Shortened Version of: "The Doctor is In

Recommendations for expanding in-person care in community-based physician practices"

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Version 1.0

Comox Valley Division of Family Practice

Thanks to all those who participated in developing the original document. Modifications have been made to create a shorter to do list

doctors of bc
Better. Together.

The original document was inspired by "Adapting Primary Care to COVID-19: The In's and Out's of Magenta Health's Approach" by Jeremy Rosh and Nishila Mehta, and the Magenta Health Case Study. This document strongly leverages initial work done by the Victoria and South Island Divisions of Family Practice and is informed by provincial best practice guidance for infection prevention and control and the expertise of the Task Group. It is intended to be a living document that will be updated as COVID-19 evidence emerges. The document has been prepared by physicians for physicians to support implementation of safety guidelines in practices.

Disclaimer

This document is intended to align with the official guidelines sent to BC physicians. In plain language, this document and the information herein is provided without any guarantees or warranties as to the appropriateness, accuracy, or completeness of the written content. This information is shared solely for the reasons above, on the understanding that #FlatteningTheCurve requires open communication and collaboration. It is and remains your responsibility to ensure that you meet all legal, regulatory, professional, and ethical obligations.

Developing a COVID Safety Plan
A checklist of criteria for reopening your practice

- Comply with governmental/regulatory agency guidance.
- Make a plan (check it twice).
- Develop and implement a telephone triage program.
- Open incrementally.
- Institute safety measures for patients.
- Ensure workplace safety for clinicians and staff, and
- Screen patients before in person visits.

Guidance on expanding in-person in-office care

The College of Physicians and Surgeons of Alberta suggests physicians answer the following questions to help guide the decision about which services to re-introduce:

- Is the patient visit important to the patient's health?
    - Does the patient feel the benefit of therapy exceeds the risk of leaving their home? During the pandemic there has been a loss of agency, especially for vulnerable groups. Empower your patients by understanding what they want and what they feel is an acceptable risk.
    - Is the medical benefit to the individual patient worth the risk to you and your office staff/colleagues by having them travel to your office?
    - Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
    - Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
    - Would a group of peers support the decision of the care being important? Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first? **For example, if there was an outbreak related to your clinic, could you justify your decision-making?**

- Can you mitigate patient risk and keep yourself and your staff safe?
    - Do you have adequate PPE for you and your staff? Do staff have the appropriate resources and training to support their decision making with regards to PPE preservation?
    - Can you put appropriate measures in-place to optimize patient protection, including physical distancing, rigorous cleaning and disinfecting of common areas and high-touch surfaces, and limiting patients and patient flow (see further in this guide).
    - Do you have a sick leave policy?—it is no-longer acceptable for physicians and staff to come in to work if they are ill.

Take a few minutes to go through a list of common activities (Appendix) and identify whether they can (now) be offered virtually, and if not, when would you consider offering them again in-person (what criteria would you have)?

Prepare your practice

- Pull together clinical information about the recognition, treatment and prevention of transmission of COVID-19.
- Develop a contingency plan for staff illnesses and shortages.
- On a weekly basis, determine the amount of supplies needed per patient and only schedule the number of patients you can safely serve. If you don't have enough, consider how you may change care over the next few days to ensure you don't run out.
- Do not have supplies delivered inside your practice but rather meet the delivery person outside.
- Sanitize new supplies.

Prepare your physical office

- Consider contactless payment options, including tap.
- Go paperless. Use virtual forms (no clipboards or pens!) and fax requisitions directly to the receiving entity (e.g. laboratory or medical imaging) so the patient isn't given paper.
- Remove all non-essential items: flyers, brochures, displays, toys, magazines, etc.
- Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health).
- Rearrange workspaces to provide distance between employees and consider dedicated workstations and patient rooms so fewer people touch the same equipment.
- Can your staff work effectively from a remote or home location? Does your office support the technology (computer and phone system) to permit this? How can you leverage this opportunity from home as it may well provide for their safety and other needs such as child care better?
- COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places). (specific posters to include?)
- Post signage and create a voicemail message advising patients to check in by phone before presenting for in-person appointments.
- Post hand hygiene and cough etiquette signs in the waiting area.
- Ensure alcohol-based hand sanitizer (with at least 70% alcohol) is available at multiple locations: office entrance, reception counter, waiting room, and by every exam room for use before entering and upon exit. Consider automated dispensers affixed to walls wherever possible to reduce handling.
- Install Plexi-glass partitions to separate patients from reception staff.
- Limit use of shared items by patients (e.g. pens, clipboards, phones).
- Rearrange the waiting room to ensure a minimum 2 metre distance between people, or if not possible consider bringing patients in from their vehicles one by one.
- Replace cloth-covered furnishings with easy-to-clean furniture where possible.
- Provide disposable tissues and no-touch waste receptacles in the waiting area and exam rooms.

- Provide plain soap and paper towels in patient washrooms and at staff sinks and post hand hygiene posters
- Display PPE donning and doffing instructions in locations available to all health care providers.
- Empty exam rooms of all but bare minimum of equipment (e.g. exam table, chair, BP cuff, lights). No magazines, pamphlets or toys.
- Provide paper sheeting for exam tables and change between patients.
- Increase air circulation in all areas of the clinic wherever possible, preferably with an outdoor air source.
- Install automatic doors or keep frequently used doors open to avoid recurrent door handle contamination.
- Limit non-patient visitors. Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website.
- For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice's normal office hours to minimize to the extent possible interactions with patients, clinicians or staff.

Educate staff

- Assign a staff member to coordinate pandemic planning and monitor public health advisories and updates from BCCDC.
- Educate all staff about COVID-19.
- Educate all clinical and administrative staff about current IPC guidelines regarding office infection prevention and control, PPE and hand hygiene.
- Post current cleaning policies and guidelines, including a list of approved cleaning products, per WSBC and BCCDC for all office clinicians and staff to be aware of.
- Monitor staff wellness and ensure staff with any COVID-19 symptoms are not at work and follow appropriate MHO guidance.

