), staff should provide them with a disposable mask.

☐ Provide a disposable mask to patients if they do not have a mask

Patients and visitors without a mask should be provided with one to use during their visit at no cost to them. Patients and visitors who have symptoms of COVID-19, screen positive, or had a recent exposure should be provided with a surgical/procedure mask, or non-fit tested N95/KN95 respirator or equivalent (as opposed to a non-medical mask) if needed.

☐ Plan ahead for patients who refuse to wear a mask

Sensitively explain the expectation that they wear a mask and adhere to public health guidelines. If they still refuse to wear a mask, the CPSO states that you may need to defer or reschedule the patient's appointment or redirect them to another setting if you are unable to safely provide care.

Plan ahead to accommodate patients who may find it difficult or uncomfortable to wear a mask due to health conditions (e.g. providing virtual care, scheduling appointments during specific times, etc.).

 [CPSO COVID-19 FAQs for Physicians](#)

Identify and respond to suspected cases of COVID-19

☐ Screen all patients, visitors, and staff

In addition to passive screening with posters at the entrance to the clinic and shared building (if applicable), all patients, visitors, and staff should be actively screened for COVID-19 symptoms, close contact with a confirmed case or recent international travel according to the Ministry of Health's patient screening guidance document.

Over the phone: Screen patients for symptoms of COVID-19 over the telephone before they arrive for their appointments.

At the office: Screen patients and visitors at reception when they arrive at the office. Staff should also actively screen themselves daily before coming to work, and an office/clinic manager should ensure all staff on-site have passed screening.

[MOH Coronavirus \(COVID-19\) self-assessment \(ontario.ca\)](#)

☐ Develop a protocol for when a patient, visitor, or staff member screens positive

Understand how the vaccination status of the patient, visitor, or staff member who screens positive affects the steps that need to be taken.

 [OMA Summary of Guidance for Primary Care Providers in a Community Setting](#)

Patients on the phone: Assess the patient for COVID-19 symptoms and risk factors. If appropriate, arrange COVID-19 testing for the patient. Instruct them to self-isolate as appropriate given their vaccination status and the reason for the positive screen.

Patients in the office:

- Provide patient with a surgical/procedure mask, or non-fit tested N95/KN95 respirator or equivalent, if tolerated and not contraindicated. Ask them to perform hand hygiene. Provide a surgical/procedure mask, or non-fit tested N95/KN95 respirator or equivalent, to any accompanying caregivers.
- Isolate the patient and their caregiver in a room with a closed door. If there is no exam room available, ask the patient to wait outside or in their car and call or text the patient when a room becomes available, or ensure at least a 2-metre distance from other patients in the waiting room (do not cohort symptomatic patients together unless they are in the same household).

- Examine and assess the patient for COVID-19 symptoms and risk factors (e.g. exposure). Assess and treat any issues that have overlapping symptoms with COVID-19 (e.g. COPD exacerbation, sinusitis).
- If the [patient is eligible for a test](#) and you have the capacity to test, you may do so. If the patient is eligible for a test and you do not have the capacity to test, refer the patient to a local COVID-19 assessment centre or clinical assessment centre. Instruct them to self-isolate as appropriate given their vaccination status and the reason for the positive screen.

Staff in the office: Staff who develop symptoms of COVID-19 while at work should go immediately to a room where they can isolate and make arrangements to go home and get tested. All symptomatic patient-facing health-care workers are eligible for PCR testing. Staff should not return to work until they have tested negative or their case is cleared. See the [Occupational Health & Safety – Legal Responsibilities checklist](#) (pg. 19) for more information about staff illness and return to work.

[COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)

[OMA Patient Assessment Tool for Physicians](#)

[Marathon Family Health Team Can I go to work? A COVID-19 guide for MFHT/MFP employees](#)

☐ **Consider using rapid antigen tests to screen staff regularly**

Rapid antigen tests are most appropriate for frequent, repeated screening of asymptomatic individuals, such as staff.

