



The Doctor is In

Recommendations for expanding in-person care in
community-based physician practices

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This document was inspired by “Adapting Primary Care to COVID-19: The In’s and Out’s of Magenta Health’s Approach” by Jeremy Rosh and Nishila Mehta, and [the Magenta Health Case Study](#). This document strongly leverages initial work done by the Victoria and South Island Divisions of Family Practice and is informed by provincial best practice guidance for infection prevention and control and the expertise of the Task Group. It is intended to be a living document that will be updated as COVID-19 evidence emerges. The document has been prepared by physicians for physicians to support implementation of safety guidelines in practices.

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2. That you send an email to covid19@doctorsofbc.ca so we can learn where the document spreads.

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To all Physicians in British Columbia

As a community, united in our dedication to our patients, our families and our own communities, we all have different lived realities. Living and working during the COVID-19 pandemic has been different for all of us and it has been *difficult* for all of us. As the light of normalcy starts to shine at the end of our current tunnel, there is an obvious drive to “go back” to how things used to be. However, we cannot go back. Not now. Not yet. We must re-imagine the way that we as physicians live and work, at least until a vaccine or treatment is available for COVID-19—and potentially beyond that.

As a profession, while we are bound by the [orders](#) of our Provincial Health Officer (PHO) and the [Practice Standards and Professional Guidelines](#) of the College of Physicians and Surgeons of BC (CPSBC), we collectively set the standards for what is reasonable. This is especially true in the current situation. Both Dr. Bonnie Henry and Dr. Heidi Oetter have emphasized the need to use clinical judgement: in areas such as testing, deciding to see a patient in-person or virtually, or determining what type of Personal Protective Equipment we feel it is appropriate to use.

Some of us are apprehensive about seeing patients in-person: it may be that in-person care during COVID-19 carries more risk for ourselves or for our loved ones. Being worried is okay, and we all need to acknowledge the risk that exists when any of us deliver in-person care. If you are not able to do in-person care because of any of these risks, we will work together to care for our collective patients and to keep each other safe. Others are concerned about **not** seeing patients in-person, or concerned about the stability of our practice, and the livelihoods of our staff.

Regardless of the risk, none of us should see patients in-person without first conducting a Point of Care Risk Assessment and deciding upon appropriate PPE. While the Ministry is currently in the process of revising PPE guidelines, the recommendations from Health Authorities remain that procedure/surgical masks, eye protection and gloves/hand hygiene must be used with every patient encounter in community. The BCCDC’s surgery protocol released May 6th, however, states patients who “do not have risk factors or symptoms should not be considered suspect cases,” suggesting that not everyone should be considered a COVID-19 carrier. Based on this, it is anticipated that changes may be coming that could result in the relaxation of PPE requirements. We will update this document as future changes are announced. In any event, if you do not have PPE, you are not expected to put yourself at risk.

The purpose of this document is to help you think through, plan, and implement the provincial guidance that supports you in the expansion of in-person in-office care. We welcome your feedback: this is a living document, so it will go through changes over time.

As Dr. Bonnie Henry has immortalized:

“*be kind, be calm and be safe.*”

Dr. Kathleen Ross
President
Doctors of BC

Summary

This document outlines recommendations pertaining to the expansion of in-person services at community practices across BC. It is based on a series of documents released on May 15, 2020:

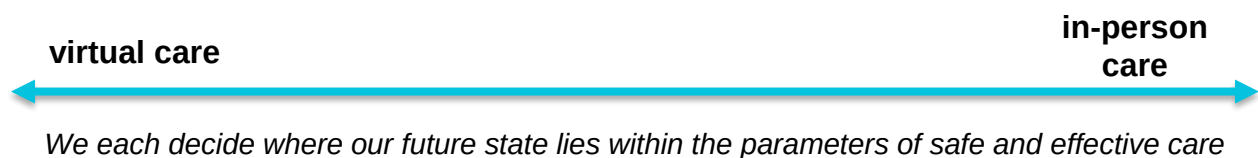
- The Provincial Health Officer's [order](#) from May 15th;
- The College's [Guidance on providing in-person care during COVID-19](#);
- The BCCDC's [COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#);
- WorkSafeBC's [Health Professionals: protocols for returning to operation](#).

This document is divided into 5 overarching sections:

- What to think about **before** expanding in-person in-office care
- Guidance on expanding in-person in-office care
- Communicating with patients
- Successfully delivering virtual care
- Appendices

Expansion of in-person care

We recommend thinking about this next stage of care during the pandemic as **expanding** in-person care, rather than **returning to** in-person care.



Thinking of a spectrum, with virtual care on one end and in-person care on the other, while we will all progress from somewhere on one side to somewhere on the other, our starting points, rate of change, and ending points will all be unique. We must recognize that if there are future waves, then service offerings may need to move further to the virtual care end of the spectrum. If there are future relaxations, then service offerings may move more to in-person care.

Appropriate PPE is a requirement for in-person care. As per [guidance from the College](#), if you do not have appropriate PPE, you are not expected to put yourself, your staff, your colleagues, and your patients at risk. Your ability to access PPE in your community office will vary from region to region and sometimes even from time-to-time owing to complex global factors. Therefore, the type of, number of, and method of how services are delivered in-person and virtually will vary as well.

Developing a COVID Safety Plan

The Provincial Health Officer has [ordered](#) all employers, including physicians, to develop a [WorkSafeBC COVID-19 Safety Plan](#). Developing this document takes you through the process of creating policies, guidelines and procedures—as well as making physical changes to your office—that will reduce the risk of COVID-19 transmission. While WorkSafeBC provides coverage for employees in an office, Physicians themselves may want to consider acquiring [Personal Optional Protection](#) that can provide pay health care, wage-loss, and rehabilitation benefits if you are injured at work.

NOTE: While WorkSafeBC will **not** be reviewing or approving plans of individual employers, please be reminded that in accordance with the order of the Provincial Health Officer, your COVID-19 Safety Plan must be posted on your website, if you have one, and at your workplace so that it is readily available for review by workers, other persons who may attend at the workplace to provide services and members of the public. You must also be able to provide a copy of your COVID-19 Safety Plan to a health officer or a WorkSafeBC officer, on request.

This section helps you create your COVID Safety Plan and provides a template for you to work from.

Appendices

- [Your COVID-19 Safety Plan](#)
- [Guidance specific to Family Doctors](#)
- [Example patient flow diagram for community physicians](#)
- [Working out what is virtual](#)
- [Email to patients](#)

Introduction

The protective measures taken throughout the Province of British Columbia, including the transition to virtual primary care, have resulted in a steady decline in COVID-19 cases. British Columbia's progression in flattening the curve has prompted the creation of "[BC's Restart Plan](#)" a careful, step-by-step plan released by the Government of British Columbia to help guide reopening the province while minimizing the risk of COVID-19 transmission (Government of British Columbia, 2020).

These developments raise questions for the future of community practice:

1. How can we safely expand in-person care while maintaining patient, staff and physician safety?
2. How can our actions assist in keeping community transmission low throughout the province?

This document reviews measures that community-based physicians can take to plan for a safe expansion of in-person care. Through careful planning and measured actions, we can utilize evidence-based strategies to prioritize patient, staff and physician well-being.

On May 15, 2020, the PHO, the College, BCCDC and WorkSafeBC released a number of documents to help guide physicians in moving forward with increased in-person care. No timelines were set for this expansion, only that it be done smartly and safely, and by adhering to a number of [principles](#).

Change is a constant

We expect that there will be further information, changes in understanding about the virus and required PPE, and evolving Provincial Health Officer orders in the weeks and months to come as the pandemic continues to unfold. We will not settle into a "new normal" for many months to come, so we must plan for shifting information and guidance in the months ahead. We will need to adapt our practices, then adapt again. As a result, we encourage looking at your practice changes through a quality improvement lens.

Context

This document was written from the perspective of community physicians.