Patient appointments and managing the patient visit (daily routines)

Scheduling

- Stagger your virtual appointments in-between in-person appointments to avoid a build-up of patients in the waiting room.
- In group practices, consider having one care provider or one "team" of providers see all patients with suspected or confirmed COVID-19 OR refer to a centralized testing and assessment site, if available.
- Schedule patients with respiratory symptoms (acute or chronic) during designated time slots at the end of the day.

Before the appointment

- Start all patient appointments using telephone or video, followed with an in-person appointment if a hands-on assessment is needed:
    - When determining if an in-person visit is necessary, balance the **patient needs** (e.g. encounter type, acuity/severity of complaint) and **risk factors** (e.g. patient's age, comorbidities) against the **risks of exposure.**

    - During the telephone or video portion learn the history of the presenting illness so that your in-person visit is minimized.
    - This may require blocking time each day or two for in-person appointments.
- Identify which services can be delivered via telehealth and continue to conduct those visits remotely. Begin with a few in-person visits a day and consider bringing staff back in phases. Administrative staff whose work can be done remotely should continue to work from home.
- Review with patients the reopening logistics and protocols and screen patients for COVID-19 risk
    - Inform patients that non-essential accompanying visitors are discouraged where possible. Make exceptions for children or caregivers as you see fit.
    - Advise patients and accompanying essential visitors to practice diligent hand hygiene, cough etiquette and physical distancing.
- Patients should be screened before physically entering the practice. If possible there should be a dedicated room or space in the parking lot for this purpose. Persons accompanying the patient need to be screened as well.

During the appointment

- Interact with the patient and your colleagues at a 2 metre distance and wash hands frequently, keeping your hands to yourself.
- Minimize the number of tasks that have to be done in the exam room, e.g. chart completion, as time spent within 2 metres will increase your risk of exposure.
- Conduct a Point of Care Risk Assessment. Currently, all five Health Authorities recommend a procedure/surgical mask, eye protection and gloves/hand hygiene for any in-person contact with patients in community.
- For patients with symptoms suggestive of COVID-19, the addition of a Level 2 gown is required.
- Wear fit-tested N95 respirator when in room with suspected TB patients, patients with suspected/confirmed COVID-19 undergoing aerosol generating medical procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission.

After the appointment

- Perform hand hygiene.
- Properly doff and dispose of PPE if leaving the patient care area (e.g. at end of shift or during a break) or when PPE is visibly soiled or damaged.
- Perform cleaning protocols (listed below) for the room, stethoscope, and any equipment used.
- Conduct any necessary follow-up via telephone.

Patient flow

- Wherever possible, provide a separate entrance and waiting area for patients with symptoms suggestive of COVID-19.
- Avoid multiple patients in the office at the same time (e.g. patients to wait outside or in the car until called in one at a time). Minimize the number of patients in waiting or exam rooms.

- If possible, designate one exam room for all patients with symptoms suggestive of COVID-19, as close to the entrance as possible to minimize patient travel.

Clean and disinfect

- Post current cleaning policies and guidelines, including a list of approved cleaning products as per Health Canada and the BCCDC, for all office clinical and administrative staff to be aware of.
- Clean and disinfect shared reusable medical equipment (e.g. stethoscopes, blood pressure cuffs, etc.) in between patients and at the end of each shift.
- Clean and disinfect exam rooms at least twice a day (e.g. chairs, tables, floors).
- Clean and disinfect frequently touched surfaces at least twice a day (e.g. work stations, cell phones, door knobs, etc.).
- Regularly clean tables, chairs, door handles, clipboards, front office counter
- Test and clean all necessary equipment needed for treatment.
- Consider designating a roving "sanitization technician" responsible for constant sanitization of areas of concern.
- Maintain a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks, if possible.

Appendix—Your COVID-19 Safety Plan

A COVID Safety plan requires you to assess the risks, implement protocols, develop policies, develop communications, monitor your workplace and assess and address risk.

In the following pages,

- items with checkboxes (❑) are direct questions from the WorkSafeBC COVID Safety Plan Template;
- items with open circles (○) are measures you should copy into your plan, removing any that you don't do/plan to do.

To create your COVID-19 Safety Plan, simply

1. remove measure you don't plan to do, and
2. then work through with your team to make the indicated changes.

Step 1: Assess the risks at your workplace

Working with your staff and other team members, discuss the following and document what you find:

- ❑ We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
- ❑ We have identified areas where people gather, such as lunch rooms, exam rooms, waiting rooms and meeting rooms.
- ❑ We have identified job tasks and processes where individuals are close to one another

and/or members of the public.

- ❑ We have identified the office, medical and other equipment that staff and team members share while working.
- ❑ We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

Step 2: Implement protocols to reduce the risks

Help your staff and other team members by ensuring everyone is aware of office protocols and changing practices.

- Document office protocols in an employee handbook with instruction guides (i.e. scripts for communicating with patients and cleaning protocols—see below) and keep these up to date.
- Re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.
- Educate staff on changing office practices and procedures to minimize COVID transmission and exposure (i.e. cleaning protocols, altered patient flow) with refresher training as needed.
- Cross-train staff in essential tasks to prepare for absenteeism.
- Educate staff on how to communicate the new office protocols to patients (e.g. waiting in their cars or outside staging areas prior to entering the clinic, how to check-in if not in-person, maintaining physical distancing in waiting rooms, calling prior to appointments to inquire about respiratory symptoms, etc.).
- Review proper office and medical cleaning routines with janitorial staff/contractors.

First level protection (elimination)

- ❑ We have established and posted an occupancy limit for our premises. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person. This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]
- ❑ In order to reduce the number of people at the office, we have considered work-from-home arrangements, virtual care, rescheduling work tasks, and limiting the number of staff and patients in the workplace.
- ❑ We have established and posted occupancy limits for common areas such as lunch rooms, examination rooms, waiting rooms, washrooms, and elevators.
- ❑ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.

