



## 2019 Novel Coronavirus (COVID-19) Guidance for Clinical Staff in Family Physicians' Offices

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## Introduction

The COVID-19 epidemic is evolving rapidly and clinical information will continue to change as epidemiological understanding of the virus continues to develop. This guidance, based on documents developed by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) is to help you prepare for a possible case presenting to your clinic. Please share this information with your colleagues who interact with patients, including your administrative staff.

Refer to current COVID-19 Testing recommendations for testing indication and immediate case management requirement, available at <https://yukon.ca/en/novel-coronavirus-hp>

**HCPs must report all patients presenting with signs and symptoms and exposure criteria consistent with COVID-19 infection as required under the Public Health and Safety Act.**

**All persons investigated must be reported by fax to YCDC**

Monday to Friday 830-430: YCDC 667-8323 or 667-5080

Fax: 667-8349

Weekends, holidays and after hours: a/CMOH 335-0546

Fax: 667-8349

Immediate reporting by phone call is required for all persons investigated who may be part of a larger Yukon cluster: hospitalized cases, long-term care facilities (residents or staff), health care providers, large gatherings or greater than five close contacts.

Guidance for testing, clinical care and infection control can be found at Guidelines for Health Professionals at [http://www.hss.gov.yk.ca/health\\_professionals\\_guidelines.php](http://www.hss.gov.yk.ca/health_professionals_guidelines.php)

This document provides interim considerations for Yukon medical clinics regarding provision of care to patients with influenza-like illness (ILI) during the COVID-19 pandemic. While we encourage continued utilization of virtual care, we recognize that some patients will benefit from direct, in-person care. The goal of this document is to assist medical clinics in the preparation to resume services and to provide support the direct provision of care to patients with ILI.

After reviewing the document, if questions remain, please refer to the following:

- For questions regarding Environmental Cleaning/Clinic set up or flow, please contact Environmental Health Services at 867 667-8391 and/or [environmental.health@gov.yk.ca](mailto:environmental.health@gov.yk.ca)
- For questions regards PPE and the management of patients within the clinical setting, please contact Yukon Communicable Disease Control at 867 667-8323.

## How to prepare your clinic

Educate all staff about this situation and specifically about how the virus is spread, that risk of infection is to close contacts and can be prevented with contact and droplet precautions, including:

- Institutes processes to support 2 metre social distancing for all interactions.
- Post signs to help patients self-identify as a potential COVID-19 case.
- Reception staff should be trained in identifying potential cases.
- Clinical staff should be familiar with contact and droplet precautions.
- Appropriate equipment and cleaning materials should be available: required PPE supplies, testing equipment and cleaning supplies. No PPE is required in a community setting outside a 2 metre range.
- General education can be supported through YCDC

## Illness

The health of all staff and patients is paramount. No staff members, including administrative, physicians and nurse practitioners, should work while sick.

## Hygiene

The continuation of basic public health measures shown to reduce the risk of transmission and acquisition of COVID-19 is imperative to all interactions:

- Physical/social distancing
- Hand hygiene
- Respiratory etiquette

Frequent and diligent hand hygiene should be conducted using soap and water or an alcohol-based hand rub (at least 70% alcohol). Staff are encouraged to wash or disinfect hands at multiple point including but not limited to:

- When entering the clinic
- After using the restroom
- Before and after contact with patients or when doing a procedure
- Prior to donning PPE and at multiple points when removing PPE
- After touching contaminated surfaces or items
- Before eating

Reminders about hand hygiene can be found here: [https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid\\_handwashing\\_web.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid_handwashing_web.pdf)

## Reception area

- Minimize contact with individuals
  - Ensure physical/social distancing
  - Consider adding a barrier (e.g. Plexiglas) or place duct tape on the ground to encourage physical distancing
  - Stagger appointment times
  - Create an area for patient screening and hand sanitizing
- Limit places for patient interaction and disinfect after each patient
- Avoid using shared items such as pens and pencils
- Have masks available for patients if they are presenting with ILI-symptoms/COVID-19