- It may equally apply to other community-based primary care providers such as Nurse Practitioners or other health care professionals. Prior to applying the guidance in practice, health care professionals should consult with their respective regulatory college and employer as applicable.
- Available resources may vary between health regions and between communities.

Please feel free to adapt this document for your particular community and resources: see Attribution.

Key assumptions

Key assumptions that underlie the approach for a community-based practice articulated in this document include:

1. Community practice plays an important role in the pandemic response.
2. Community spread of COVID-19 will likely be a risk for months or years to come.
3. Community spread of other viruses, such as influenza and norovirus, will continue to present a risk to providers, staff, and patients.
4. Every practice shares an overall responsibility for providing essential care for all patients while minimizing the spread of infectious diseases.
5. The emergency department and/or special assessment clinics will continue to be important resources depending on the risk in the community.
6. There is limited, but adequate, supply of Personal Protective Equipment (PPE)—masks, face masks, gloves, alcohol-based hand sanitizer, as well as cleaning products and solutions.

Recommendations will be evidence-informed, practical, affordable, and sustainable and readers are encouraged to follow the [principles](#) from the Provincial Health Officer.

What to think about before expanding in-person in-office care

COVID-19 has forever transformed the practice of medicine in BC and around the world. As you consider expanding in-person care in your practice, take time to reflect on your previous clinic practices. Much has changed in the past few months, and many are grieving the loss of our usual lives and work practices. Amongst the loss however, is an opportunity for us to improve upon our clinic practices and continue virtual care as we also slowly expand our proportion of in-person care over the next few months.

Members of our Task Group have concluded that

- How we deliver care needs to continue to evolve to enable safe and quality care in the context of a pandemic.
- That we will never go back to how our offices looked and worked prior to the pandemic, and
- That our lives have changed in addition to our work. This is an opportunity to adapt our work lives to better support our home and personal lives.

To help guide the expansion of in-person care in your practice

- Take time to reflect on what has changed—think about how you want to practice in the next few months or years.
- Assess the broader picture—how is your region and community doing when it comes to COVID-19 cases.
- Identify the community services you can leverage to help patients needing care—this may include physical examination clinics for lower COVID risk individuals, higher COVID risk assessment clinics, and COVID testing centres—depending on what is available in your region¹.
- Develop a rough timeline—recognize that there may be surges over the next few months, or even seasonally; create a flexible plan that can be scaled up or down accordingly and isn't reactive. You don't have to map out the next 18 months; what do you think the next 4 months will look like?

Physician and staff health and wellness

During a crisis such as the COVID-19 pandemic, it is common for everyone to experience increased levels of distress and anxiety, particularly as a result of social isolation. Physicians and other frontline health care professionals are particularly vulnerable to negative mental health effects as they strive to balance the duty of caring for patients with concerns about their own well-being and that of their family and friends.

¹ An example summary of services available to Community Physicians during COVID is provided in [Appendix—Example patient flow diagrams](#).

Through the initial weeks of the pandemic response we saw countless examples of physicians and staff rise to the challenge of a rapid response to provide ongoing patient care. Recognizing the strain that this has put on physicians and staff, now is the time to focus on the health and wellness of yourself, your staff and your colleagues so that we will all have the resilience to continue to provide care for our patients.

Airline safety briefings remind us to put on our own oxygen mask before helping others in the event of an emergency. Attending to your mental health and psychosocial well-being while caring for patients is as important as managing your physical health.

Preparing your physical office and staff to see more patients

In order to see patients as safely as possible, a number of physical and administrative changes to your office will be required (e.g. signage, scheduling, modification of physical assessments and cleaning). As well, staff education will be important about new policies and procedures. These items are covered in the creation of your COVID Safety Plan, discussed in the next section [Guidance on expanding in-person in-office care](#).

A checklist of criteria for reopening your practice

- Comply with governmental/regulatory agency guidance.
- Make a plan (check it twice).
- Develop and implement a telephone triage program.
- Open incrementally.
- Institute safety measures for patients.
- Ensure workplace safety for clinicians and staff, and
- Screen patients before in person visits.

Guidance on expanding in-person in-office care

The challenges of COVID-19 differ on a regional and community basis. During the reopening process, second waves of COVID-19 could result in a resurgence of cases within your local area. Physicians should consider the risks present in their local communities as well as guidelines put in place by the College of Physicians and Surgeons of BC, the Provincial Health Officer and local Medical Health Officers.

- Consider the level of risk and trends in your local area before deciding to see patients in-person (e.g. the reopening of other in-person services, rates of community transmission, etc.).

When deciding which services to re-introduce (and previously, which services to eliminate) we should consider [the message from the Provincial Health Officer](#) that was distributed by the College of Physicians and Surgeons of BC, and the following principles:

1. **Proportionality:** Measures taken should be proportionate to and commensurate with the real or anticipated risk one is trying to prevent.
2. **The harm principle:** Measures taken should attempt to limit harm wherever possible, taking into consideration all available alternatives, and the balance of differential benefits and burdens that result.
3. **Fairness:** Persons ought to have equal access to health care resources, benefit ought to be offered preferentially to those who will derive the greatest benefit, and resources ought to be distributed such that the maximum benefits to the greatest number will be achieved.
4. **Reciprocity:** Certain patients and patient populations will be particularly burdened as a result of a reduction in non-essential services. As such, patients should have the ability to have their health monitored and re-evaluated as required.

The [College of Physicians and Surgeons of Alberta](#) also suggests physicians answer the following questions to help guide the decision about which services to re-introduce:

- Is the patient visit important to the patient's health?
 - Does the patient feel the benefit of therapy exceeds the risk of leaving their home? During the pandemic there has been a loss of agency, especially for vulnerable groups. Empower your patients by understanding what they want and what they feel is an acceptable risk.
 - Is the medical benefit to the individual patient worth the risk to you and your office staff/colleagues by having them travel to your office?
 - Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
 - Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
 - Would a group of peers support the decision of the care being important? Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first? **For example, if there was an outbreak related to your clinic, could you justify your decision-making?**

- Can you mitigate patient risk and keep yourself and your staff safe?
 - Do you have adequate PPE for you and your staff? Do staff have the appropriate resources and training to support their decision making with regards to PPE preservation?
 - Can you put appropriate measures in-place to optimize patient protection, including physical distancing, rigorous [cleaning and disinfecting](#) of common areas and high-touch surfaces, and limiting patients and patient flow (see further in this guide).
 - Do you have a sick leave policy?—it is no-longer acceptable for physicians and staff to come in to work if they are ill.

Physician and staff wellness and resilience

To ensure safety in your office, make sure everyone is familiar with the symptoms of COVID-19 and stay at home if they exhibit them.

Working virtually and/or remotely from home has highlighted the challenges that we are all facing in this new way of delivering care. As physicians we have been able to adapt quickly to continue to provide care to our patients, however for many of us this has come at a cost to our own well-being. Many physicians find that their days are busier and more frustrating as they try to manage IT issues with virtual visit platforms, office restructuring, staff challenges of working remotely and all of the extra work involved in adapting to the rapid changes of this pandemic. It is often challenging to “work virtually from home” due to the distractions and requirements upon us whilst being at home. Even just keeping up with all the support that is offered can be exhausting.

As we have heard repeatedly, this pandemic response is a marathon not a sprint. It is essential that as we expand in-person care that we also ensure that we prioritize our own self-care and the health and well-being of our staff. We will need to purposely build resilience as we face this new reality of providing primary care.

- The BCCFP has produced an excellent reminder of [how to stay well working from home](#), as well as [how to recognize and prevent burnout](#).
- The [Physician Health Program](#) continues to be source of support for physicians for physician peer support sessions and offers 24 hour support for physicians and weekly Peer Support Sessions.
- The CMPA has created a list of [resources for staying well during COVID-19](#).