In developing your safety plan, consider the following and document the measures you are using to maintain physical distance in your practice:

- o We have scheduled staff on a “team” basis: if one team becomes infected, this will minimize risk to staff on other teams.

- Where possible, staff will maintain physical distancing (e.g. avoid eating meals together, will increase the space between desks/workstations or alternate which desks/workstations are used).
- We have a sign on the door indicating patients should wait in their cars/outside when they first arrive and call us to check-in. This is reinforced by a message on our website and telephone system. We have emailed our patients to let them know all the changes taking place in our office and what to expect.
- We will call patients or send them an SMS message when we are ready for them to come in.
- We have allocated a limited number of appointments per day, based on 1 per hour (modify to suit) AND/OR we have staggered appointments to allow for physical distancing in common areas.
- We have placed occupancy limits on our waiting room and ensured chairs are at least 2 metres apart OR we have eliminated patients waiting in our waiting room entirely—they will immediately be taken back to an examination room.
- We no-longer accept “walk-in” appointments. There is a sign on the door informing patients that no walk-ins are being accepted and redirecting them to our website or to a phone number. This message is also on our website and phone system. Patients can book a same day virtual appointment. They will be screened and an in-person appointment offered if appropriate.
- All patient appointments will take place via phone or video. If required and appropriate, a scheduled in-person appointment will be offered.
- We will only allow patients with scheduled appointments themselves to enter the office. We will make exceptions for pediatric patients or caregivers if necessary (judge as you see fit).
- Scheduled appointments for those at higher risk (e.g. immunocompromised, multiple comorbidities or the elderly) will be done in the morning, with normal risk patients seen later in the day, and any higher risk patients (if those are seen in the clinic) at the end of the day. This has been communicated to all staff.
- We have limited surfaces that allow for physical contact:
    - Removed magazines, toys and clipboards from waiting rooms and exam rooms;
    - Installed contactless doors (or propped doors open) and garbage bins (or removed lids);
    - Removed extra chairs from examination rooms.
- We have developed pick-up and drop-off protocols that eliminate people coming into the office:
    - When possible, pick-ups and drop-offs will be done outdoors to prevent the need for patients to enter the clinic and to minimize in-person contact as much as possible;
    - We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts.

Second level protection (engineering)

Although the requirements and limitations of each office are unique, general recommendations to consider include the following.

- ❑ We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- ❑ We have included barrier cleaning in our cleaning protocols.
- ❑ We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).

In developing your safety plan, consider the following and document the measures you are using to engineer physical distance in your practice:

- o We have indicated increments of 2 metres in front of the front desk.
- o We have implemented a telephone check-in system OR we have implemented an online check-in system.
- o We have set up a one-way directional flow through the office marked with arrows.
- o We have set up a dedicated examination room with nearby PPE for patients with respiratory symptoms (if you are seeing these patients in your practice).
- o We have set up a second entrance with short travel to the dedicated examination room for patients with respiratory symptoms (if you are seeing these patients in your practice).
- o We have inspected and repaired all infrastructure systems (i.e. HVAC, water system, electrical system).
- o We have increased the rate of air exchange/ventilation if possible; especially to fresh air if possible, avoiding recirculated air.

Third level protection (administrative)

Training your staff, yourself and your colleagues in safe work practices is key to prevent transmission of COVID.

- ❑ We have identified rules and guidelines for how staff and team members should conduct themselves.
- ❑ We have clearly communicated these rules and guidelines to staff and team members through a combination of training and signage.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

- o We have scheduled staff on a "team" basis: if one team becomes infected, this will minimize risk to staff on other teams.
- o If sick, physicians and team members must remain at home. They may continue to provide patient care via telephone or video.
- o All staff will perform hand hygiene and don appropriate PPE (i.e. a surgical mask) immediately upon entering the office. The BCCDC Hand Hygiene poster is being used to educate staff and team members.
- o All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID.

- We will conduct temperature checks upon arrival and ensure all staff and team members continuously self-monitor for symptoms. We will use the Alberta Health Services Daily Fit for Work Screening tool and accompanying instructions.
- We have prepared to cross-cover staff or team members who are ill or quarantined:
  - In smaller offices, if possible, form a "pool" of available staff with nearby offices using the same EMR.
  - In larger offices, setup "teams" with staff and team members that don't work at the same times in-office—if one team becomes infected, this will minimize risk to staff on other teams.
- We have put up laminated signage in the areas frequented by patients (e.g. washrooms and above examination room sinks) outlining the appropriate hand washing protocols, alerting high-risk patients (i.e. respiratory symptoms, recent travellers) to notify staff immediately, cough etiquette, etc.
  - If paper signage is used, we will date when it should be discarded (monthly).
  - If laminated signage is used we will wipe it down regularly.

Fourth level protection (PPE)

- ❑ We have reviewed the information on selecting and using PPE and instructions on how to use appropriate PPE.
- ❑ We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- ❑ We understand that if PPE is not available, staff and physicians are not expected to risk their own health by providing in-person care.
- ❑ We have trained staff and team members to use PPE properly, following manufacturers' instructions for use and disposal.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

- We are following the PPE guidelines for (asymptomatic OR both asymptomatic and symptomatic) patients in community, as recommended by the BCCDC and/or our Regional Health Authority (e.g. Island Health Community PPE Guidelines).
- OPTIONAL: As we perform aerosol-generating medical procedures we will use full PPE following BCCDC guidelines, including properly employed N95 masks.
- We will provide masks for symptomatic patients (if seen in-office) and instructions on how to wear them OR through signage on our door and messaging on our website and phone system
  - We will encourage patients to wear their own masks.
- We will keep our mask on at all times, and keep our hands away from our face. If we touch it or remove it, or it becomes soiled or wet, we will change it.

