

Ministry of Health

# COVID-19 Guidance: Independent Health Facilities

Version 4 – June 19, 2020

## Highlights of changes

- Reference to [COVID-19 Operational Requirements: Health Sector Restart](#) document.
- Expanded guidance for virtual and in-person care
- Expanded guidance on occupational health and safety, including infection prevention and control guidance

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice. In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updated versions of this document, the case definition, testing guidance, mental health resources, and other COVID-19 related information.
- The latest version of the [COVID-19 Reference Document for Symptoms](#) and [COVID-19 Patient Screening Guidance Document](#) are available and updated on the [MOH COVID-19 website](#).
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

## General

1. All health care workers (HCWs) at independent health facilities (IHF) should adhere to guidance provided in the [COVID-19 Operational Requirements: Health Sector Restart](#) document. This includes considerations for: recommended risk assessments, hierarchy of hazard controls, physical capacity/environment, critical supplies and equipment, health human resources, sector inter-dependencies and collaboration, infection prevention and control, and occupational health and safety.
2. The gradual restart of services at IHFs should be carried out in coordination with, and adherence to guidance from, applicable health regulatory colleges. If possible, coordination should also be undertaken with local and regional HCWs and Health Care Entities.

### Virtual Care

3. When possible and appropriate, IHFs should conduct consultations, assessments and follow-ups over the phone, video or secure messaging. The purpose of this is to support physical distancing and minimize contact of persons who may have COVID-19 with health care settings (i.e. other HCWs and patients) as much as possible.

### In Person Care

4. If providing in-person care, IHFs should ensure that there is enough space to follow physical distancing guidelines of maintaining at least 2 meters between patients and between HCWs, where possible. This includes the following:
  - Minimize the need for patients to wait in the waiting room (e.g. spreading out appointments, having each patient stay outside the clinic until the examination room is ready for them and then call in, by phone preferably).
  - Space out chairs in the waiting room to allow for physical distancing
  - Ensure that patients do not leave their masks in waiting areas.
  - Consider ways to minimize traffic flow for common spaces (e.g. physical markings in hallways, limiting the number of people in an elevator, etc.)
  - Reduce the number of examination rooms being used and ensure that examination rooms have hand sanitizer available prior to entering for the HCW and hand sanitizer in the room if needed for patient and provider. In addition, each room should have a tissue box and appropriate disposal.

- Minimize staff in the office/clinic. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.

## Screening

### Active Screening

5. Patients and visitors should be screened over the phone for symptoms of COVID-19 before coming for their appointments. The latest [COVID-19 Patient Screening Guidance Document](#) on the [MOH COVID-19 website](#) should be used and may be adapted as needed and appropriate for screening purposes. If a patient or visitor screen positive over the phone, the appointment should be deferred if possible and the individual referred for testing.
6. Staff should conduct screening of patients and visitors on site. Staff should ideally be behind a barrier to protect from contact/droplet spread. A plexiglass barrier can protect reception staff from sneezing/coughing patients. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the patient. Screeners who do not have a barrier and cannot maintain a 2-metre distance should use Droplet and Contact Precautions. This includes the following PPE: gloves, isolation gown, a surgical/procedure mask, and eye protection (goggles or face shield).
  - If a patient or visitor screens positive, the appointment should be deferred if possible and the individual referred for COVID-19 testing.
7. For reference, a full list of common COVID-19 symptoms is available in the [COVID-19 Reference Document for Symptoms](#) on the [MOH COVID-19 website](#). Atypical symptoms and signs of COVID-19 are also included in this document and should be considered, particularly in children, older persons, and people living with a developmental disability.

### Passive Screening

- Signage should be posted at the entrance to the office/clinic and at reception areas requiring all patients/visitors to wear a face covering (if available and if tolerated), perform hand hygiene, and then to report to reception to self-identify. Sample signage is available on the [MOH COVID-19 website](#) (scroll to the bottom of the page). Fact sheets on how to wear a mask and how to

perform hand hygiene are available on the Public Health Ontario ([PHO website](#)).

- Signage should be accessible and accommodating to patients and visitors (e.g., plain language, pictures, symbols, languages other than English and French).

## Positive Screening: What to do

### Positive screening over the phone

8. A patient who screens positive for symptoms of COVID-19 over the phone should be referred to a local testing location or emergency department as appropriate for where testing is offered in your community. Patients with severe symptoms should be directed to the emergency department.
  - IHFs can use the Ontario [assessment centre locator](#) to direct patients to nearby testing locations. Assessment centres should accept all symptomatic patients referred for testing.
  - Patients should be instructed to [self-isolate](#) immediately and until test results are received and further instructions are provided.

### Positive screening in the office/clinic

9. A patient who screens positive at the IHF needs to be separated from other visitors and staff so that they are at least 2 metres apart (use a separate room where available), given a surgical/procedure mask and referred to a hospital or a testing location.