One of the major challenges of working virtually has been the difficulty in maintaining connections—with staff, with colleagues, with patients, and even with our own friends and families. Many offices have created regular virtual staff huddles through online meeting platforms or social connection apps and some have linked together with nearby offices to share learnings and cross cover staff. Divisions of Family Practice and Medical Staff Associations continue to support working together across a community. Purposeful scheduled staff and colleague check-ins to discuss and support each other as we adapt to our new workplace can

be a great way to show that “we are all in this together:” especially for staff that are suddenly taking on new roles and managing a new level of patient expectations.

A spectrum approach to expanding in-person care



We each decide where our future state lies within the parameters of safe and effective care

By thinking of this as a spectrum of virtual and in-person care, you can determine where your practice sits at a particular moment in time—your unique “blend.” As the pandemic situation improves, you can move along the spectrum by expanding the number of services delivered in-person, as directed by the Provincial Health Officer, the College of Physicians and Surgeons of BC, the Ministry of Health, WorkSafeBC, and Medical Health Officers, and as guided by Divisions of Family Practice and regional Health Authorities. If things worsen in the coming months with a second wave, we may then be required to refocus on delivering more care virtually.

You and your colleagues will be at different places on the spectrum because of:

- Your own health, risk factors and personal circumstances.
- Your specialty or focused practice area(s) (e.g. it would be extremely challenging for highly procedure-based specialties to offer 100% virtual care).
- Your patient panel—patients may not be able to travel to an assessment clinic, they may not have access to wifi or have cellular data, in fact they may not have minutes on their phone—using it only for SMS. The BCCFP has developed [Practising Cultural Safety and Humility in the Response to COVID-19](#) and
- Your supply of Personal Protective Equipment (PPE).

Take a few minutes to go through a [list of common activities](#) and identify whether they can (now) be offered virtually, and if not, when would you consider offering them again in-person (what criteria would you have)?

Develop your COVID-19 Safety Plan

By working through [Appendix—Your COVID-19 Safety Plan](#), utilizing the linked resources, and answering the indicated questions, you will have completed a COVID-19 Safety Plan as [ordered by](#) the Provincial Health Officer.

- As per the order, make your plan available electronically on your web site and physically in your office.

Prepare your practice

- Pull together clinical information about the recognition, treatment and prevention of transmission of COVID-19.
- Develop a contingency plan for staff illnesses and shortages.
- On a weekly basis, determine the amount of supplies needed per patient and only schedule the number of patients you can safely serve. If you don't have enough, consider how you may change care over the next few days to ensure you don't run out.
- Do not have supplies delivered inside your practice but rather meet the delivery person outside.
- Sanitize new supplies.
- Take into account physician desire for scheduling and virtual care:
 - Many of us have started to offer evening and weekend appointments since like the rest of the population, we have largely been staying home. Evening appointments are convenient for a variety of reasons, including patient access.
 - Many physicians have started to offer shorter "blocks" of appointments. An hour here, an hour there, facilitated due to the lack of needing to commute in particular; this also accommodates those of us who currently lack childcare.
 - Things to consider moving forward:
 - Each Physician in a multi-doctor office take one full-day a week in-office. This ensures patients and staff don't cross-infect. Cross-coverage arrangements may be required if patients urgently need to be seen.
 - Consider each physician works a few set hours each day on a few different days in-person. This ensures there are readily available longitudinal in-person visits while encouraging continued virtual care.

Prepare your physical office

- Consider contactless payment options, including tap.
- Go paperless. Use virtual forms (no clipboards or pens!) and fax requisitions directly to the receiving entity (e.g. laboratory or medical imaging) so the patient isn't given paper.
- Remove all non-essential items: flyers, brochures, displays, toys, magazines, etc.
- Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health).
- Rearrange workspaces to provide distance between employees and consider dedicated workstations and patient rooms so fewer people touch the same equipment.
- Can your staff work effectively from a remote or home location? Does your office support the technology (computer and phone system) to permit this? How can you leverage this opportunity from home as it may well provide for their safety and other needs such as child care better?
- COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places).
- Post signage and create a voicemail message advising patients to check in by phone before presenting for in-person appointments.
- Post hand hygiene and cough etiquette signs in the waiting area.

- Ensure alcohol-based hand sanitizer (with at least 70% alcohol) is available at multiple locations: office entrance, reception counter, waiting room, and by every exam room for use before entering and upon exit. Consider automated dispensers affixed to walls wherever possible to reduce handling.
- Install Plexi-glass partitions to separate patients from reception staff.
- Limit use of shared items by patients (e.g. pens, clipboards, phones).
- Rearrange the waiting room to ensure a minimum 2 metre distance between people, or if not possible consider bringing patients in from their vehicles one by one.
- Replace cloth-covered furnishings with easy-to-clean furniture where possible.
- Provide disposable tissues and no-touch waste receptacles in the waiting area and exam rooms.
- Provide plain soap and paper towels in patient washrooms and at staff sinks and post [hand hygiene posters](#)
- Display PPE donning and doffing instructions in locations available to all health care providers.
- Empty exam rooms of all but bare minimum of equipment (e.g. exam table, chair, BP cuff, lights). No magazines, pamphlets or toys.
- Provide paper sheeting for exam tables and change between patients.
- Increase air circulation in all areas of the clinic wherever possible, preferably with an outdoor air source.
- Install automatic doors or keep frequently used doors open to avoid recurrent door handle contamination.
- Limit non-patient visitors. Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website.
- For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice's normal office hours to minimize to the extent possible interactions with patients, clinicians or staff.

Educate staff

- Assign a staff member to coordinate pandemic planning and monitor public health advisories and updates from BCCDC.
- Educate all staff about COVID-19.
- Educate all clinical and administrative staff about current IPC guidelines regarding office infection prevention and control, PPE and hand hygiene.
- Post current cleaning policies and guidelines, including a list of approved cleaning products, per WSBC and BCCDC for all office clinicians and staff to be aware of.
- Monitor staff wellness and ensure staff with any COVID-19 symptoms are not at work and follow appropriate MHO guidance.

Patient appointments and managing the patient visit (daily routines)

Scheduling

- Stagger your virtual appointments in-between in-person appointments to avoid a build-up of patients in the waiting room.
- In group practices, consider having one care provider or one “team” of providers see all patients with suspected or confirmed COVID-19 OR refer to a centralized testing and assessment site, if available.
- Schedule patients with respiratory symptoms (acute or chronic) during designated time slots at the end of the day.

Before the appointment

- Start all patient appointments using telephone or video, followed with an in-person appointment if a hands-on assessment is needed:
 - When determining if an in-person visit is necessary, balance the **patient needs** (e.g. encounter type, acuity/severity of complaint) and **risk factors** (e.g. patient’s age, comorbidities) against the **risks of exposure**.
 - During the telephone or video portion learn the history of the presenting illness so that your in-person visit is minimized.
 - This may require blocking time each day or two for in-person appointments.
- Identify which services can be delivered via [telehealth](#) and continue to conduct those visits remotely. Begin with a few in-person visits a day and consider bringing staff back in phases. Administrative staff whose work can be done remotely should continue to work from home.
- Review with patients the reopening logistics and protocols and screen patients for COVID-19 risk
 - Inform patients that non-essential accompanying visitors are discouraged where possible. Make exceptions for children or caregivers as you see fit.
 - Advise patients and accompanying essential visitors to practice diligent hand hygiene, cough etiquette and physical distancing.
- Patients should be screened before physically entering the practice. If possible there should be a dedicated room or space in the parking lot for this purpose. Persons accompanying the patient need to be screened as well.

During the appointment

- Interact with the patient and your colleagues at a 2 metre distance and wash hands frequently, keeping your hands to yourself.
- Minimize the number of tasks that have to be done in the exam room, e.g. chart completion, as time spent within 2 metres will increase your risk of exposure.
- Conduct a Point of Care Risk Assessment. Currently, all five Health Authorities recommend a procedure/surgical mask, eye protection and gloves/hand hygiene for any in-person contact with patients in community. The PHO, however, is suggesting that this level of PPE is not required if the risk assessment indicates that the patient has no respiratory issues or no rash. We are waiting further information on reconciling the

apparent difference between the PHO and the Health Authorities, and will update this document when that occurs.

