

Safely providing in-person care for community-based practices

This resource is largely adapted from [PHO's Interim infection prevention and control measures based on respiratory virus transmission on health care settings](#). Information on measles was added in spring 2024.

Respiratory Virus Transmission Risk

In-person care can be provided safely by taking appropriate precautions, even when patients present with symptoms of acute respiratory infections (ARI).

Infection Prevention and Control (IPAC) measures in community-based practices should be guided by the transmission risk of respiratory viruses (including SARS-CoV-2, influenza, RSV and measles*). Transmission risk is separated into high and non-high risk periods:

	High Risk Period Any of the following:	Non-High Risk Period When all of these are met:
Seasonal respiratory viruses (influenza, RSV, some coronaviruses**)	Fall and winter	Spring and summer
Respiratory virus outbreaks in health-care facilities	Frequent and ongoing	Infrequent or baseline
Hospitalizations and ICU admissions (secondary to acute respiratory virus infection)	High or upward trajectory	Baseline and stable
Community transmission rates (of COVID-19 and respiratory illnesses)	High and/or increasing	Low to moderate and stable

* Canada achieved measles elimination status in 1998. Most measles cases in Canada are travel-related.

** SARS-CoV-2 is more common in fall and winter, but outbreaks can occur in all seasons.

Data sources to help you determine levels of risk include:

1. [Respiratory Virus Overview in Ontario \(PHO\)](#)
2. [Measles in Ontario \(PHO\)](#)
3. [Wastewater Monitoring Dashboard \(Health Canada\)](#)
4. [Your local public health unit](#)

Infection Prevention and Control (IPAC) measures recommended for patient care and health-care worker safety








The information below represents a foundation for the standard of care. You may choose to implement stricter protocols based on your own practice's situation.

During high respiratory virus transmission risk periods, masking is recommended for all direct patient care, at a minimum. Outside of direct patient care and during low transmission risk periods, consider masking based on:

- your patient population (for example, high proportion of immunocompromised patients or close/prolonged exposures to others in waiting room)
- staffing factors (for example, the impact of absenteeism on the clinic's ability to stay open)

Use [Routine Practices](#) for all clinical interactions. In addition, conduct a point of care risk assessment prior to each patient interaction to determine the appropriate personal protective equipment (PPE) to use.

Screening	
Active screening for patients for symptoms of communicable diseases	✓ Recommended
Active or passive screening for staff and visitors	✓ Recommended
Masking (for source control)	
For health-care workers providing direct care to any patient to avoid transmission to the patient	✓ High risk transmission periods: Recommended for all direct patient care
	? Non-high risk transmission periods: Consider
For staff in clinical areas (e.g. waiting room)	? Consider (at a minimum, stay consistent with community indoor masking guidance if in place)
For staff in non-clinical areas (e.g. administrative offices, meeting rooms)	? Consider (at a minimum, stay consistent with community indoor masking guidance if in place)
For patients with symptoms of respiratory illness	✓ Recommended
For patients who screen positive for suspected or confirmed measles	✓ Recommended medical mask upon arrival
For asymptomatic patients and visitors	? High risk transmission periods: Consider aligning with staff masking in clinical areas and consider in non-clinical areas
	? Non-high risk transmission periods: Consider based on patient population

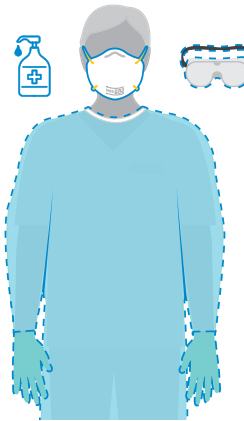
Vaccination	
For staff	 Strongly recommended: <ul style="list-style-type: none"> • Routine adult schedule of vaccination • Annual seasonal influenza vaccine • Updated COVID-19 vaccination as eligible • Documented immunity to measles* <p>* Only health-care workers with presumptive immunity to measles should provide care to patients with suspected or confirmed measles</p>
	 Consider: <ul style="list-style-type: none"> • RSV vaccination for those eligible (e.g. 60+ years of age)
For patients and visitors	 Strongly recommended , but not required as a condition of care
Additional safety measures	
Physical distancing in waiting areas (2m or as much as feasible)	 Recommended
Portable air cleaners with HEPA filtration	 <u>High risk transmission periods:</u> Strongly consider especially in areas where there may be crowding and/or where indoor ventilation may be limited  <u>Non-high risk transmission periods:</u> Consider , especially in areas where there may be crowding and/or where indoor ventilation may be limited
Schedule the patient with suspected or confirmed measles at the end of the day	 Recommended on arrival, immediately place the patient in a room with negative airflow with door closed. If not possible, place the patient in a single room with door closed. Allow two hours time for complete air change before cleaning and using for the next patient.