Reduce the risk of surface transmission through effective cleaning and hygiene practices

As defined by the BC Centre for Disease Control (2020), **cleaning** is the removal of soiling while **disinfection** is the killing of viruses and bacteria, and is never used on the human body. When the term "disinfection" is used in this document, it is assumed that cleaning will occur prior to disinfection.

- ❑ We have reviewed the information on cleaning and disinfecting surfaces.
- ❑ Our office has enough handwashing facilities on site for all our staff and patients.
- ❑ Handwashing locations are visible and easily accessed.
- ❑ We have policies that specify when staff and team members must wash their hands and we have communicated good hygiene practices to staff and team members. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [Handwashing and Cover coughs and sneezes posters are available at worksafebc.com.]
- ❑ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after clinic, after lunch, after use).
- ❑ Staff and team members who are cleaning have adequate training and materials.
- ❑ We have removed unnecessary tools and equipment to simplify the cleaning process – e.g., coffee makers and shared utensils and plates.

In developing your safety plan, consider the following and document the cleaning protocols you are using in your practice, including who is responsible for what and how often cleaning occurs:

- o We have removed unnecessary items or items that are hard to disinfect from exam rooms and will only bring them into the room as necessary (e.g. tissue boxes, soft office furniture, any equipment not regularly used).
- o We have placed the patient chair as far away as possible from the physician chair/stool in the exam room.
- o In order to minimize exposure to patients, staff will provide verbal instructions—such as instructing patients in how to use a scale, baby weigh-station or wall-mounted measuring tape—instead of doing it for them.
- o We have established a cleaning and disinfection schedule and moved to (ideally) twice daily cleaning of frequent touch surfaces.
- o We have assigned each staff member to a dedicated work area as much as possible and discouraged the sharing of phones, desks, offices, exam rooms and other medical and writing equipment.
- o We have made hand hygiene supplies readily available for both patients, staff and team members. Our hand sanitizers are approved by Health Canada.

- We have increased disinfection of frequently touched surfaces in common areas (i.e. computer keyboards, door handles, phones, armrests, elevator buttons, banisters, washrooms, etc.), even if not visibly soiled.
- Between patients, we will disinfect everything that comes into contact with the patient (i.e. pens, clipboards, medical instruments, stethoscopes).
- OPTIONAL: To reduce the risk of community spread and cross-contamination, we have created a bin of communal stethoscopes that can be used by any physician during clinic and a separate bin in which to place used stethoscopes that will be disinfected at the end of the day, OR
- Team members will use the same stethoscope provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- We have put up signage encouraging patients to only use the office washroom if there is an urgent need.
- We have set up a sanitizing station near the entrance for all patients entering the office.
- We have introduced additional garbage bins throughout the premises.
- OPTIONAL: As we are seeing symptomatic patients, we have dedicated a room(s) for symptomatic patients with nearby PPE and minimal surfaces and we are seeing them at the end of the day.
- OPTIONAL: As we are not seeing symptomatic patients, we are using local testing and assessment centres to minimize patient exposure.

Step 3: Develop policies

Ensure there is an established process for employees to report concerns and for employers to address them and that health and safety committees are in place when required.

Develop the necessary policies to manage your office, including policies around who can be present, how to address illness that arises at the office, and how staff and team members can be kept safe in adjusted working conditions.

Our policies ensure that staff, team members and others showing symptoms of COVID-19 are prohibited from the office.

- ❑ Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- ❑ Anyone directed by Public Health to self-isolate.
- ❑ Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
- ❑ Visitors are prohibited or limited in the office.
- ❑ First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic. We have a working alone policy in place (if needed).
- ❑ We have a work from home policy in place (if needed).

- ❑ Ensure staff and team members have the training and strategies required to address the risk of violence that may arise as patients and members of the public adapt to restrictions or modifications to the office. Ensure an appropriate violence prevention program is in place.

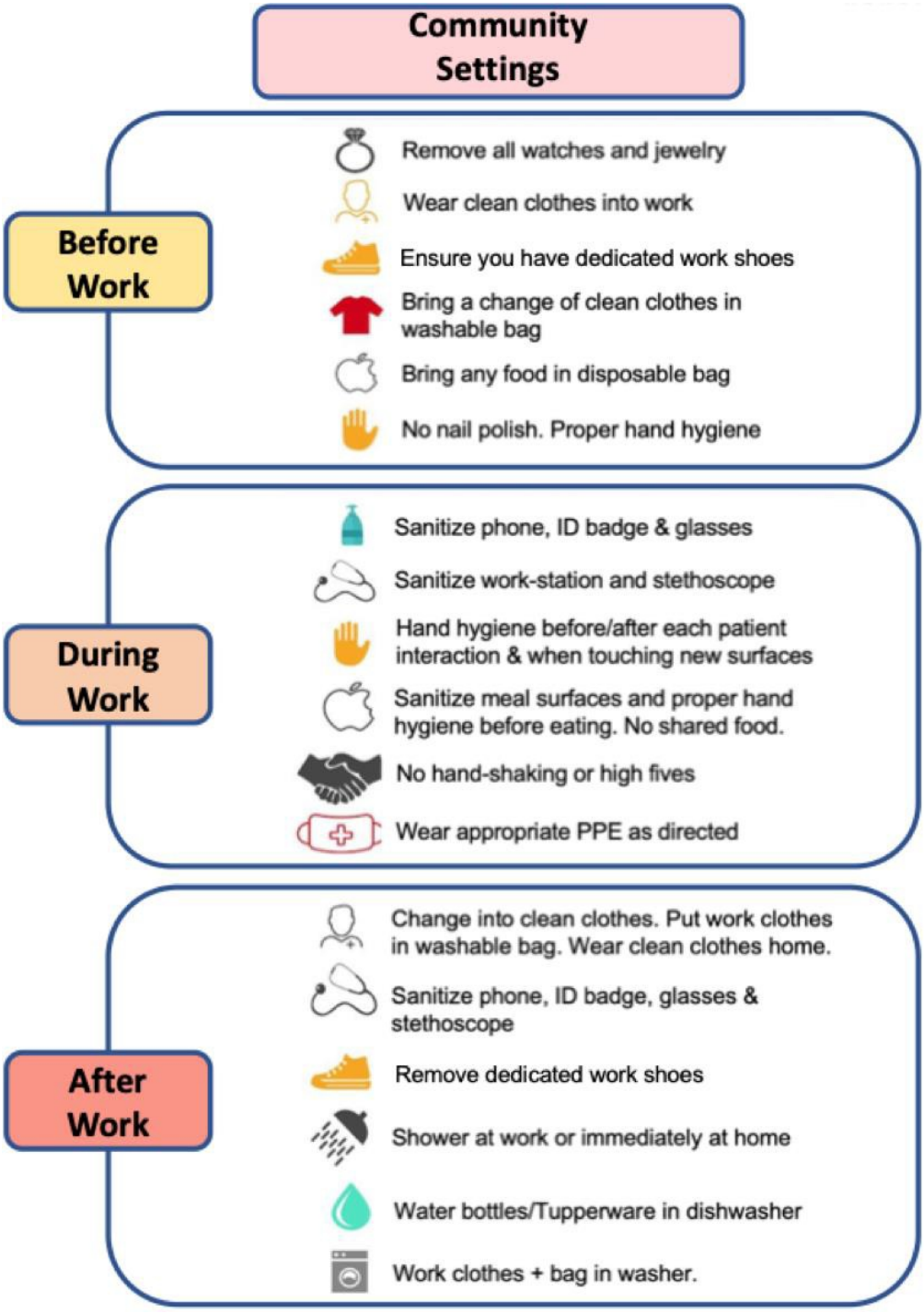
Our policy addresses staff and team members who may start to feel ill at work. It includes the following:

- ❑ Sick staff or team members should report to first aid, even with mild symptoms.
- ❑ Sick staff or team members should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the staff or team member to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]
- ❑ If the staff or team member is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill staff or team member has come into contact with.

We have the following Daily Routines in-place (see following pages):

- Daily precautions taken by all staff
- Staff tasks prior to opening of the office
- Safety measures to take prior to all appointments
- Clinic workflows for Physicians
- Staff tasks upon closing
- Pick up and drop off protocol

Daily precautions taken by all staff



PPE donning and doffing videos (courtesy of Island Health)

- **Donning**
- **Doffing**

Staff tasks prior to opening of the office

- All staff use hand hygiene and don a mask immediately upon entering the clinic. This mask stays on until lunchtime, after which a new mark is donned
- Open disinfected rooms and:
    - If communal stethoscopes are used, use alcohol wipes to clean ear pieces of the disinfected stethoscopes and return to “Clean Stethoscope” baskets in designated room
    - Make sure exam room is set up properly
- Place a sign on the front door and barrier in the waiting room to ensure only scheduled patients are entering the clinic and patients remain the required physical distance to personnel at all times.
- Ask patients to arrive no more than 5 minutes before their appointment. If patients arrive earlier than 5 mins, they need to wait elsewhere (e.g. in their vehicle) until appointment time.
- Create a designated “dirty” work area for team members in case they are unable to complete charting in the exam room (e.g. patient needs to wait 15min after vaccine.)
- Limit the number of exam rooms used as much as possible.
- Ensure that all necessary PPE is easily accessible.
- Ensure that a hand sanitizer and glove station is set up outside exam rooms for easy access.
- Staff should work where they are able to see patients enter the clinic.
    - Most clinics will have a reception desk in which case the suggestion is to install plexiglass shielding for staff and add markings on the floor to ensure the required minimum 2 m distance between patients and staff
- Review daily in-person appointments and put in “prep” notes so that onsite staff can prepare the necessary equipment for the physician when they prep the patient.
    - For example: If there is a newborn/Well Baby Visit appointment:
        - Confirm baby scale is correctly weighing by testing with weight & place baby scale with necessary items into a room before the patient enters room
        - Prep vaccine trays where relevant using the following process:
            - Vaccine tray to be labelled with patient’s FULL NAME and DOB
            - Place into tray:
                - Vaccine vial(s), needles, alcohol swabs, band aids and any needed supplies
                - Checklist outlining what vaccine is in tray
- Physicians will sort out themselves as to who sees which patient. *(Ideally, depending on the number of appointments booked, only 1 physician will see all patients to reduce PPE usage and exposure.)*

Safety measures to take prior to all appointments

Preventative measures should be taken before contact with patients to minimize risk of transmission

- Call patients before their appointment to
    - screen them for risks—rescheduling if they become sick, are placed on self-isolation or have travelled out of the country within the last 14 days,
    - educate them of changes to office protocols, and
    - that they should attend appointments alone when possible and not bring friends or children.
- Email patients any forms that need to be filled out so clients can complete them before arriving at the clinic. This cuts down on needing pens, etc.
- Office Preparation
    - Post signage at the clinic entrance to assist with communicating expectations (i.e. hand hygiene, physical distancing, respiratory etiquette, reporting illness or travel history, occupancy limits and no entry if unwell or in self isolation)
    - Limit exchange of papers during transactions (i.e. receipts), move to contactless payments
    - Use single use items where necessary (i.e. disposable cups)
    - If clinic layout prevents physical distancing, consider alternative approaches (i.e. asking clients not to enter the clinic until receiving a text message)
    - Keep records of all staff training (i.e. training for donning/doffing/use of PPE, training on work safe procedures)
- If possible, check the patient's temperature before their appointment, ideally outside the clinic.
- All patients should be screened for COVID symptoms prior to and upon arrival (patients should be notified of this upon booking their appointment)
    - Patients screening positive should be redirected home for a virtual appointment or referred to a Health Authority assessment clinic or the Emergency Department (depending on severity of symptoms) if physical examination is necessary
    - Patients screening positive should be referred to a testing site (patients can now self-refer)

Clinic workflows for Physicians

The following information is sourced from Rosh and Mehta (2020).