- For patients with symptoms suggestive of COVID-19, the addition of a Level 2 gown is required.
- Wear fit-tested N95 respirator when in room with suspected TB patients, patients with suspected/confirmed COVID-19 undergoing aerosol generating medical procedures, and patients who may be infected with emerging pathogens with suspected airborne transmission.

After the appointment

- Perform hand hygiene.
- Properly doff and dispose of PPE if leaving the patient care area (e.g. at end of shift or during a break) or when PPE is visibly soiled or damaged.
- Perform cleaning protocols (listed below) for the room, stethoscope, and any equipment used.
- Conduct any necessary follow-up via telephone.

Patient flow

- Wherever possible, provide a separate entrance and waiting area for patients with symptoms suggestive of COVID-19.
- Avoid multiple patients in the office at the same time (e.g. patients to wait outside or in the car until called in one at a time). Minimize the number of patients in waiting or exam rooms.
- If possible, designate one exam room for all patients with symptoms suggestive of COVID-19, as close to the entrance as possible to minimize patient travel.

Clean and disinfect

- Post current cleaning policies and guidelines, including a list of approved cleaning products as per [Health Canada](#) and [the BCCDC](#), for all office clinical and administrative staff to be aware of.
- Clean and disinfect shared reusable medical equipment (e.g. stethoscopes, blood pressure cuffs, etc.) in between patients and at the end of each shift.
- Clean and disinfect exam rooms at least twice a day (e.g. chairs, tables, floors).
- Clean and disinfect frequently touched surfaces at least twice a day (e.g. work stations, cell phones, door knobs, etc.).
- Regularly clean tables, chairs, door handles, clipboards, front office counter
- Test and clean all necessary equipment needed for treatment.
- Consider designating a roving “sanitization technician” responsible for constant sanitization of areas of concern.
- Maintain a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks, if possible.

Communicate with patients

Many patients will be hesitant to enter your practice or office space. Communicating with patients prior to expanding in-person care will help them to feel informed and safe.

- Leverage the [Doctor's Technology Office Virtual Care Tool Kit](#) and the [DTO's Getting Patients Back to Practice document](#) for help—the latter includes sample messaging.
- Consider using the [virtual care messaging from Doctors of BC](#).
- Recognize that, in communications, it takes repeated messaging ([often up to seven times](#)) before someone “mentally acknowledges” the message you are trying to communicate.

WEBSITE	Add (or link to) appropriate and up-to-date COVID-19 resources, updated information about the safety policies being implemented at the office, options for virtual care, link to a virtual COVID assessment tool , etc.
EMAIL AND SOCIAL MEDIA	Using the Doctor's Technology Office Virtual Care Tool Kit , identify how your practice will use emails (e.g. to request appointments, for medical advice, for medication renewals) and who will monitor these. Send an email to patients containing COVID-19 resources as well as measures you are taking to ensure their safety. Ask them to complete and send in the CMPA's consent form and document this in your EMR. Consider adding a link in your signature line directing recipients to COVID-19 information on your website. Echo these key messages on social media.
VOICEMAIL MESSAGE	Outline your office's response to COVID and measures that patients should be taking (i.e. asking for patience due to high volume of calls, directing them to the appropriate contact for changing their appointment, etc.).
APPOINTMENT REMINDERS	Modify messages to highlight COVID-19 and outline what patients should do if they have symptoms. Explain how a visit will be different from in the past.
PHONE OUTREACH	Contact patients without email to check-in, outline your expansion plans, and book any needed appointments. Leverage MOAs, Residents or other team members and bill as appropriate.
PROACTIVE OUTREACH, QI AND WORKFLOW IMPROVEMENTS	Through phone or video, conduct virtual proactive care with vulnerable patients, those with mental health issues, chronic disease, complex conditions, lower socio-economic status, substance use, the elderly or the isolated. Update demographics. Conduct QI projects. Implement EMR templates and other workflow improvements.

You can find sample text for these communications in the [DTO's Getting Patients Back to Practice](#). A sample email to patients is included in [Appendix—Email to patients](#).

Successfully delivering virtual care

In a very short time, healthcare in BC, across the country and around the world has been transformed out of necessity to respond to the COVID-19 pandemic. One of the most evident, and perhaps impactful, changes has been the explosion of telehealth.

Telehealth, telemedicine, virtual care, the telephone and ehealth are a few of the many overlapping terms and uses for telecommunications in health. Simply stated it means care at a distance, it does not imply one form of technology over another is superior.

We are truly building the bridge as we cross the divide to the brave new world ahead. We must not compromise our principles of safe, equitable, evidence-informed care. We must also manage expectations, commit to privacy and security of the precious health and wellness information shared with us by our patients, and continue to engage our regulatory bodies in the conversation.

Getting ready for virtual care

Be sure to consult the [Doctor's Technology Office Virtual Care Tool Kit](#) and [CMA Virtual Care Playbook](#) for specific guidelines and tips on providing virtual care. You should also review the College's [Telemedicine Practice Guideline from the College](#) and the [telemedicine guidance from the CMPA](#).

- On May 7, 2020, the College and the CMPA gave a joint webinar through UBC Continuing Professional Development: [Practice Standards and Medical Legal Obligations During COVID-19](#).
- In order to protect patients, staff and colleagues, all visits should be #virtualfirst via video or telephone. A virtual assessment can be followed with an in-person appointment if necessary.
- Understand local availability and protocols for access to laboratory, medical imaging, and similar services.
- Review upcoming appointments regularly to consider if the appointment can be switched to a virtual visit.

Deciding what care to offer virtually

Ultimately, your clinical assessment must guide your decision to offer a virtual visit. While procedures necessitate an in-person visit, many other appointments can be initiated virtually and then completed in a condensed in-person visits—thus reducing risk of exposure due to duration.

Other factors will certainly influence your decision:

- your own health, risk factors and personal circumstances;

- your patient's state of readiness for virtual visits²;
- your supply of PPE.

In general, an in-person appointment is likely required if there are new or changing symptoms³. [Appendix—Working out what is virtual](#) lists a series of common concerns. We suggest you review them with your staff to ensure your practice is consistent and people know when exceptions should be made. You should update this list over time as your practice changes.

Working with learners, virtually

If you have medical students or Residents working with you, consider how you will continue to work with them, virtually. This includes both the teaching aspect, as well as the technology, e.g. you may need a virtual visit tool that allows multiple “physicians” in the room, or one where your Resident has their own room.

UBC has provided a number of tools to help preceptors and learners:

- College of Family Physicians of Canada: [Tips for Supervising Family Medicine Learners Providing Virtual Care](#);
- Academy of Communication in Healthcare: [COVID-19 Telehealth Relationship-centred Community Skills](#);
- UBC Family Practice: [Teaching in Turbulent Times](#).

There is also a UBC webinar, May 21 at 7 pm on The Virtual Resident: Tips and Tricks for teaching in a virtual care environment.

When you're ready to conduct a virtual session

Some general suggestions for virtual visits:

- Be sure to maintain the same standard of care in terms of history taking, (limited) physical exam, documentation, diagnosis, treatment and follow-up in virtual care.
- Safeguard patient confidentiality and privacy through ensuring private physical space with minimal potential for disruption on patient or physician end.
- Review the BC Ministry of Health document [COVID-19: Virtual consultations](#) for a quick guide to assessing patients by video or voice call.
- Have a plan in case there is a technical failure or the patient's clinical situation becomes unstable during the visit (e.g. confirm a direct number you can call in case you need to convert from video to a telephone encounter). **If you need to call 911 on behalf of the patient, do so while keeping your connection to the patient active.**

² Does the patient have barriers (psychological, financial, cognitive, cultural, etc.) that make a virtual visit or completing/following-through on recommendations or follow-up challenging? If so, how can you or your staff safely mitigate those barriers? Review the BCCFP's [Practising Cultural Safety and Humility in the Response to COVID-19](#)

³ Attributed to Dr. Jonathan Hislop, North Vancouver.