Rapid antigen tests are available free of charge from eHealth Ontario and can be [ordered here](#). For more information about ordering, email covid19testing@ontariohealth.ca.

[MOH COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)

☐ **Understand the recommended steps to take when someone screens positive on a rapid antigen test**

Staff who screen positive for COVID-19 using a rapid antigen test are considered a confirmed case.

Individuals who work in a community-based practice and are fully vaccinated should isolate for 5 days (10 days if not fully vaccinated or immunocompromised), or until they test negative on two rapid antigen tests, 24 to 48 hours apart, or they test negative on one PCR test.

Individuals who work in a highest-risk setting (e.g. hospital, congregate living setting) should isolate for 5 days (10 days if not fully vaccinated or immunocompromised), and avoid work for 10 days. In critical staffing shortage situations, individuals may return to work early, as determined by the organization.

[COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing in Shortages in Highest Risk Settings](#)

☐ **Report all probable and confirmed cases of COVID-19**

COVID-19 is a designated disease of public health significance reportable under the *Health Protection and Promotion Act*. Regulated health professionals should contact their local public health unit to report any probable and confirmed cases of COVID-19 (based on the latest case definition) identified either over the phone or in the office.

[!\[\]\(d0a1791f26d167e866e44ebbf83efebe_img.jpg\) Public Health Units](#)

[!\[\]\(5eb1325dfdc3f1cad8426726c0db51cd_img.jpg\) COVID-19 Case Definition](#)

Develop and implement enhanced cleaning procedures

☐ Establish a daily schedule to disinfect both office and patient care areas

All areas must be cleaned on a regular basis.

Office: Disinfect horizontal surfaces in the office daily and wipe down high-touch surfaces (such as doorknobs) at least once per day using a hospital-grade disinfectant. Cover less-used equipment that cannot be relocated so it is not contaminated. Use keyboard covers or a wipeable keyboard.

Examination Room:

Patients who screen positive: clean any patient-contact surfaces (i.e. areas within 2 metres of the patient) as soon as possible. Treatment areas, including all horizontal surfaces, and any equipment used on the patient (e.g. exam table, blood pressure cuff, stethoscope, thermometer, armrests of the chair) **MUST** be cleaned and disinfected between patients.

Patients who screen negative: standard cleaning processes can be used.

At the end of every day, clinical offices, including communal areas should be fully cleaned (e.g. garbage collected, floors cleaned, carpets vacuumed). Supplies should be replaced as needed (e.g. soap, paper towel, toilet paper, PPE) and sharps containers should be sealed, removed and replaced if full.

[!\[\]\(35dc653d59570f8f891c312eeece91a2_img.jpg\) MOH COVID-19 Guidance: Primary Care Providers in a Community Setting](#)

[!\[\]\(ab4e2b3fc7e7887b7a72f548aa6f5e60_img.jpg\) PHO Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#)

[!\[\]\(104fbf564e2e5a8fbd84f31656d114c7_img.jpg\) PHO Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition \(250 pages\)](#)

[!\[\]\(aab88c0d099e5d18d6533a97b13ec28d_img.jpg\) British Columbia CDC COVID-19 Instructions for Environmental Cleaning and Disinfectants for Physicians' Offices \(2 pages\)](#)

[!\[\]\(b538fe54c1f3a7343e37e85cc2d00497_img.jpg\) Health Canada list of disinfectants with evidence for use against COVID-19](#)

Personal Protective Equipment

When close contact with others is required, personal protective equipment (PPE) should be used to protect against the risk of exposure to COVID-19.

Except in times of critical shortage, PPE should be changed between patients, and when necessary, throughout the course of delivering care. Gloves should never be worn between patients or “cleaned” between patients.

