

## COVID-19

### Guidance on the Re-Opening of Primary Care Clinics

Manitoba continues to lift restrictions and public health orders associated with COVID-19. This is a phased approach, with each phase closely monitored for its impact on the spread of the virus.

To assist physicians in understanding what this means for their outpatient practices, the following guidance is offered, with acknowledgement that many practices have continued to offer services during the pandemic response but that these have been at a reduced volume and have been heavily dependent on the use of virtual care.

During re-opening, it is important to keep in mind that there is the potential for increased numbers of COVID-19 cases as the pandemic continues to evolve. This is the rationale behind a phased or graduated approach. We must also keep in mind that the supply of personal protective equipment (PPE) can be expected to remain volatile for the foreseeable future and requires ongoing diligence in both conservation and appropriate utilization.

#### **NEW - Considerations for Phase 3 Reopening:**

**For Fee-For-Service Practices:** Practices should increase in-person patient volumes according to the following principles:

- Ability to maintain adequate supply of PPE;
- Ability to adhere to current Public Health guidance and requirements (hand hygiene, infection prevention and control protocols and physical distancing);

Practices are encouraged to maintain as much virtual care as possible (in primary care, the approach of other jurisdictions suggests a goal of between 1/3 to 1/2 of visits conducted via virtual care).

**For Alternate Funded Sites (e.g. direct operations or community health clinics):** Clinics should be working with their managers and local RHA to plan for increased in-person patient volumes according to the following principles:

- Ability to maintain adequate supply of PPE;
- Ability to adhere to current Public Health guidance and requirements (hand hygiene, infection prevention and control protocols and physical distancing);

Practices are encouraged to maintain as much virtual care as possible (in primary care, the approach of other jurisdictions suggests a goal of between 1/3 to 1/2 of visits conducted via virtual care). It would be reasonable to sites to aim for 50-50 in person vs virtual in July with a long-term term goal of having 1/3-1/2 virtually.

**For Hospital-Based Clinics:** Increasing volumes in hospital-based clinics is more challenging than doing so in community-based settings. Clinics should be working with their managers and department heads to plan for increasing in-person volumes according to the following principles:

- Ability to maintain adequate supply of PPE;
- Ability to adhere to current Public Health guidance and requirements (hand hygiene, infection prevention and control protocols and physical distancing);
- Consideration of broader site access issues and impacts on other services, including regional planning.

Practices are encouraged to maintain as much virtual care as possible. This may vary by specialty.

With these things in mind, we would like to provide the following guidance to primary care clinics and outpatient clinics during re-opening.

### **Screening Processes Should Remain in Place**

COVID-19 activity will continue to be observed. Practices should continue with diligent patient screening processes, including:

**a) Telephone-screening:** Ensure that reception staff are screening patients who call to ensure they are able to be cared for in the appropriate setting.

**b) Display of signage:** Practices should continue to display posters warning patients and visitors with symptoms to take appropriate precautions.

**c) Entry screening:** Clinic staff should reinforce patient screening upon entry to identify patients with potential influenza-like illness (ILI) or COVID-19 symptoms so they can be appropriately and safely managed.

### **Resources:**

<https://sharedhealthmb.ca/files/covid-19-testing-protocols-for-pcps.pdf>

<https://sharedhealthmb.ca/covid19/providers/resources-for-providers-and-clinics/>

### **Staff Screening Should Remain in Place**

All clinic staff (including physicians) should continue to be screened prior to starting their shifts.

Updated Guiding Principles for Staff Screening are available to support the development of sustainable staff screening approaches for health care facilities, clinics and practices.

Information is available at <https://sharedhealthmb.ca/files/covid-19-guiding-principles-for-staff-screening.pdf>

Staff with symptoms should be tested for COVID-19 at a designated testing site and should contact **Occupational Health Services** while they self-isolate and await their results. This Occupational Health Service is available centrally by calling toll-free **1-888-203-4066**.

#### **Resource:**

<https://sharedhealthmb.ca/files/covid-19-staff-screening-tool.pdf>

### **Strict Infection Prevention & Control Strategies Remain in Place**

Practices should continue to use infection prevention strategies including:

**a) Tissues and Hand-sanitizer:** Tissues and alcohol-based hand sanitizer should be available at all entrances/reception areas.

**b) Physical distancing approaches:** At reception desks and in waiting rooms, layout should allow for patients to maintain a 6-foot distance between individuals. Clinics may want to limit number of patients in the waiting room at any given time.

**c) Approaches for management of patients with symptoms:** Practices should review their processes to appropriately manage patients presenting with influenza-like illness (ILI) or potential COVID-19 symptoms. These processes should include:

- All patients who screen positive and any accompanying people/escorts (even if asymptomatic) should immediately be instructed to wear a procedure/surgical mask and be placed in a designated separate waiting area/space or exam room (maintain 2 metre/6 feet separation). Do not allow patient to cohort with other patients and limit visitors to only those who are essential.
- **During clinical assessment, physicians and staff must use contact/droplet precautions and wear required PPE, particularly during specimen collection.**
- If your clinic/facility does NOT have a separate waiting area/space to isolate patient AND PPE available, reception should screen patients while maintaining a 2-metre distance/separation. If patient screens positive, they should be to the appropriate screening site or ILI assessment clinic.

**Resource:** <https://sharedhealthmb.ca/files/covid-19-testing-protocols-for-pcps.pdf>

**d) Use of appropriate PPE for providers and staff:** Providers and staff should continue to use personal protective equipment (PPE) as per Shared Health recommendations. Practices should continue PPE conserving measures. Clinics, in collaboration with their MyHealth Team or their Regional Health Authority, should consider the following strategies reduce the use of PPE:

- limiting the number of providers in clinic on any given day (e.g. one physician seeing patients in person, wearing same PPE for the day)
- shifting some patients populations to a single clinic in the neighborhood (e.g. all patients with ILI/respiratory symptoms directed to a single site).

**Resources:**

<https://sharedhealthmb.ca/files/ppe-provincial-requirements-outpatient-settings.pdf>

<https://sharedhealthmb.ca/files/ppe-provincial-requirements-patients.pdf>

<https://sharedhealthmb.ca/files/covid-19-provincial-ppe-framework-guidance.pdf>

**e) Cleaning protocols:** Clinics should have cleaning protocols to support infection prevention and control.

**Resources:**

<https://sharedhealthmb.ca/files/routine-practices-protocol.pdf>

<https://sharedhealthmb.ca/files/facility-approved-disinfectants.pdf>

### **Continued use of Virtual Care Modalities to Reduce In-Clinic Volumes**

Considering the volatility of the worldwide supply of PPE and the need to ensure physical distancing in clinics as well as the need to reduce visits and/or the risk of exposure for higher risk patients, it remains important for providers to continue to maximize the offering of virtual visits. We recognize that not all services can be easily and efficiently done by phone or video and some will continue to require an in-office visit.

It is recommended that practices continue to offer virtual care, in particular for those visits that do not require physical examination or a procedure (e.g. mental health, chronic disease management, etc.). To support the ongoing delivery of virtual care, the number of tariffs has been expanded.

**Resource:** <https://doctorsmanitoba.ca/covid/virtualcare/>