- Have a plan (and availability) to **ensure patients can access in-person appointments if it is deemed to be required for appropriate management.**
- Follow the CMPA's [Consent: A guide for Canadian physicians](#) to obtain expressed consent for your virtual visit wherever possible. Consent must be documented, whether verbal or signed, in the patient's chart.
- Advise patients early on if they should have any equipment during the visit (e.g. thermometer or blood pressure cuff).

Looking to the future

An amazing amount of effort has gone into creating this guide, in a short time frame, to help BC Physicians safely expand their “professional bubble” and move forward with opening offices to an increasing number of in-person visits.

This guidance document should be considered a launching point, further informed by the unique needs of each of our respective specialties, patient care needs, and service deliverables. At the core, is the need to keep ourselves, our staff and our patients, their families and our communities safe.

This task group collectively believes that all of our respective disciplines and specialties embody the mantra of person-centered, population-supported care. As the saying goes “Together we are Better.”

Ongoing discussion and a broader conversation is encouraged. What is the “New Normal”? It is anything but normal in the true sense of the word, and we have a unique opportunity to work together as physicians, supported by Doctors of BC, with the regulatory agencies that govern our actions (CPSBC), the partnership tables we so richly enjoy (GPSC, SSC, SCC and JSC) and the Government that funds health care to build a better, more timely, more effective health care system that will serve the needs of everyone (Patients, Providers, Health Authorities, and Government). This new normal will need to embody virtual care wherever appropriate and in-person care when essential for clinical purposes. We should not compromise patient safety, nor should we reduce our collective expectation to provide the very best in care to our patients.

Until an effective vaccine is introduced we cannot step backwards on the reality of what is safe care: the use of context-appropriate PPE. This is an immutable fact of the times we live in.

There will be ongoing refinement, adaptation and realignment of the processes we describe in this work to be consistent with the changing understanding of the threat from Coronavirus and other emerging pathogens. Our intent is for this to be a living document, that will change as the science catches up with the “best practices we are promoting.” We encourage everyone to share their ideas, their successes, and their worries with Doctors of BC to help chart the course moving forward. We should not want or desire a return to the way it was; we can all do better and be better by working towards a robust health and wellness system. The following appendices are rich in detail for you to pick from based upon your specific needs. There is no expectation that every detail be incorporated on day one.

In the immortal words of Dr Henry, “be calm, be kind, be safe.” We add to that our wish that we all seek out our colleagues and support them in this new and changing world.

Appendix—Your COVID-19 Safety Plan

A COVID Safety plan requires you to assess the risks, implement protocols, develop policies, develop communications, monitor your workplace and assess and address risk.

In the following pages,

- items with checkboxes (☐) are direct questions from the [WorkSafeBC COVID Safety Plan Template](#);
- items with open circles (○) are measures you should copy into your plan, removing any that you don't do/plan to do.

To create your COVID-19 Safety Plan, simply

1. copy this entire appendix into a new document,
2. remove measure you don't plan to do, and
3. then work through with your team to make the indicated changes.

Step 1: Assess the risks at your workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

If you are struggling to undertake this assessment, please reach out to WorkSafeBC for assistance.

Working with your staff and other team members, discuss the following and document what you find:

- ☐ We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
- ☐ We have identified areas where people gather, such as lunch rooms, exam rooms, waiting rooms and meeting rooms.
- ☐ We have identified job tasks and processes where individuals are close to one another and/or members of the public.
- ☐ We have identified the office, medical and other equipment that staff and team members share while working.
- ☐ We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

Step 2: Implement protocols to reduce the risks

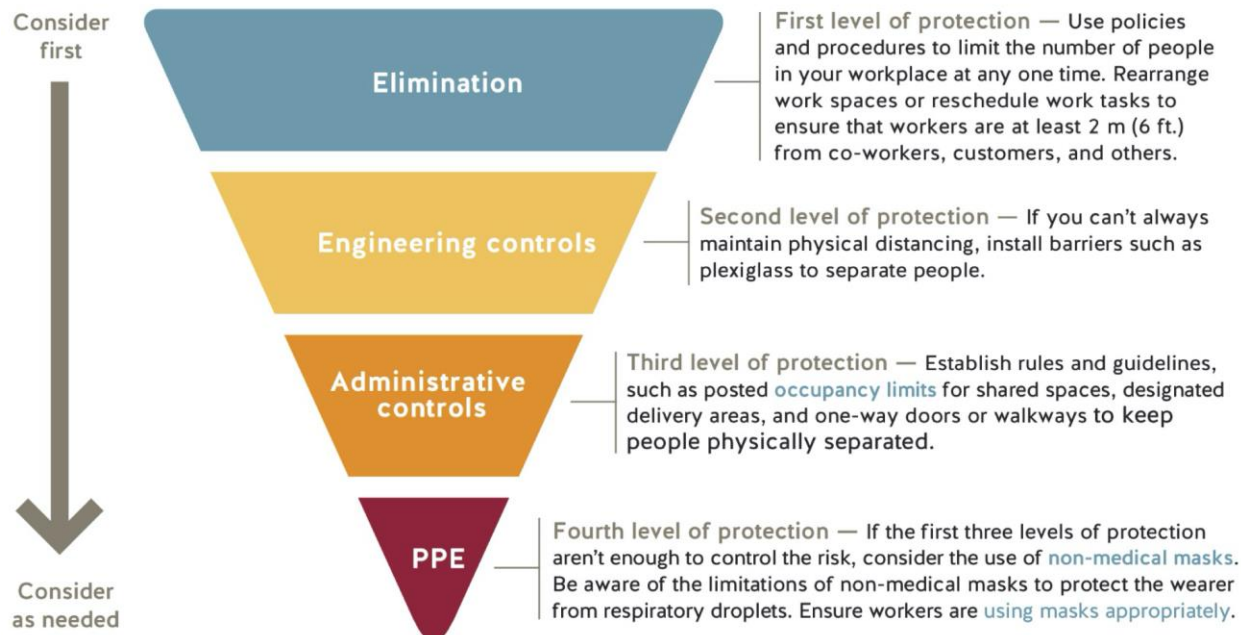
A number of guidance documents are available for community-based physicians to help minimize risks of transmission. These may be updated—or others may be added—in the future:

- The Provincial Health Officer's [order](#) from May 15th.
- the College's [Guidance on providing in-person care during COVID-19](#)
- the BCCDC's [COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#)
- WorkSafeBC's [Health Professionals: protocols for returning to operation](#)

Help your staff and other team members by ensuring everyone is aware of office protocols and changing practices.

- Document office protocols in an employee handbook with instruction guides (i.e. scripts for communicating with patients and cleaning protocols—see below) and keep these up to date.
- Re-evaluate staff sick time policies to prepare for greater absences and align with COVID-19 recommendations.
- Educate staff on changing office practices and procedures to minimize COVID transmission and exposure (i.e. [cleaning protocols](#), altered patient flow) with refresher training as needed.
- Cross-train staff in essential tasks to prepare for absenteeism.
- Educate staff on how to communicate the new office protocols to patients (e.g. waiting in their cars or outside staging areas prior to entering the clinic, how to check-in if not in-person, maintaining physical distancing in waiting rooms, calling prior to appointments to inquire about respiratory symptoms, etc.).
- Review proper office and medical cleaning routines with janitorial staff/contractors.

Reduce the risk of person-to-person transmission



Source: WorkSafeBC COVID-19 Safety Plan Template

First level protection (elimination)

- ☐ We have established and posted an occupancy limit for our premises. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person. This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]
- ☐ In order to reduce the number of people at the office, we have considered work-from-home arrangements, virtual care, rescheduling work tasks, and limiting the number of staff and patients in the workplace.
- ☐ We have [established and posted occupancy limits](#) for common areas such as lunch rooms, examination rooms, waiting rooms, washrooms, and elevators.
- ☐ We have implemented measures to keep staff and others at least 2 metres apart, wherever possible.