- All individuals seeing patients are to perform hand hygiene and put on a mask as soon as they arrive in the clinic prior to doing anything else. This mask stays on until it is removed for lunch. After lunch, put on a NEW mask.
- Prior to opening of the clinic, review booked patients to see if you need any equipment for prep (baby scale, Chemstrip urine dipstick, etc.) and ask staff to have these items either in the room before the patient arrives or close to the room.
- When you are ready to see your first patient:
    1. Don PPE (mask should already be on)—gloves and eye protection.

2. Assess your patient: take history from as far away as possible and then move to examination (try to spend as little time as possible in close contact).
3. When administering vaccines/medications, please do the following:
    a. Cross check the vaccine/medication vial(s) against provided checklist (this is a safety measure to reduce risk of medical error)
    b. Draw up the vaccine/medication and inject the patient yourself.
4. When assessment completed
    a. If patient is to leave right away
        i. Gloves remain on
        ii. Ask patient to use hand sanitizer as they leave
        iii. Complete all charting in the room
        iv. Remove exam table paper and leave table exposed
        v. Still in the room: discard gloves, leave stethoscope and other equipment used OR take to wipe down
        vi. Keep eye protection and mask on unless soiled
        vii. Perform Hand Hygiene
    b. If patient must remain in room
        i. Leave stethoscope and other equipment used in room OR take to wipe down, clear exam table paper
        ii. Open door for yourself and **before leaving room**, discard gloves
        iii. Perform hand hygiene
        iv. Then either chart at a dedicated workstation (if available) or leave charting until the end of day.
5. Between patients:
    - Wipe down stethoscope and other equipment that touched patient
    - Perform hand hygiene
    - Put on gloves before next patient and repeat process above until all patients seen
6. Once last patient seen (at end of day or at lunch), complete all steps below:
    a. Whether patient remaining in room or leaving, clear exam table paper leaving table exposed.
    b. Discard gloves in room
    c. Remove stethoscope and eye protection and leave in room.
    d. Perform hand hygiene.
    e. Leave exam room.
    f. Perform hand hygiene.
    g. Remove mask and discard.
    h. Perform hand hygiene.
7. Let staff know the last patient has left

Staff tasks upon closing

The following information is sourced from Rosh and Mehta (2020).

1. Discard exam table paper, wipe exam table with a disinfectant wipe, remove gloves and discard in room
2. Leave room
3. Perform **hand hygiene**
4. Remove goggles and stethoscope and place in “Do Not Use” bin at designated dirty area for later disinfection.
5. Perform **Hand hygiene**
6. Remove mask and discard
7. Perform **Hand hygiene**
8. Let staff know last patient has left, so that:
    - Staff can lock doors and put up signage notifying of next opening time
    - Staff perform **hand hygiene** after locking door and placing sign

Pick up and drop off protocol

The following information is sourced from Rosh and Mehta (2020).

NO PICK-UP	NO DROP-OFF
Urine Specimen Bottle ● Patient should go directly to the lab with a requisition to complete tests/drop off samples Old Medical records ● Email old medical records only (not the whole chart) at no charge and patient can pick up hard copies post-pandemic if still required ● If email consent isn’t given, records can be mailed or picked up post-pandemic Work clearance forms ● Scan, upload, and email to patient or employer ● Fax to employer Forms ● Scan and email to patient if possible ● Mail to the patient if privacy concerns with email Requisitions ● Fax the requisition directly to the lab (LifeLabs has set up a central fax number for any lab)	ANY SAMPLES FOR LAB PICK-UP ● Patient should go directly to the lab with a requisition to complete tests/drop off samples. Consider labeling the requisition using the BCCDC labelling guidelines, e.g. “HCW 1” for Health Care Workers Any vaccines or medications to be stored Old medical records ● Records can be emailed when possible. If not, ask the patient to wait until post-pandemic to drop off records ● Touch-base with Physician to ensure records are not immediately required for the patient’s ongoing care: ○ “FYI - patient is only able to drop off a hard copy of medical records. Please advise admin if these records are urgently required for ongoing care. Otherwise, please confirm that the records can be dropped off when the COVID situation has resolved.”

● Email to patient and ask them to print it somewhere if they don't have a printer (e.g. a friend) ● Mail it to the patient	● If only physical copies are available and the Physician has stated that records are required ○ Call and ask the previous family MD to fax records if they still have copies. Advise them that the patient was given a hard copy, but due to COVID we are only accepting urgent pick-up/drop-off and want to request a faxed copy instead. Forms ● Ask patient to scan and email or mail

PICK-UP AVAILABLE	DROP-OFF AVAILABLE
Medications ● B12 vials ● Testosterone vials ● Patient specific vaccines held in fridge ● Allergy injections ● STI medication Swabs ● Some labs are not accepting self-collected labs FIT-tests ● Labs are not accepting FIT tests at this time	3rd Party Deliveries

Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

- ❑ We have a training plan to ensure everyone is trained in workplace policies and procedures.
- ❑ All staff and team members have received the policies for staying home when sick.
- ❑ We have posted signage at the office, including occupancy limits and effective hygiene practices.
- ❑ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors, staff and team members with symptoms.
- ❑ Clinic Leadership have been trained on monitoring staff and team members and the office to ensure policies and procedures are being followed.

Step 5: Monitor your workplace and update your plans as necessary

Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. Involve workers in this process.