Source the right type of PPE needed for your practice

☐ Choose PPE recommended for the type of clinical care you provide

When providing regular patient care:

	Patients who screen negative for suspected COVID-19	Patients who screen positive for suspected COVID-19:
Fit-tested, seal-checked N95 respirator or equivalent*		✓
Surgical or procedure mask (medical grade)	✓	
Eye protection (goggles or shield)	Required if patient is unmasked during any portion of visit	✓
Gloves	To be considered in select instances when administering vaccination**	✓
Gown		✓

* Alternatives to a fit-tested, seal-checked N95 are a non-fit tested N95 or respirator, or a well-fitting surgical mask.

** Gloves should be considered as per the Canadian Immunization Guide. In most cases, gloves do not need to be worn except when: the skin on your hands is not intact; administering intranasal or oral vaccines; and/or administering Bacille Calmette-Guérin (BCG) vaccine.

When performing aerosol-generating medical procedures (AGMP):

	AGMP on <u>any</u> patient: Use Airborne Precautions
Fit-tested N95 respirator or equivalent	✓
Eye protection (goggles or shield)	✓
Gloves	✓
Gown	✓
Airborne infection isolation room (AIIR)	Wherever possible. Otherwise, isolate patient in room with closed door

OMA's Member Advantages program provides members with negotiated discount rates for PPE from secure, validated vendors. To access PPE through the Member Advantages program, refer to the [OMA eMarketplace](#).

[🔗 OMA Guidance for Use of PPE Poster](#) (1 page)

[🔗 OCFP PPE and Infection Control for In-office Assessments](#) (2 pages)

[🔗 OCFP FAQs about IPAC, PPE and In-office Visits](#) (3 pages)

[🔗 PHO Droplet and Contact Precautions for Non-Acute Care Facilities](#) (2 pages)

[🔗 PHO Medical Isolation Gowns in Health Care](#) (2 pages)

[🔗 PHO IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) (15 pages)

☐ **Source additional PPE for your office staff**

Universal masking is recommended for staff outside of direct patient care areas who cannot maintain a distance of more than 2 metres from each other, as a form of source control.

Note that any staff who are screening patients upon entry to the office should wear a medical-grade mask, eye protection, gown and gloves if they cannot maintain a 2-metre distance from the patient or are not behind a plexiglass barrier.

[🔗 PHO Universal Mask Use in Health Care](#) (2 pages)

☐ **Provide masks for patients and visitors who do not bring their own**

Patients and visitors should be instructed to bring their own mask, preferably a surgical/procedure mask or non-fit tested N95/KN95 respirator or equivalent to in-person appointments. Provide a surgical/procedure mask or non-fit tested N95/KN95 respirator or equivalent to patients and visitors that do not have their own. Ask patients and visitors not to leave their masks in waiting areas.

Patients and visitors who screen positive for COVID-19 MUST wear a surgical/procedure mask or N95/KN95 respirator or equivalent

The Ministry of Health has confirmed that providing supplies (such as PPE) to staff and patients as part of infection prevention and control measures is considered a constituent element of an insured service. As a result, physicians providing insured services are not permitted to charge patients or visitors for masks.

☐ **If you are experiencing difficulties sourcing PPE, connect with provincial resources**

PPE is available from the provincial stockpile free of charge through the Ontario Health Pandemic PPE Transitional Support Program. To request PPE, complete a regional intake form.

[🔗 OH PPE Intake Form](#)

[🔗 OMA Procuring PPE](#)

Educate your staff on proper PPE use

☐ **Make sure all staff are trained on how to safely don, wear, and doff PPE**

As an employer, you have a responsibility to ensure your staff are educated on how to properly wear PPE, including how to put it on (don) and take it off (doff) safely. Follow these general principles:

- Always perform hand hygiene before touching your face at any point (both before donning and when doffing)
- Do not touch your shield or face mask once on. If you do, perform hand hygiene immediately
- Change your PPE if it becomes wet, soiled, damaged or contaminated
- Use proper donning and doffing techniques (see resources below)
- Pay attention and use caution when doffing. Doffing is when most mistakes happen. Remember: the outside of used PPE is considered contaminated
- Safely dispose of or store used PPE for laundering. Containers for used PPE should be available. Used lined garbage cans for disposable PPE, and dedicated, labeled containers for re-useable PPE (e.g. gowns)

You can also consider using a buddy system where another member of staff observes you as you don and doff, to help catch any possible mistakes that could lead to contamination.