In developing your safety plan, consider the following and document the measures you are using to maintain physical distance in your practice:

- We have scheduled staff on a “team” basis: if one team becomes infected, this will minimize risk to staff on other teams.
- Where possible, staff will maintain physical distancing (e.g. avoid eating meals together, will increase the space between desks/workstations or alternate which desks/workstations are used).

- We have a sign on the door indicating patients should wait in their cars/outside when they first arrive and call us to check-in. This is reinforced by a message on our website and telephone system. We have [emailed our patients](#) to let them know all the changes taking place in our office and what to expect.
- We will call patients or send them an SMS message when we are ready for them to come in.
- We have allocated a limited number of appointments per day, based on 1 per hour (modify to suit) AND/OR we have staggered appointments to allow for physical distancing in common areas.
- We have placed occupancy limits on our waiting room and ensured chairs are at least 2 metres apart OR we have eliminated patients waiting in our waiting room entirely—they will immediately be taken back to an examination room.
- We no-longer accept “walk-in” appointments. There is a sign on the door informing patients that no walk-ins are being accepted and redirecting them to our website or to a phone number. This message is also on our website and phone system. Patients can book a same day virtual appointment. They will be screened and an in-person appointment offered if appropriate.
- All patient appointments will take place via phone or video. If required and appropriate, a scheduled in-person appointment will be offered.
- We will only allow patients with scheduled appointments themselves to enter the office. We will make exceptions for pediatric patients or caregivers if necessary (judge as you see fit).
- Scheduled appointments for those at higher risk (e.g. immunocompromised, multiple comorbidities or the elderly) will be done in the morning, with normal risk patients seen later in the day, and any higher risk patients (if those are seen in the clinic) at the end of the day. This has been communicated to all staff.
- We have limited surfaces that allow for physical contact:
 - Removed magazines, toys and clipboards from waiting rooms and exam rooms;
 - Installed contactless doors (or propped doors open) and garbage bins (or removed lids);
 - Removed extra chairs from examination rooms.
- We have developed pick-up and drop-off protocols that eliminate people coming into the office:
 - When possible, pick-ups and drop-offs will be done outdoors to prevent the need for patients to enter the clinic and to minimize in-person contact as much as possible;
 - We have reduced the materials available for pick-up and drop-off to minimize non-vital in-person contacts.

Second level protection (engineering)

Although the requirements and limitations of each office are unique, general recommendations to consider include the following.

- ☐ We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- ☐ We have included barrier cleaning in our cleaning protocols.
- ☐ We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).

In developing your safety plan, consider the following and document the measures you are using to engineer physical distance in your practice:

- We have indicated increments of 2 metres in front of the front desk.
- We have implemented a telephone check-in system OR we have implemented an online check-in system.
- We have set up a one-way directional flow through the office marked with arrows.
- We have set up a dedicated examination room with nearby PPE for patients with respiratory symptoms (if you are seeing these patients in your practice).
- We have set up a second entrance with short travel to the dedicated examination room for patients with respiratory symptoms (if you are seeing these patients in your practice).
- We have inspected and repaired all infrastructure systems (i.e. HVAC, water system, electrical system).
- We have increased the rate of air exchange/ventilation if possible; especially to fresh air if possible, avoiding recirculated air.

Third level protection (administrative)

Training your staff, yourself and your colleagues in safe work practices is key to prevent transmission of COVID.

- ☐ We have identified rules and guidelines for how staff and team members should conduct themselves.
- ☐ We have clearly communicated these rules and guidelines to staff and team members through a combination of training and signage.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

- We have scheduled staff on a "team" basis: if one team becomes infected, this will minimize risk to staff on other teams.
- If sick, physicians and team members must remain at home. They may continue to provide patient care via telephone or video.
- All staff will perform hand hygiene and don appropriate PPE (i.e. a surgical mask) immediately upon entering the office. The [BCCDC Hand Hygiene poster](#) is being used to educate staff and team members.
- All staff will clean their hands frequently—as this is the best thing anyone can do to decrease the transmission of COVID.

- We will conduct temperature checks upon arrival and ensure all staff and team members continuously self-monitor for symptoms. We will use the [Alberta Health Services Daily Fit for Work Screening tool](#) and [accompanying instructions](#).
- We have prepared to cross-cover staff or team members who are ill or quarantined:
 - In smaller offices, if possible, form a “pool” of available staff with nearby offices using the same EMR.
 - In larger offices, setup “teams” with staff and team members that don’t work at the same times in-office—if one team becomes infected, this will minimize risk to staff on other teams.
- We have put up laminated signage in the areas frequented by patients (e.g. washrooms and above examination room sinks) outlining the appropriate [hand washing protocols](#), [alerting high-risk patients](#) (i.e. respiratory symptoms, recent travellers) to notify staff immediately, cough etiquette, etc.
 - If paper signage is used, we will date when it should be discarded (monthly).
 - If laminated signage is used we will wipe it down regularly.

Fourth level protection (PPE)

- ☐ We have reviewed the information on selecting and using PPE and instructions on how to use appropriate PPE.
- ☐ We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- ☐ We understand that if PPE is not available, staff and physicians are not expected to risk their own health by providing in-person care.
- ☐ We have trained staff and team members to use PPE properly, following manufacturers’ instructions for use and disposal.

In developing your safety plan, consider the following and document the rules and guidance you are using in your practice:

- We are following the PPE guidelines for (asymptomatic OR both asymptomatic and symptomatic) patients in community, as recommended by the [BCCDC](#) and/or our Regional Health Authority (e.g. [Island Health Community PPE Guidelines](#)).
- OPTIONAL: As we perform aerosol-generating medical procedures we will use full PPE following [BCCDC guidelines](#), including properly employed N95 masks.
- We will provide masks for symptomatic patients (if seen in-office) and [instructions on how to wear them](#) OR through [signage](#) on our door and messaging on our website and phone system
 - We will encourage patients to wear their own masks.
- We will keep our mask on at all times, and keep our hands away from our face. If we touch it or remove it, or it becomes soiled or wet, we will change it.

Reduce the risk of surface transmission through effective cleaning and hygiene practices

The COVID-19 virus can survive on some surfaces for many days, therefore cleaning and disinfecting measures should be heightened to minimize risk of transmission. As defined by the BC Centre for Disease Control (2020), **cleaning** is the removal of soiling while **disinfection** is the killing of viruses and bacteria, and is never used on the human body. When the term “disinfection” is used in this document, it is assumed that cleaning will occur prior to disinfection.

- ☐ We have reviewed the information on [cleaning and disinfecting](#) surfaces.
- ☐ Our office has enough handwashing facilities on site for all our staff and patients.
- ☐ Handwashing locations are visible and easily accessed.
- ☐ We have policies that specify when staff and team members must wash their hands and we have communicated good hygiene practices to staff and team members. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [[Handwashing](#) and [Cover coughs and sneezes](#) posters are available at [worksafebc.com](#).]
- ☐ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after clinic, after lunch, after use).
- ☐ Staff and team members who are cleaning have adequate training and materials.
- ☐ We have removed unnecessary tools and equipment to simplify the cleaning process – e.g., coffee makers and shared utensils and plates.

In developing your safety plan, consider the following and document the cleaning protocols you are using in your practice, including who is responsible for what and how often cleaning occurs:

- We have removed unnecessary items or items that are hard to disinfect from exam rooms and will only bring them into the room as necessary (e.g. tissue boxes, soft office furniture, any equipment not regularly used).
- We have placed the patient chair as far away as possible from the physician chair/stool in the exam room.
- In order to minimize exposure to patients, staff will provide verbal instructions—such as instructing patients in how to use a scale, baby weigh-station or wall-mounted measuring tape—instead of doing it for them.
- We have established a cleaning and disinfection schedule and moved to (ideally) twice daily cleaning of frequent touch surfaces.
- We have assigned each staff member to a dedicated work area as much as possible and discouraged the sharing of phones, desks, offices, exam rooms and other medical and writing equipment.
- We have made hand hygiene supplies readily available for both patients, staff and team members. Our hand sanitizers are [approved by Health Canada](#).