- ❑ We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- ❑ Staff and team members know who to go to with health and safety concerns.
- ❑ When resolving safety issues, we will involve health and safety committees or other staff and team members

Step 6: Assess and address risks from resuming operations

If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

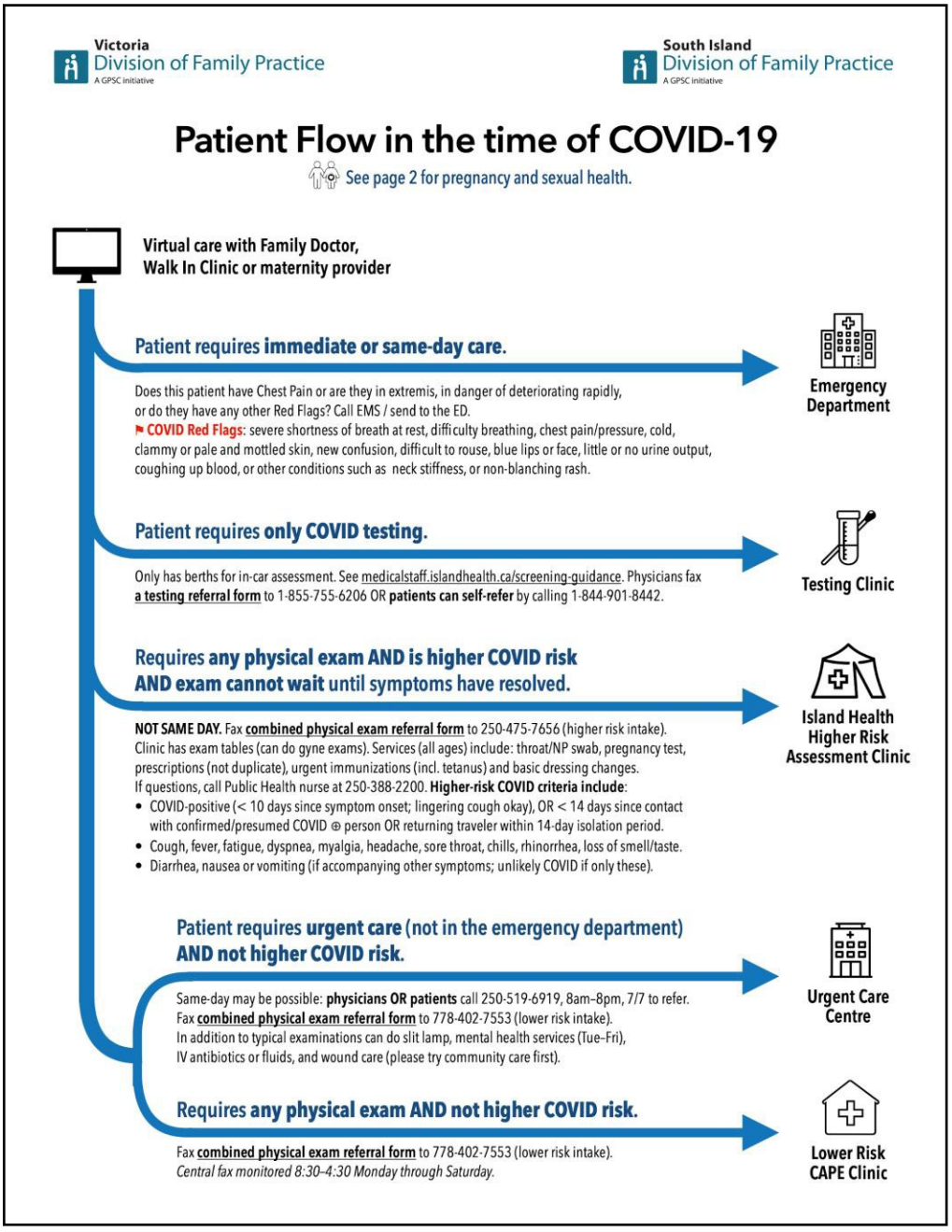
- ❑ We have a training plan for new staff and team members.
- ❑ We have a training plan for staff and team members taking on new roles or responsibilities.
- ❑ We have a training plan around changes to our services, such as new equipment, processes, or products.
- ❑ We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use. We have identified a safe process for clearing systems and lines of product that have been out of use/expired.

Division resources

There are many Division resources for COVID-19 created by your peers.

Appendix—Example patient flow diagram for community physicians

The following tool may help community physicians identify resources available to help them. The example provided is from the Victoria and South Island Divisions of Family Practice and will need to be modified for services available in each community.



Appendix—Working out what is virtual

Take a few minutes to go through the activities below and identify whether they can (now) be offered virtually. If not, when would you consider offering them again in-person (what criteria would you have)? Be sure to add services specific to your specialty to the list.

> *To help you in this, consider, if you only have a limited amount of PPE, such that you could see 10 people a day in-person, who would you see?*

SAMPLE SERVICES	MODALITY	TIMEFRAME
Pre-assessment of patient concerns prior to any in-person care, including screening for COVID-19 symptoms	**Virtual**	**Until vaccine**
Cryotherapy[4]		
Cancer screening where above normal risk		
Cancer screening when normal risk		
Cancer surveillance post-treatment		
Complex care including advanced directives		
Ear/throat infections		
First/intake appointments		
Flu shots for < 4 years or ≥ 65 years		
Follow-up appointments		
Hormone injections[5], Allergy shots and injectable meds[6]		
Intrauterine Device consultations		
IUD insertions, Pap recalls (abnormal)		
Laboratory/Diagnostic Imaging or other test results		
Lacerations[7]		
Mental health planning and check-ins		
Musculoskeletal injuries[8]		
Normal adult vaccinations		
Personal and cosmetic enhancement services		
Post-surgical follow-ups		

[4] Could be sent to a centralized physical examination clinic, if appropriate and available.
[5] Could be sent to a centralized physical examination clinic, if appropriate and available.
[6] Could be sent to a centralized physical examination clinic, if appropriate and available. Could offer orl alternatives for iron and B12 if appropriate.
[7] Send to the Emergency Department or centralized physical examination clinic (if available and appropriate). Given their nature, if not seen in-person there are risks of complications and delayed closure.
[8] Suspected significant trauma (e.g. fracture or dislocation) and back/neck pains (especially if neurologic symptoms are present) should be seen in-person.