[!\[\]\(d66ff64371a51729ac8c1cdaa685ba6f_img.jpg\) PHO Illustrated Guide to Putting on and Taking Off PPE](#) (3 pages)

[!\[\]\(e3f8612927870f2e0f9f5989e6dd3064_img.jpg\) PHO Poster – Donning](#)

[!\[\]\(003082e50e3009141f59bd5df831749f_img.jpg\) PHO Poster – Doffing](#)

[!\[\]\(17413706fd4997a1a4bdf85c6864eee1_img.jpg\) PHO Posters \(2\) – Detailed Donning and Doffing steps](#)

[!\[\]\(faf942dc3e59ce8eb64b4ac481eca7e0_img.jpg\) PHO Video – Donning](#) (2 minutes)

[!\[\]\(cf531ed27e91483460120fcc057b3901_img.jpg\) PHO Video – Doffing](#) (1 minute)

Occupational Health & Safety: Legal Responsibilities

As an employer, you have responsibilities under the *Occupational Health and Safety Act* (OHSA).

Protect your staff from workplace hazards

☐ **Develop an infectious disease preparedness and response plan**

Establish an infectious disease preparedness and response plan. The plan should include an organizational risk assessment for your individual practice and follow recommendations and guidance from the Ministry of Health and Public Health Ontario. The plan should describe the safety precautions and policies/procedures you will put in place and detail how you will identify and respond to suspected cases of COVID-19 in your office.

 [PHO IPAC Checklist for Clinical Office Practice](#)

☐ **Create a safe work environment and provide appropriate PPE**

As an employer, you have a duty to protect your staff from hazards (including COVID-19) in the workplace. Implement the precautions and procedures laid out in your infectious disease and preparedness plan and obtain the necessary PPE to keep your staff safe. Consider implementing a mandatory COVID-19 vaccination policy for your staff; for a draft policy, refer to the [OMA COVID-19 Practice Management page](#). Encourage staff to keep all of their vaccinations up-to-date (e.g. influenza).

Note that your staff have the right to refuse unsafe work. If you cannot resolve their concerns with them informally, they can file a complaint with the Ministry of Labour, Training and Skills Development and prompt an inspection.

 [OHSA Right to Refuse Unsafe Work](#)

☐ **Educate and train staff**

It is your responsibility to ensure that your staff know what you are doing to keep them safe, and what is expected of them to protect themselves and others. Review your infectious disease preparedness and response plan and all associated policies and procedures with staff and make copies available to them. It is also your responsibility to ensure that they know how to don, use, and doff PPE safely and effectively. Provide training if necessary.

Prepare for, and respond appropriately to staff illness and absences

☐ **Obtain insurance**

Obtain insurance through the Workplace Safety and Insurance Board (WSIB), a private insurance provider, or through OMA Insurance, which offers insurance options to cover your clinic, professional overhead expenses and provide your staff with Clinic Staff Benefits. Without insurance, you may be personally responsible for all costs associated with workplace illness or injury.

Members can contact OMA Insurance at info@omainsurance.com or log onto our website www.omainsurance.com to reach an OMA Insurance representative to discuss your options.

☐ **Report staff illnesses**

Where a case involves a staff member that is likely to have been infected as a result of workplace exposure, it is your responsibility as an employer under the *Occupational Health and Safety Act* to provide written notice of the illness to the following bodies within four days of learning of the illness:

- The Ministry of Labour, Training, and Skills Development, within 4 days
- Your Joint Health and Safety Committee or health and safety representative, within 4 days
- The staff's trade union (if applicable), within 4 days
- WSIB (if applicable), within 3 days

 [PSHSA Occupational Illness: Requirements to Report to the Ministry of Labour](#)

☐ **Develop and implement a staff return to work policy**

Staff who contract COVID-19 should not be permitted to return to work until their case has been 'cleared' according to Ontario Ministry of Health Guidance.

COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

☐ **Reasonably accommodate staff who cannot come to work for reasons related to COVID-19**

Some staff may be unable to work for reasons related to COVID-19. This includes the need to care for children for those unable to obtain child-care. Terminating staff for this reason is prohibited under the Employment Standards Act and human rights law. These employees should be placed on leave and encouraged to apply for the applicable assistance program (see details below).

Some staff may be unable to work for other reasons, such as underlying medical conditions or the inability to wear a mask. Ontario human rights legislation requires you to accommodate these workers to the point of 'undue or excessive hardship.' These instances should be considered on a case-by-case basis and may require legal assistance to determine next steps, including potential leave.

The federal government offered the Canada Emergency Response Benefit (CERB) to provide financial assistance options to eligible individuals who cannot work for reasons directly related to COVID-19, including the need to care for family members. Although CERB is no longer available, individuals may still be able to access support through Employment Insurance, the Canada Recovery Benefit or the Canada Recovery Sickness Benefit.

 [Federal Government Financial Assistance Programs](#)

Taking Care of Yourself: Physician Wellness

During an infectious disease outbreak like COVID-19, you will encounter heightened stress and challenges. Over time, stress, fatigue, or worry related to COVID-19 may arise and impact whether you feel your best.

Take steps to support and promote resilience

The OMA has developed a [Burnout Toolkit](#) with tools and resources to prevent and manage burnout for individual physicians, residents and trainees. The Toolkit also contains a section for physician leaders with tools and resources to help them support their teams.

The OMA Physician Health Program has developed practical resources to help you monitor your well-being and resilience and support your colleagues. Review the Physician Health Program COVID-19 supports or join one of the daily drop-in groups to connect with colleagues.

The OMA Physician Health Program has also partnered with the Canadian Medical Association to provide a wellness support line to connect physicians and their families with counselling resources.

 [OMA Your health & well-being](#)

 [OMA Physician Mental Health Supports: Daily Virtual Drop-In](#)

 [OMA Wellness Support Line](#)

Contact the OMA Physician Health Program if you need support

Call the confidential OMA Physician Health Program telephone number toll-free at 1-800-851-6606 or email php@oma.org.

Sources

1. College of Physicians and Surgeons of Ontario. [COVID-19 FAQ for Physicians](#). Accessed March 2, 2022. [Occupational Health and Safety Act](#). R.S.O. 1990, c. O.1.
2. Ontario College of Family Physicians. [Considerations for Family Physicians: Balancing In-Person and Virtual Care](#). Updated February, 2022.
3. Ontario College of Family Physicians. [Frequently Asked Questions about IPAC, PPE and In-office Visits](#). Updated August, 2021.
4. Ontario College of Family Physicians. [Practice Tips for In-Office Assessments](#). Updated August, 2021.
5. Ontario Ministry of Health. [COVID-19 Guidance: Acute Care Guidance](#). June 15, 2020.
6. Ontario Ministry of Health. [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#). February 3, 2022.
7. Ontario Ministry of Health. [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing in Shortages in Highest Risk Settings](#). February 11, 2022.
8. Ontario Ministry of Health. [COVID-19 Guidance: Primary Care Providers in a Community Setting](#). February 14, 2022.
9. Ontario Ministry of Health. [Operational Requirements for Health Sector Restart](#). June 15, 2020.
10. Ontario Ministry of Health. [Patient Screening Guidance Document](#). June 11, 2020.
11. Public Health Ontario. [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#). May, 2021.
12. Public Health Ontario. [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#). September 2, 2021.
13. Public Services Health and Safety Association. [Health and Safety Guidance During COVID-19 For Physician and Primary Care Provider Employers](#). Accessed June 3, 2020.