- We have increased disinfection of frequently touched surfaces in common areas (i.e. computer keyboards, door handles, phones, armrests, elevator buttons, banisters, washrooms, etc.), even if not visibly soiled.
- Between patients, we will disinfect everything that comes into contact with the patient (i.e. pens, clipboards, medical instruments, stethoscopes).
- OPTIONAL: To reduce the risk of community spread and cross-contamination, we have created a bin of communal stethoscopes that can be used by any physician during clinic and a separate bin in which to place used stethoscopes that will be disinfected at the end of the day, OR
- Team members will use the same stethoscope provided it is wiped with alcohol pads or a disinfectant wipe between patients.
- We have put up signage encouraging patients to only use the office washroom if there is an urgent need.
- We have set up a sanitizing station near the entrance for all patients entering the office.
- We have introduced additional garbage bins throughout the premises.
- OPTIONAL: As we are seeing symptomatic patients, we have dedicated a room(s) for symptomatic patients with nearby PPE and minimal surfaces and we are seeing them at the end of the day.
- OPTIONAL: As we are not seeing symptomatic patients, we are using local testing and assessment centres to minimize patient exposure.

Step 3: Develop policies

Ensure there is an established process for employees to report concerns and for employers to address them and that health and safety committees are in place when required.

Develop the necessary policies to manage your office, including policies around who can be present, how to address illness that arises at the office, and how staff and team members can be kept safe in adjusted working conditions.

Our policies ensure that staff, team members and others showing symptoms of COVID-19 are prohibited from the office.

- ☐ Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- ☐ Anyone directed by Public Health to self-isolate.
- ☐ Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case [must self-isolate for 14 days and monitor](#) for symptoms.
- ☐ Visitors are prohibited or limited in the office.
- ☐ First aid attendants have been provided [OFAA protocols](#) for use during the COVID-19 pandemic. We have a [working alone policy](#) in place (if needed).
- ☐ We have a [work from home policy](#) in place (if needed).

- ❑ Ensure staff and team members have the training and strategies required to address the risk of violence that may arise as patients and members of the public adapt to restrictions or modifications to the office. Ensure an appropriate [violence prevention program](#) is in place.

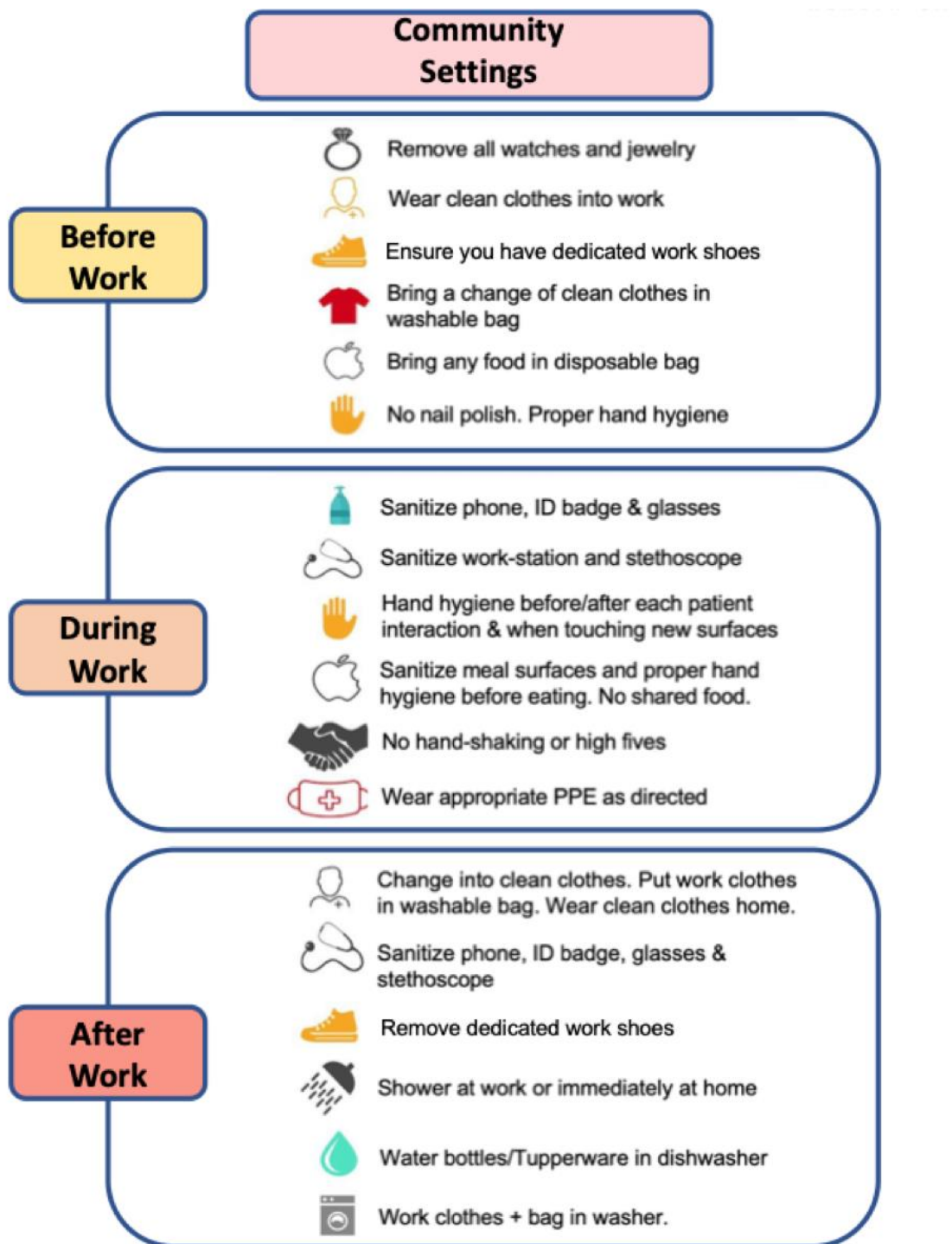
Our policy addresses staff and team members who may start to feel ill at work. It includes the following:

- ❑ Sick staff or team members should report to first aid, even with mild symptoms.
- ❑ Sick staff or team members should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the staff or team member to go straight home. [Consult the [BC COVID-19 Self-Assessment Tool](#), or call 811 for further guidance related to testing and self-isolation.]
- ❑ If the staff or team member is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill staff or team member has come into contact with.

We have the following Daily Routines in-place (see following pages):

- Daily precautions taken by all staff
- Staff tasks prior to opening of the office
- Safety measures to take prior to all appointments
- Clinic workflows for Physicians
- Staff tasks upon closing
- Pick up and drop off protocol

Daily precautions taken by all staff



PPE donning and doffing videos (courtesy of Island Health)

- [Donning](#)
- [Doffing](#)