## Waiting area

- If possible, designate a separate area for those patients with ILI-symptoms/COVID-19
- Promote social distancing by removing chairs or demarcating 2 metres distances on the floor
- Remove any unnecessary items, such as books, magazines, children's toys
- Have a receptacle available for tissue disposal
- Minimize the number of patients (and any accompanying family members) permitted at one time
- Prepare the restrooms – clean frequently, assure an adequate supply of soap, paper towels and proper waste receptacle
- Post visual cues and notices about proper respiratory hygiene, social distancing and hand washing. Resources can be found here: <https://yukon.ca/en/health-and-wellness/covid-19/download-covid-19-resources>
- If possible, remove fabric surfaces

If your waiting area is not large to assure proper physical distancing measures, consider alternative solutions. Such solutions may include: having the patient wait in their vehicle and text messaging or phoning when the provider is ready to see them.

## Common areas for staff and patients

- Consider ways to minimize traffic flow in common areas, such as hallways
  - Consider placing physical markings on the floor indicating direction of traffic
  - If possible, have a separate entrance and exit for patients

## **Common staff areas**

- Limit the number of staff allowed at once time
- Encourage social distancing
- Disinfect frequently touched surfaces often throughout the day
- Consider staggering lunch breaks
- Post visual cues promoting hand hygiene and respiratory etiquette

## **Clinical areas**

Consider how your clinic would like to approach seeing patients presenting with ILI-symptoms/COVID-19. There are several possibilities to consider and you are encouraged to discuss, formulate and implement a plan with your staff that is best suited for your clinical environment/setting and human resources.

Clinic plans may include some of the following:

- Staggering patients
  - Consider having those with an increased risk for COVID-19/ILI be seen during a certain period. For example, those with underlying medical conditions and/or over the age of 65 years can be seen in the morning, the afternoon is reserved for patients with ILI symptoms.
- Designated provider to be the “ILI doctor of the day”
  - Each day a doctor is assigned to see the patients presenting with ILI-symptoms/COVID-19, similar set up to an urgent care or walk-in clinic.
- Designated “skinny” room for seeing ILI (COVID-19) patients
  - See patients in a room that is bare or with minimal equipment inside. This reduces the risk of contamination and the need for extensive cleaning.

For those clinics where the patient room is also the provider’s office:

- Keep surfaces clear of items as much as possible
- Cover computer mice, keyboards with clear plastic barriers
- Remember to frequently clean high-touch surfaces, including the mouse and keyboard

## **Prior to the appointment**

Patients should be contacted prior to appointment, assessed, and screened for exposure risks of COVID-19 and symptoms of ILI/COVID-19, about 24 hours prior to their appointment. This serve as the first point-of-care (POC) risk assessment.

This could be done electronically or by telephone. The purpose of the screening is to:

1. Determine the patient's risk of ILI/COVID-19
2. Assign the appropriate appointment time for the patient
3. Explain what the patient can expect when they arrive at the clinic, including recommended public health measures

## **Determining the presence or absence of risk factors for COVID-19**

### Risk factors for COVID-19:

- Presence of any of the following symptoms: fever and/or chills, cough, difficulty breathing, sore throat, hoarse voice, headache, runny nose, nasal congestion, gastrointestinal symptoms such as diarrhea or vomiting (not otherwise explained), fatigue/muscle aches or loss of sense of taste and/or smell AND
  - Symptom onset within 14 days of all international or out-of-Yukon travel OR
  - Symptom onset within 14 days of close contact of symptomatic travelers (close prolonged contact or direct contact with respiratory secretions)
- Presence of any of the following in a person without history of sick contact or travel: fever and/or chills, cough, difficulty breathing

The presence of any of the above factors indicate the need for augmentation of Routine Practices, when seeing the patient, and general approach to the patient from arrival to discharge.

## **At the appointment**

### **When the patient arrives**

- Have the patient wash their hands with soap and water or use an alcohol based hand rub
- Re-screen the patient for risk factors for COVID-19
  - For those who are presenting with an ILI and/or the presence of risk factors for COVID-19, provide them a mask to wear
- Remind the patient of physical distancing practices
- Try to limit the time the patient is in the waiting room

## **What to do if COVID-19 is in your differential diagnosis for a patient in your clinic**

Routine examination can safely occur within a clinic setting for symptomatic patients, provided droplet and contact precautions are in place:

- See link below for recommended PPE

- After patient care, appropriate doffing and disposal of all PPE's and hand hygiene should be carried out immediately upon exiting the clinic room<sup>1,2</sup>
- A new set of PPE's is needed, when care is given to a different patient<sup>1,2</sup>
- Equipment should be either single-use, disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers).