Appendix

History of Previous Updates

V2. June 23, 2020	
Personal Protective Equipment	Added new resource: PPE Supplier Validation Checklist
Occupational Health and Safety: Legal Responsibilities	Updated language: Employees who cannot work for reasons related to COVID-19 can be placed on leave and should be encouraged to apply for applicable government financial assistance programs such as the Canadian Emergency Response Benefit Program (CERB). Physicians are not required to pay out of pocket for this leave.
Taking Care of Yourself: Physician Wellness	Added new resource: OMA Wellness Support Line
V3. August 5, 2020	
Elimination & Substitution	Added language: Not all care can be provided virtually and (even when it is possible) virtual care it is not always appropriate.
V4. September 11, 2020	
Administrative Controls	Added language: When isolating patients who screen positive, do not cohort symptomatic patients together.
Administrative Controls	Added language: Report probable and confirmed cases of COVID-19 <i>based on the latest case definition</i> .
Personal Protective Equipment	Added language: Gloves <i>to be considered in select instances</i> when administering vaccines (more detail provided).
V5. October 1, 2020	
Personal Protective Equipment	If you are experiencing difficulties sourcing PPE, connect with provincial resources section now links to OMA Procuring PPE page for up-to-date resources.
V6. October 13, 2020	
Occupational Health & Safety: Legal Responsibilities	Updated Language: changed specific references to CERB to “government financial assistance programs.” Removed clearance guidance (now links directly to Clearing Cases of COVID-19 guidance on OMA.org).
V7. September 22, 2021	
Title of document	Revised from ‘Guide to Preparing to Resume In-Person Care’
Preparing your practice for in-person care	Added vaccination to the Hierarchy of Hazard Controls

Elimination & substitution	<p>Added information and resources regarding the balance of in-person and virtual care</p> <p>Changed from allowing essential visitors only to reducing the number of visitors</p>
Engineering & systems controls	<p>Added rearrange staff break rooms</p> <p>Added provide resources for optimizing ventilation</p>
Administrative controls	<p>Added address vaccination with your staff and patients, including a link to a COVID-19 vaccination policy template for practices</p> <p>Added establish policies and procedures for mask wearing</p> <p>Added consider using rapid antigen tests to screen asymptomatic staff</p>
Personal protective equipment	<p>Changed eye protection from strongly recommended to required if patient is unmasked during any portion of visit</p>
Taking care of yourself: Physician wellness	<p>Added a link to the OMA's Burnout Toolkit</p>
V8. October 19, 2021	
Preparing your practice for in-person care	<p>Added that unvaccinated or partially vaccinated patients scheduled to undergo a surgical procedure requiring a general anesthetic in areas where community transmission of COVID-19 is not low should be tested, and non-urgent procedures should be delayed if the test is positive</p>
V9. December 16, 2021	
Set up the space to reduce contact and allow for physical distancing	<p>Added that patients who screen positive can be distanced in waiting room when exam rooms not available</p>
Establish policies and procedures for mask wearing	<p>Added that non-fit tested N95 respirators or equivalents can be provided for patients with suspected or confirmed COVID-19 and their accompanying caregivers</p>
Identify and respond to suspected cases of COVID-19	<p>Added that patient and accompanying caregivers should be offered medical mask; non-fit tested N95 respirators or equivalents can be provided for patients with suspected or confirmed COVID-19 and their accompanying caregivers</p> <p>Added that patients who screen positive can be distanced in waiting room when exam rooms not available</p>
Source the right type of PPE needed for your practice	<p>Added that N95 respirator or equivalent should be used when providing care to patients who screen positive for suspected COVID-19</p> <p>Added that patients and visitors who screen positive for COVID-19 MUST wear a medical mask, with non-fit tested N95s or equivalents as alternatives</p>