COVID-19
Community of Practice for Ontario Family Physicians

September 17, 2021
Dr. Janine McCready
Dr. Jeya Nadarajah
Dr. Carol Geller
Dr. David Kaplan
Dr. Liz Muggah

Changing the Way We Work
Keeping our kids safe at school, new IPAC guidance, and more
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Moderator: Dr. Tara Kiran
   Fidani Chair, Improvement and Innovation
   Department of Family and Community Medicine, University of Toronto

Panelists:
• Dr. Janine McCready, Toronto, ON
• Dr. Jeya Nadarajah, Toronto, ON
• Dr. Carol Geller, Ottawa, ON
• Dr. David Kaplan, Toronto, ON
• Dr. Liz Muggah, Ottawa, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.
Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.
A renewed commitment and concrete steps are needed by non-Indigenous leaders and allies to support this decolonising work so that it does not fall solely upon First Nations, Inuit, and Métis peoples. Transformative change also requires institutions to build meaningful partnerships with local Indigenous organisations and to recruit First Nations, Inuit, and Métis peoples for roles across health-care organisations, from the boardroom to the patient bedside. Training in Indigenous cultural safety and anti-racist practice should be mandatory for all health-care personnel. Indigenous staff, patients, and families must have access to traditional healers, spaces for ceremonial practices, and safe ways to report mistreatment. Accountability processes such as accreditation and quality reviews for hospitals and institutions must include metrics for Indigenous health equity and reconciliation. There is also a need for the collection of race-based data with appropriate sovereignty agreements to document clinical outcomes and care experiences.


Changing the way we work

At the conclusion of this series participants will be able to:

• Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
• Describe point-of-care resources and tools available to guide decision making and plan of care.
• Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

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Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

• The Scientific Planning Committee has full control over the choice of topics/speakers.
• Content has been developed according to the standards and expectations of the Mainpro+ certification program.
• The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran, Patricia O’Brien (DCFM), Leanne Clarke (OCFP), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Janine McCready – Panelist
Twitter: @janinemccready
Infectious Disease Physician, Michael Garron Hospital

Dr. Jeya Nadarajah - Panelist
Twitter: @JeyaNadarajah
Infectious Disease Specialist, Public Health Ontario and Markham Stouffville Hospital

Dr. Carol Geller – Panelist
Family Physician, Centretown Community Health Centre
Dr. David Kaplan – Co-Host
Twitter: @davidkaplanmd
Family Physician, North York Family Health Team and Chief, Clinical Quality, Ontario Health - Quality

Dr. Liz Muggah – Co-Host
Twitter: @OCFP_President
OCFP President, Family Physician, Bruyère Family Health Team
Speaker Disclosure

- Faculty Name: **Dr. Janine McCready**
  - Relationships with financial sponsors: N/A
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: N/A
    - Others: N/A

- Faculty Name: **Dr. Jeya Nadarajah**
  - Relationships with financial sponsors: N/A
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: N/A
    - Others: N/A

- Faculty Name: **Dr. Carol Geller**
  - Relationships with financial sponsors: N/A
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians
    - Others: N/A
**Speaker Disclosure**

- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)

- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael’s Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety
  - Others: N/A
Where are we from (outside the GTA)?
How to Participate

- All questions should be asked using the Q&A function at the bottom of your screen.

- Press the thumbs up button to upvote another guest’s questions. Upvote a question if you want to ask a similar question or want to see a guest’s question go to the top and catch the panel’s attention.