### **When the patient is in the clinic room**

- If the patient is presenting with ILI and/or presence of risk factors for COVID-19, place mask on prior to entrance to the room
- No hand shaking
- Wash hands
- Don PPE as indicated, if needed, for the encounter
  - Additional information on how to don PPE can be found here:  
[https://yukon.ca/sites/yukon.ca/files/hss/hss-  
imgs/donning\\_ppe\\_droplet\\_and\\_contact\\_march\\_2020.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-<br/>imgs/donning_ppe_droplet_and_contact_march_2020.pdf)

### **When the patient is leaving**

- Have the patient wash or disinfect their hands prior to leaving the clinic
- After patient leaves, disinfect all patient contacted surfaces
- If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g., by using ethyl alcohol 70%).<sup>2</sup>
- If PPE was used, doff PPE
  - Additional information on how to doff PPE can be found here:  
[https://yukon.ca/sites/yukon.ca/files/hss/hss-  
imgs/doffing\\_ppe\\_droplet\\_and\\_contact\\_march\\_2020.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-<br/>imgs/doffing_ppe_droplet_and_contact_march_2020.pdf)

### **Personal Protective Equipment (PPE)**

For specific information, regarding recommended practices and PPE use in the medical clinic, please visit:

[https://yukon.ca/sites/yukon.ca/files/ppe\\_recomendations\\_for\\_medical\\_clinics\\_and\\_outpt\\_facilities\\_2020-04-24.pdf](https://yukon.ca/sites/yukon.ca/files/ppe_recomendations_for_medical_clinics_and_outpt_facilities_2020-04-24.pdf)

### **How to transfer patients to hospital if further assessment or management is required**

- It is very important that patients be transferred for further assessment in a controlled and organized manner. Efforts should be made to limit the use of ambulance service unless

deemed medically necessary. Patients should take their own vehicle if they can drive themselves or be driven by someone who has already had close contact with them. Otherwise, patients may need to be transferred via ambulance.

- The receiving institution and the dispatch service should be notified that COVID-19 is on the differential diagnosis, so they can take appropriate precautions. This must occur prior to the patient leaving the clinic setting.
- **Ask patients to go to the ED ONLY if urgent/emergent medical attention is required.** If directing the patient to ED, call the receiving Emergency department to ensure the appropriate infection prevention and control precautions are in place (see how to transfer patients to hospital for additional direction).

### **Environmental cleaning**

- Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.<sup>2</sup>
- Routine cleaning with a disinfectant having both a broad spectrum virucide claim (i.e. “broad spectrum sanitizer, virucidal”) and a drug identification number (DIN) as printed on the product label, when used according to the manufacturer's instruction is sufficient.<sup>3</sup>
  - General cleaning should occur at least twice daily
- Public areas where the patient has passed and spent minimal time in (such as waiting rooms) require no additional cleaning.
- Shared equipment should be cleaned between patients – this includes blood pressure cuffs, thermometers, otoscopes, baby scales and examination beds/tables.

## References

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2. WHO, Infection prevention and control during health care when COVID-19 is suspected. Interim guidance, 19 March 2020, [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
3. PHAC, 2019 novel coronavirus: For health professionals. Date modified: 2020-01-30. Retrieved from [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html)
4. College of Physicians and Surgeons of Alberta. "COVID-19: advice to facilities – resumption of service." May 2020. Accessed May 25, 2020. <http://www.cpsa.ca/wp-content/uploads/2020/05/COVID19-CPSA-Advice-to-Facilities-Resumption-of-Services.pdf>
5. Ministry of Health, Ontario. "COVID-19 guidance: primary care providers in a community setting." 22 May 2020. Accessed 25 May 2020. [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_primary\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf)



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3H8

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Local (867) 667-8323

Within Yukon 1-800-661-0408, ext.  
8323

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