As Ontario opens up, family practices must have sufficient personal protective equipment (PPE) – used appropriately and with a view to conservation – and other supplies in order to conduct in-office assessments in a safe manner. As a family doctor you are in the best position to determine when an in-person visit with your patient is warranted and it is safe to do so.

See the visual guide below for tips on PPE use and re-use, as well as environmental cleaning for the clinical setting.

Before every patient interaction, screening needs to be conducted to determine if an in-person visit is needed, and if so, what level of PPE is required.

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

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

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

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

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

Isolation gown and gloves are not required for those who screen negative (however, gloves should be worn for all patients when vaccines are being administered). Gowns may be worn when seeing a series of patients who may have COVID-19 but should be changed if moving from a COVID suspect to a COVID negative screened patient.

Clean touchable surfaces after every patient interaction.

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

Adapted from Ministry of Health – COVID-19 Operational Requirements: Health Sector Restart, v. 1.0 – May 26, 2020. Family practices must have sufficient PPE and other supplies in order to conduct in-office assessments in a safe manner.

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

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

** N95 respirator must be worn for Aerosol-Generating Medical Procedures (AGMPs). See page 4 of this Technical Brief from Public Health Ontario for a list of AGMPs.