- Please use the chat box for networking purposes only.
Dr. Janine McCready – Panelist
Twitter: @janinemccready
Infectious Disease Physician, Michael Garron Hospital

Dr. Jeya Nadarajah - Panelist
Twitter: @JeyaNadarajah
Infectious Disease Specialist, Public Health Ontario and Markham Stouffville Hospital

Dr. Carol Geller – Panelist
Family Physician, Centretown Community Health Centre
Why am I talking to you about schools?
Vaccines

- >12
  - Myocarditis
  - Fertility
- <12
  - 5-11
  - 6 months - 5
STOP COVID-19
Screening for children/students
Please complete before entering the child care/JK-12 school setting.
Updated Sept. 1, 2021

Name: ___________________________ Date: _____________ Time: ____________

1. Does the child/student have any of the following new or worsening symptoms?**
   - Fever > 37.8°C and/or chills
   - Cough
   - Difficulty breathing
   - Decrease or loss of taste/smell
   - Nausea, vomiting or diarrhea

   - If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select ‘No’. If the symptom is new, different or getting worse, select ‘Yes’.

   If **YES** to any symptom:
   - Stay home & self-isolate
   - Get tested
   - Contact a health care provider

2. Does anyone in your household have one or more symptoms of COVID-19 and/or are waiting for test results after having symptoms?

   - If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select ‘No’.

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?
   - If they have since tested negative on a lab-based PCR test, select “No”.

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?
   - If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select “No”.

5. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

   If **YES** to questions 2, 3, 4 or 5:
   - Stay home & self-isolate
   - Follow public health advice

* Fully vaccinated means 14 days or more after getting a second dose of a two-dose COVID-19 vaccine series or one dose of a single dose series.

**Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.
Screening

- COVID-19 symptoms in kids indistinguishable clinically from other viral illnesses

- Rhinorrhea and cough as single symptoms had an elevated positive among primary and secondary children age >4 years old relative to their asymptomatic peers

- Is your contact tracing system robust?
  - Among the 10,688 encounters with single symptoms, test positivity was 17.3% if high risk exposure vs 1.0% if no exposure

https://www.medrxiv.org/content/10.1101/2021.08.19.21262310v1.full.pdf
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- Difficulty breathing  
- Decrease or loss of taste/smell  
- Nausea, vomiting or diarrhea  

- If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select ‘No’; if the symptom is new, different or getting worse, select ‘Yes’.

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- If “YES” to questions 2, 3, 4 or 5: Stay home & self-isolate + Follow public health advice

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Types of Tests

- Lab based – PCR
  - Nasopharyngeal
  - Oral Nasal
  - Saliva

- ID now

- Rapid Antigen tests
Children aged 0 to 3 years had greater odds of transmitting SARS-CoV-2 to household contacts compared with children aged 14 to 17 years. Irrespective of presence of symptoms, greater odds of household transmission by children aged 4 to 8 years after controlling for testing delays, neighborhood-level mean family size, individual-level household size.
What can you do?

• Situation will evolve this fall
  • Vaccination rates
  • Community transmission
  • Hospitalizations
  • Other circulating viruses

• Don’t send kids to school sick

• Encourage testing for any symptoms

• Choose contacts wisely for unvaccinated children
  • Outdoors
  • No unvaccinated adults

• Encourage others to get vaccinated
Hierarchy of Controls – Hot topics

Elimination (remove the hazard)

Substitution (replace the hazard)

Engineering Controls (contain the hazard)

Administrative Controls (change process)

PPE

Ventilation, Cleaning & Disinfecting

Physical distancing, Patient flow

Masks, gowns, gloves, eye protection

Indoor Air Quality

- Risk of transmission increases through close contact, crowded, inadequately ventilated settings.
- Ventilation: Removing stale indoor air and supplying fresh (outdoor) air into a given space.
- Ventilation is only of benefit in **ADDITION** to other layers of measures.
- The more people and objects in a room (Crowded and Confined), the less air flow and air circulation occurs.

Air Quality Check:

- HVAC – Inspected, maintained and up to code?
- Vents:
  - Clean? Air blowing/returning? At least 6 inches of clearance?
- Air Circulation:
- Crowding:
  - Max capacity in room? Furniture, drapes, barriers?
- Windows:
  - Open to help draw in fresh air or exhaust indoor air directly outside e.g., by pointing a fan outdoors.
  - Opening windows daily, even for a few minutes can improve indoor air quality.
Air cleaning / Filtration

• Filtration: The use of different types of fibrous media designed to remove particles from the airstream. E.g., HEPA filters.