## Testing for COVID-19

10. All testing for COVID-19 will take place at a testing location (e.g., emergency departments, drive-thru testing centres, and/or assessment centres), or arranged in consultation with the local public health unit.
11. If patients are referred to a hospital or a testing location, the IHF should make efforts to ensure that the patient has safe arrangements for travel to the hospital or testing location that maintains isolation of the patient (i.e., patient should wear a surgical/procedure mask and should not take public transit).

## Reporting of Positive Screening

12. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).
13. Regulated health professionals should contact their [local public health unit](#) to report any probable and confirmed cases of COVID-19

## Occupational Health & Safety

### Personal Protective Equipment (PPE)

14. Summary of required HCW precautions are displayed in the table below

Activity	HCW Precautions
Before every patient interaction	HCW must conduct a point-of-care risk assessment to determine the level of precautions required
All interactions with and within 2 metres of patients <b>who screen positive</b>	Droplet and Contact precautions: <ul style="list-style-type: none"> <li>• Surgical/procedure mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> <li>• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li> </ul>

Activity	HCW Precautions
All interactions with and within 2 metres of patients <b>who screen negative</b>	<ul style="list-style-type: none"> <li>• Surgical/procedure mask required</li> <li>• Use of eye protection (goggles or a face shield) should be considered</li> <li>• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li> </ul>

15. HCW precautions should take into consideration both COVID-19 and other potential communicable diseases as part of the point-of-care risk assessment.
16. Given community spread of COVID-19 within Ontario and evidence that transmission may occur from those who have few or no symptoms, masking (surgical/procedure mask) for the full duration of shifts for HCWs working in direct patient care areas is recommended.
17. The use of a surgical/procedure mask is also recommended for all staff working outside of direct patient care areas when interacting with other HCWs and staff and physical distancing cannot be maintained. The rationale for full-shift masking is to help reduce the risk of transmitting COVID-19 infection from HCWs to patients or other facility staff. This is a form of source control (i.e. keeping one's droplets to oneself).
18. The use of eye protection (e.g., goggles or a face shield) for the duration of a shift should be strongly considered in order to help protect HCWs when there is COVID-19 infection occurring in the community.
19. HCWs should assess the availability of PPE and other infection prevention and control supplies that are used for the safe management of suspected and confirmed COVID-19 cases. HCWs should inspect PPE before use.
20. HCWs who are required to wear PPE must be trained in the use, care, and limitations of PPE, including the proper sequence of donning (putting on) and doffing (taking off) PPE. Visual factsheets for ['Putting on PPE'](#) and ['Taking off PPE'](#) are available on [PHO's website](#). Videos are also available on [PHO's website](#).

## Infection Prevention and Control

- 21.** IHFs should have measures and procedures in place for worker safety including measures and procedures for infection prevention and control (IPAC) within the IHF generally. IHFs should have written measures and procedures for worker safety, developed in consultation with the joint health and safety committee or health and safety representative including measures and procedures for infection prevention and control.
- 22.** Online learning on IPAC is available on [PHO's website](#).
- 23.** All staff in the IHF should [self-monitor](#) for COVID-19 symptoms at home and not come to work if feeling ill. IHFs should ensure that all staff who work in their settings are aware of the [symptoms of COVID-19](#) and are instructed to remain at home, or return home from work, if symptoms develop. The [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#) has specific guidance on how to ensure a safe return to work for HCWs.
- 24.** HCWs who are asymptomatic and have returned from travel outside of the province, in the last 14 days and/or have had unprotected exposure to a person with COVID-19 and have been identified critical to operations in their organization, should refer to the [How to Self-isolate while Working fact sheet](#) and the [Quick Reference Sheet Public Health Guidance on Testing and Clearance](#) available on the [MOH COVID-19 website](#).
- 25.** After every patient visit, whether the patient is symptomatic or not, patient-contact surfaces (i.e., areas within 2 metres of the patient) should be disinfected as soon as possible. Treatment areas, including all horizontal surfaces, and any equipment used on the patient (e.g., exam table, thermometer, BP cuff) should be cleaned and disinfected before another patient is brought into the treatment area or used on another patient. Refer to PIDAC's [Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings](#) for more information about environmental cleaning.
- 26.** Plexiglass barriers are to be included in routine cleaning (e.g. daily) using a cleaning product that will not affect the integrity or function of the barrier.

- 27.** Non-essential items are recommended to be removed from patient care areas to minimize the potential for these to be contaminated and become a potential vehicle for transmission (e.g., magazines and toys).
- 28.** If a patient or staff member was in the IHF and later tests positive for COVID-19, IHFs, if aware, are encouraged to call their [local public health unit](#) for advice on their potential exposure and implications for continuation of work. More details on staff illness are available in the [COVID-19 Operational Requirements: Health Sector Restart](#) document.