Recommended PPE for providing direct care for sick patients



For patients who screen positive for acute respiratory infection

- Medical mask (well-fitted) or N95 respirator (fit-tested, seal checked)
- N95 respirator should be worn when performing aerosol-generating medical procedure
- Eye protection
- Gloves
- Gown



For patients with suspected or confirmed measles*

- N95 respirator (fit-tested, seal-checked)
- Eye protection, gloves and gown can be considered based on a point of care risk assessment

* Only health-care workers with two doses of MMR vaccine or laboratory evidence of immunity should provide care to suspected or confirmed measles patients.

To order free PPE from the provincial stockpile, email SCO.Supplies@ontario.ca to sign up for a PPE Supply Portal account. If you have an existing account, [sign in](#) to order supplies.

Remember to discard/change PPE after each patient encounter and to perform hand hygiene before donning and after doffing PPE.

For the patient and accompanying caregivers

- Provide the patient and caregiver with a medical mask if they do not have one
- Place the patient and caregiver in a room with a closed door when possible

Additional Details



When is virtual care appropriate?

To determine when virtual care is appropriate, the CPSO states that you should:

- Use your professional and clinical judgment to decide which visits should be offered virtually and which should be offered in-person
- Only provide virtual care if the quality of care will not be compromised, or if the potential benefits of providing virtual care outweigh the risks to the patient (e.g. during contagious disease outbreaks)
- Adopt a patient-centred approach that considers patient preference as a factor in determining when to provide in-person care

CPSO states that in-person care is necessary when:

- Physical contact is necessary to provide care or services (e.g. newborn care, prenatal care, vaccines, etc.) and other diagnostics and therapeutic procedures (e.g. Pap smears, biopsies, etc.)
- Physical assessments are necessary to make an appropriate diagnosis or treatment decision

Other considerations:

- Negative patient outcomes that could arise from delaying 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



Masking

You may choose to implement a policy that requires masking for staff in your practice. [Access a template policy.](#)

You may also choose to require patients and visitors to wear a mask.

- Have masks available if you choose to require masking and for patient [respiratory etiquette](#), which includes wearing a mask when sick
- Inform patients when making an appointment that masking is required

Access posters to encourage patients to wear a mask, [in English](#) and [French](#).



When a patient refuses to mask

If a patient refuses to wear a mask, assess what actions are appropriate in the circumstances. In general, it is inappropriate to deny necessary, urgent in-person care solely because a patient refuses to wear a mask. The CPSO notes that physicians have a duty of care when care is urgently needed, and that most in-person care can be provided safely with appropriate precautions; however, you can:

- Provide virtual care, if appropriate
- Modify how you see the patient (e.g. ask them to wait outside until an exam room is available or see them at certain times only, like the end of the day)

If the patient uses abusive or threatening language or is physically violent, you can take appropriate steps to defer or delay non-emergent care. In some circumstances, you may consider whether ending the physician-patient relationship would be appropriate and [aligned with CPSO policy](#).



Portable air cleaners

Portable air cleaners should be considered to optimize ventilation in clinical areas that do not meet Canadian Standards Association (CSA) standards. Considerations when using portable air cleaners include:

- Ensure appropriate clean air delivery rate for the size of room
- Ensure appropriate placement, such as ensuring unobstructed airflow, e.g. from furniture, curtains and room corners
- Choose models based on mechanical filtration (no harmful byproducts, e.g. ozone)
 - Filters should be rated as high efficiency particulate air (HEPA) filter or as having a minimum efficiency reporting value (MERV) greater than 13
- Ensure adherence to manufacturer instructions on filter changes, maintenance and performance testing including expert consultation as needed
- Be prepared for noise from portable air cleaners—clean air delivery rates are typically calculated using maximum (noisiest) settings
- Consider safety, including tripping hazards

Additional Resources

COVID-19

[Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings \(PHO\)](#)

- See Table 2 for masking considerations
- See Table 4 for PPE recommendations

[FAQs use of portable air cleaners and transmission of COVID-19 \(PHO\)](#)

[Heating, ventilation and air conditioning \(HVAC\) systems in buildings and COVID-19](#)

Measles

[Interim IPAC recommendations and use of PPE for care of individuals with suspect or confirmed measles \(PHO\)](#)

[Measles: Information for health care providers \(PHO\)](#)

Other

[Influenza \(flu\) \(PHO\)](#)