• Air filtration is less preferable to ventilation (i.e. with outdoor fresh air)

• Portable air cleaner/purifier:
  • Avoid units that may produce significant ozone
  • Filter design + filter maintenance + rate of air flow = Clean Air Delivery Rate (CADR)
  • CADR must be high enough for the size of room (or may need multiple units)
  • Increased sound at high air flow rates
  • Avoid direction of air flow from blowing from one individual to another
  • Unobstructed airflow
  • Cleaning and maintenance as per Manufacturer

Ontario Agency for Health Protection and Promotion (Public Health Ontario).
Screen Negative Patients

• Patient masking (well fitted non-medical or medical mask)
• Physical distancing as feasible
• Eye protection for staff within 2 metres based on risk assessment:
  • Risk of splash/spray of the task at hand
  • Vaccination status of HCW/patient
  • Community transmission rates
  • Unmasked patient/ill-fitting mask/likelihood of removing mask
• Cleaning:
  • Routine/Standard cleaning: Clean and disinfect medical equipment and surfaces that come into direct contact with the patient’s intact skin prior to use on another patient.
Symptomatic Patients

- Book at end of day if possible.
- Provide **medical** mask to patient (and support person).
- Bring directly to room or wait outside/in vehicle if feasible
- Separate room/area with door closed.
- Batch all activities (eg., History, physical, testing); minimize personnel.
- PPE: Mask, gown, gloves, eye protection.
- Cleaning: Clean and disinfect horizontal surfaces (typically within 2 metres of the patient) and any equipment that have come in direct contact with the patient prior to use on another patient.
- Remove PPE upon leaving patient room.
Testing Patients

• Separate room/area with door closed; minimize personnel
• PPE: Mask, gown, gloves, eye protection
• PCR
• Nasopharyngeal swab preferred
• Other specimen types depend on partner laboratory
• Pre-label swab and pre-fill requisition and minimize handling
• Storage/transport as per laboratory instructions
• Dedicated specimen fridge

Contact:
ipac@oahpp.ca
Our Primary Health Care Team

• 8 Nurses for 6.6 FTE
• 6 Medical Receptionists for 5.8 FTE
• 7 Physicians for 4.85 FTE
• 4 Nurse Practitioners for 2.85 FTE
• For our regular practice, Seniors, Early Years, and Urban Outreach Programs

Acknowledgements:
• Alison Eyre, MDCM, CCFP, FCFP
• Lynsey James, Primary Care Director

Geller COVID19 Community of Practice Webinar
September 17, 2021

Centretown Community Health Centre
Ottawa, Ontario
Marginally housed and homeless communities within this change:

- Need to stay open to serve this population
COVID testing

- Starting in the Summer of 2020 all providers can now swab under their own name using the Ontario COVID 19 laboratory requisition.

- Can order the swabs through https://ehealthontario.on.ca/en/for-healthcare-professionals/ppe-intake?a=ppe-intake

- Our usual courier Dynacare picks the swabs up with the regular pick up and the swabs are processed by them or they arrange the processing.

- We also have a swabbing program on site for the community and some spots are protected for our patients.

- All trained allied health care providers can swab under a directive.
Booking Protocols – MR to book without triage

**In person**

- Pap smears
- Breast exams
- Clients who show up asking for appt and do not have a phone or a reliable way to be reached
- Footcare
- Abdominal assessments
- Issues related to eyes and ears
- Newborn related issues, post birth appointments
- Prenatals - *If booking 1st prenatal please message prenatal nurse to do a phone check in prior to appointment.
- Well Baby Check 0 – 18 months

**Virtually**

- UTI symptoms
- Prescription renewals
- Forms
- Blood work review
- Review diagnostic imaging
- Review Consultant’s Report
- Request for referral

Geller COVID19 Community of Practice Webinar
September 17, 2021
Screening for COVID 19 Symptoms