Prenatal visits (at Perinatal Services BC-guided intervals)
Prescription renewals and some initiations[9]
Requests for referrals[10]
Routine childhood vaccinations[11]
Sexually Transmitted Infection treatment[12]
Sick and insurance note requests
Skin conditions (e.g. rash, shingles, acne)
Uncomplicated Urinary Tract Infections
Vaccinations for high-risk patients
Well child visit (> 18 months)
Well-baby visits

[9] See the Telemedicine Practice Standard from the College for guidance on prescribing cannabis, narcotics, benzodiazepines and stimulants. Similarly, prescription changes for unstable or relapsed patients taking methadone or suboxone are not appropriate for virtual care (College of Family Physicians of Canada, 2020).

[10] While the College has recommended patient contact be minimized at this time, the College has also indicated that "Family physicians must avoid making specialist referrals via telemedicine without first fully assessing patients themselves" (CPSBC, 2020).

[11] Continue to promote regular childhood immunizations.

[12] While a virtual visit may be appropriate, it may be reasonable for your patient to pick up their medication from your office.

Appendix—Email to patients

Dear xxxxx

As you will be aware, British Columbia is beginning a phased plan to slowly open up again, with businesses and services working in new ways compared to how they worked before the arrival of COVID.

This is only possible because we have all followed the instructions of Dr. Bonnie Henry, in particular physical distancing, hand washing and staying at home as much as possible.

COVID has not gone away, but the risk of one of us catching COVID and of COVID overwhelming healthcare has reduced.

It is very important that we go through these next steps cautiously and safely, so that the risk of overwhelming healthcare and the risk of you catching COVID do not both increase dramatically. It is important that you continue to follow the measures that Dr. Henry advises; it is through all of our behaviour that we will prevent COVID cases rising again.

Over the coming weeks and months, we will start provision of a slowly increasing amount of in-person healthcare in our offices, and provide some of the routine healthcare that could be safely suspended at the beginning of this pandemic, such as screening, through a stepwise plan. This plan will only progress as long as the risk of COVID to all of us remains low.

In the first instance, we will continue to see patients virtually, via video or on the telephone. Where we deem it necessary, not just for urgent conditions or conditions we couldn't diagnose without doing a physical examination, but for some examinations needed for chronic diseases or some screening for example—face to face care will now occur in our own offices.

The reasons we will not see everyone in-person are as follows:

- We have to continue to reduce COVID risk in our offices through physical distancing, which will reduce the amount of people we can have in our office at any one time.
- The risk of COVID has not gone away—consequently, the regional Health Authorities require us to wear PPE (masks and eye protection) during all in-person encounters. PPE remains in short supply worldwide—therefore we have to be economical with its usage.
- We have to clean our exam rooms frequently and thoroughly to ensure you are not at risk of catching COVID from your visit- this will reduce the number of people we can see in our office each day.
- We know that virtual care is safe and effective in a number of conditions and welcomed by a number of our patients as more convenient.

We want to reassure you that safe care will continue to occur, and that you will be seen in-person if it is clinically necessary. This does not mean that everyone can be seen back in the office, but over time we anticipate seeing more of you in the office as long as COVID cases do not rise.

Please remember our office is open and providing care, though please do not turn up in-person unless it is pre-arranged. We can be contacted by phone/email/online in the usual way.

We look forward to seeing more of you in my/our office in the future.

Yours Sincerely,

Dr XXXXX

Works cited and other useful links

BC Centre for Disease Control. *Environmental Cleaning and Disinfectants for Clinic Settings*. Retrieved May 11, 2020 from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

College of Family Physicians of Canada. (2020, March 23). *Telemedicine: The Essentials*. Retrieved May 6, 2020, from https://www.cfp.ca/sites/default/files/pubfiles/PDF%20Documents/Blog/telehealth_tool_eng.pdf

College of Physicians & Surgeons of Alberta. (2020, May). *COVID-19: Reopening Practice.* Retrieved May 6, 2020, from http://www.cpsa.ca/wp-content/uploads/2020/04/AP_COVID-19-Defining-Urgent.pdf.

College of Physicians & Surgeons of Alberta. (2020, May). *COVID-19: Reopening Practice.* Retrieved May 6, 2020, from http://www.cpsa.ca/wp-content/uploads/2020/04/AP_COVID-19-Defining-Urgent.pdf.

College of Physicians and Surgeons of BC. (2013, November). *Practice Standard: Telemedicine*. Retrieved May 6, 2020, from https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

College of Physicians and Surgeons of BC. (2020, March/April). *College Connector: Registrar's message: assessment and management by telemedicine—crucial skills during the COVID-19 crisis*. https://www.cpsbc.ca/for-physicians/college-connector/2020-V08-02/01

College of Physicians and Surgeons of BC. (2020, March 23) *COVID-19: Important Update from the Provincial health Office March 23, 2020*. https://www.cpsbc.ca/files/pdf/2020-03-23-Important-Update-from-the-Provincial-Health-Officer.pdf

Government of British Columbia. *BC's Restart Plan*. The Official Website of the Government of British Columbia. Retrieved May 8, 2020 from https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan

Ministry of Health Analysis and Reporting Division. (2020, April 14) *South Island General Practitioner billing in COVID-19 pandemic—April 14, 2020 update.*

Rosh, J and Mehta, N. (2020, March 30). *The Magenta Health Case Study*. Retrieved May 6, 2020 from https://docs.google.com/document/d/1yWdlhhq44QeRk1Wl7yGF9pjE-hy0aO4QzLQksnMCzOU/edit

- The Provincial Health Officer's order from May 14th;
- The College's Guidance on providing in-person care during COVID-19;
- The BCCDC's COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings;
- WorkSafeBC's Health Professionals: protocols for returning to operation.

Appropriate PPE is a requirement for in-person care. guidance from the College,