• Occurs at the entrance of the building
• If patient screens positive on the phone they are triaged by the nurses to a testing centre or to be assessed and swabbed by us
• If patient screens positive at entrance this is entered beside their name in the appointment scheduler so proper PPE can be worn and they are put into the closest exam room
Medical exemptions to COVID-19 vaccination

Four reasons for medical exemptions

1. **Pre-existing condition** — allergist, immunologist or specialist must confirm individual is unable to receive any COVID-19 vaccine).
   - Medical exemption if severe allergy or anaphylactic reaction to a previous dose or any vaccine component
   - Medical exemption if myocarditis *before* starting mRNA vaccine series (age 12 to 17)

2. **Contraindications to AZ/COVISHIELD vaccine** — history of capillary leak syndrome, cerebral venous sinus thrombosis with thrombocytopenia, heparin-induced thrombocytopenia, or major venous and/or arterial thrombosis with thrombocytopenia following any vaccine
   - Complete vaccine series with mRNA vaccine
     - Medical exemption if individual has medical exemption to receiving mRNA vaccine
3. Adverse events following COVID-19 immunization

• Severe allergic reaction or anaphylaxis following a COVID-19 vaccine.
  ➢ Exemption if allergist/immunologist determines unable to receive any COVID-19 vaccine

• TTS/VITT4 following AstraZeneca/COVISHIELD COVID19 vaccine
  ➢ Exemption if medical exemption to completing series with mRNA vaccine

• Myocarditis or pericarditis following a mRNA COVID-19 vaccine
  ➢ Exemption if diagnosed after medical evaluation (discuss immunization/re-immunization options with specialist if uncertain diagnosis)

• Serious adverse event following COVID-19 immunization
  ➢ Exemption if medically evaluated, risk-benefit of immunization options discussed with relevant specialist AND determined unable to receive any COVID-19 vaccine

MOH guidance, Sept. 14, 2021: Medical Exemptions to COVID-19 vaccination
4. Receiving monoclonal antibody therapy OR convalescent plasma therapy for the treatment or prevention of COVID-19
   - Time-limited exemption while receiving therapy

*****

MOH guidance, Sept. 14, 2021: Medical Exemptions to COVID-19 vaccination
COVID-19 vaccine third dose recommendations

To achieve better protection (vs boosting a response that has waned)

- **Vulnerable elderly in high-risk congregate settings**
  - Long-term care
  - High-risk retirement homes
  - Elder care lodges

- **Moderately to severely immunocompromised**
  - Active treatment for solid tumour or hematologic malignancies
  - Solid-organ transplant and immunosuppressive therapy
  - Chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant
  - Moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
  - Stage 3 or advanced untreated HIV infection | acquired immunodeficiency syndrome
  - Active treatment immunosuppressive therapies
    - anti-B cell therapies2 (monoclonal antibodies targeting CD19, CD20 and CD22)
    - high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids)
    - alkylation agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

MOH guidance, Sept. 14, 2021: [COVID-19 Vaccine Third Dose Recommendations](#)

NACI guidance, Sept. 10, 2021: [Additional dose of COVID-19 vaccine in immunocompromised individuals following 1- or 2-dose primary series](#)
University of Calgary: Vaccine Hesitancy Guide

Are your patients hesitant about getting a COVID-19 vaccine?

This Guide supports better clinical conversations about vaccines. It differentiates common types of vaccine hesitancy that primary care clinicians may see. Browse through these types to help identify the sources of your patients’ hesitancy, and find advice and resources on how to address them.

For an overview of how to use this guide, visit the about page.

https://www.vhguide.ca/
Want to know more about the COVID-19 vaccine?

Our doctors are ready to talk with you and answer your questions.

Book a one-to-one phone conversation with one of our doctors so that you can make an informed decision:

shn.ca/VaxFacts
416-438-2911 ext. 5738
Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: Friday, October 8, 2021

Contact us: ocfpcme@ocfp.on.ca

Visit: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources

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Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.