Staff tasks prior to opening of the office

- All staff use hand hygiene and don a mask immediately upon entering the clinic. This mask stays on until lunchtime, after which a new mask is donned
- Open disinfected rooms and:
 - If communal stethoscopes are used, use alcohol wipes to clean ear pieces of the disinfected stethoscopes and return to “Clean Stethoscope” baskets in designated room
 - Make sure exam room is set up properly
- Place a sign on the front door and barrier in the waiting room to ensure only scheduled patients are entering the clinic and patients remain the required physical distance to personnel at all times.
- Ask patients to arrive no more than 5 minutes before their appointment. If patients arrive earlier than 5 mins, they need to wait elsewhere (e.g. in their vehicle) until appointment time.
- Create a designated “dirty” work area for team members in case they are unable to complete charting in the exam room (e.g. patient needs to wait 15min after vaccine.)
- Limit the number of exam rooms used as much as possible.
- Ensure that all necessary PPE is easily accessible.
- Ensure that a hand sanitizer and glove station is set up outside exam rooms for easy access.
- Staff should work where they are able to see patients enter the clinic.
 - Most clinics will have a reception desk in which case the suggestion is to install plexiglass shielding for staff and add markings on the floor to ensure the required minimum 2 m distance between patients and staff
- Review daily in-person appointments and put in “prep” notes so that onsite staff can prepare the necessary equipment for the physician when they prep the patient.
 - For example: If there is a newborn/Well Baby Visit appointment:
 - Confirm baby scale is correctly weighing by testing with weight & place baby scale with necessary items into a room before the patient enters room
 - Prep vaccine trays where relevant using the following process:
 - Vaccine tray to be labelled with patient’s FULL NAME and DOB
 - Place into tray:
 - Vaccine vial(s), needles, alcohol swabs, band aids and any needed supplies
 - Checklist outlining what vaccine is in tray
 - Physicians will sort out themselves as to who sees which patient. *(Ideally, depending on the number of appointments booked, only 1 physician will see all patients to reduce PPE usage and exposure.)*

Safety measures to take prior to all appointments

Preventative measures should be taken before contact with patients to minimize risk of transmission

- Call patients before their appointment to
 - screen them for risks—rescheduling if they become sick, are placed on self-isolation or have travelled out of the country within the last 14 days,
 - educate them of changes to office protocols, and
 - that they should attend appointments alone when possible and not bring friends or children.
- Email patients any forms that need to be filled out so clients can complete them before arriving at the clinic. This cuts down on needing pens, etc.
- Office Preparation
 - Post signage at the clinic entrance to assist with communicating expectations (i.e. [hand hygiene](#), [physical distancing](#), [respiratory etiquette](#), reporting illness or travel history, [occupancy limits](#) and [no entry if unwell or in self isolation](#))
 - Limit exchange of papers during transactions (i.e. receipts), move to contactless payments
 - Use single use items where necessary (i.e. disposable cups)
 - If clinic layout prevents physical distancing, consider alternative approaches (i.e. asking clients not to enter the clinic until receiving a text message)
 - Keep records of all staff training (i.e. training for donning/doffing/use of PPE, training on work safe procedures)
- If possible, check the patient's temperature before their appointment, ideally outside the clinic.
- All patients should be screened for COVID symptoms prior to and upon arrival (patients should be notified of this upon booking their appointment)
 - Patients screening positive should be redirected home for a virtual appointment or referred to a Health Authority assessment clinic or the Emergency Department (depending on severity of symptoms) if physical examination is necessary
 - Patients screening positive should be referred to a testing site (patients can now self-refer)

Clinic workflows for Physicians

The following information is sourced from Rosh and Mehta (2020).

- All individuals seeing patients are to perform hand hygiene and put on a mask as soon as they arrive in the clinic prior to doing anything else. This mask stays on until it is removed for lunch. After lunch, put on a NEW mask.
- Prior to opening of the clinic, review booked patients to see if you need any equipment for prep (baby scale, Chemstrip urine dipstick, etc.) and ask staff to have these items either in the room before the patient arrives or close to the room.
- When you are ready to see your first patient:
 1. Don PPE (mask should already be on)—gloves and eye protection.

2. Assess your patient: take history from as far away as possible and then move to examination (try to spend as little time as possible in close contact).
3. When administering vaccines/medications, please do the following:
 - a. Cross check the vaccine/medication vial(s) against provided checklist (this is a safety measure to reduce risk of medical error)
 - b. Draw up the vaccine/medication and inject the patient yourself.
4. When assessment completed
 - a. If patient is to leave right away
 - i. Gloves remain on
 - ii. Ask patient to use hand sanitizer as they leave
 - iii. Complete all charting in the room
 - iv. Remove exam table paper and leave table exposed
 - v. Still in the room: discard gloves, leave stethoscope and other equipment used OR take to wipe down
 - vi. Keep eye protection and mask on unless soiled
 - vii. Perform Hand Hygiene
 - b. If patient must remain in room
 - i. Leave stethoscope and other equipment used in room OR take to wipe down, clear exam table paper
 - ii. Open door for yourself and **before leaving room**, discard gloves
 - iii. Perform hand hygiene
 - iv. Then either chart at a dedicated workstation (if available) or leave charting until the end of day.
5. Between patients:
 - Wipe down stethoscope and other equipment that touched patient
 - Perform hand hygiene
 - Put on gloves before next patient and repeat process above until all patients seen
6. Once last patient seen (at end of day or at lunch), complete all steps below:
 - a. Whether patient remaining in room or leaving, clear exam table paper leaving table exposed.
 - b. Discard gloves in room
 - c. Remove stethoscope and eye protection and leave in room.
 - d. Perform hand hygiene.
 - e. Leave exam room.
 - f. Perform hand hygiene.
 - g. Remove mask and discard.
 - h. Perform hand hygiene.
7. Let staff know the last patient has left

Staff tasks upon closing

The following information is sourced from Rosh and Mehta (2020).

1. Discard exam table paper, wipe exam table with a disinfectant wipe, remove gloves and discard in room
2. Leave room
3. Perform **hand hygiene**
4. Remove goggles and stethoscope and place in “Do Not Use” bin at designated dirty area for later disinfection.
5. Perform **Hand hygiene**
6. Remove mask and discard
7. Perform **Hand hygiene**
8. Let staff know last patient has left, so that:
 - Staff can lock doors and put up signage notifying of next opening time
 - Staff perform **hand hygiene** after locking door and placing sign

Pick up and drop off protocol

The following information is sourced from Rosh and Mehta (2020).

NO PICK-UP	NO DROP-OFF
Urine Specimen Bottle ● Patient should go directly to the lab with a requisition to complete tests/drop off samples Old Medical records ● Email old medical records only (not the whole chart) at no charge and patient can pick up hard copies post-pandemic if still required ● If email consent isn't given, records can be mailed or picked up post-pandemic Work clearance forms ● Scan, upload, and email to patient or employer ● Fax to employer Forms ● Scan and email to patient if possible ● Mail to the patient if privacy concerns with email Requisitions ● Fax the requisition directly to the lab (LifeLabs has set up a central fax number for any lab)	ANY SAMPLES FOR LAB PICK-UP ● Patient should go directly to the lab with a requisition to complete tests/drop off samples. Consider labeling the requisition using the BCCDC labelling guidelines, e.g. “HCW 1” for Health Care Workers Any vaccines or medications to be stored Old medical records ● Records can be emailed when possible. If not, ask the patient to wait until post-pandemic to drop off records ● Touch-base with Physician to ensure records are not immediately required for the patient's ongoing care: ○ “FYI - patient is only able to drop off a hard copy of medical records. Please advise admin if these records are urgently required for ongoing care. Otherwise, please confirm that the records can be dropped off when the COVID situation has resolved.”

● Email to patient and ask them to print it somewhere if they don't have a printer (e.g. a friend) ● Mail it to the patient	● If only physical copies are available and the Physician has stated that records are required ○ Call and ask the previous family MD to fax records if they still have copies. Advise them that the patient was given a hard copy, but due to COVID we are only accepting urgent pick-up/drop-off and want to request a faxed copy instead. Forms ● Ask patient to scan and email or mail
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PICK-UP AVAILABLE	DROP-OFF AVAILABLE
Medications ● B12 vials ● Testosterone vials ● Patient specific vaccines held in fridge ● Allergy injections ● STI medication Swabs ● Some labs are not accepting self-collected labs FIT-tests ● Labs are not accepting FIT tests at this time	3rd Party Deliveries

Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

- ☐ We have a training plan to ensure everyone is trained in workplace policies and procedures.
- ☐ All staff and team members have received the policies for staying home when sick.
- ☐ We have posted signage at the office, including [occupancy limits](#) and [effective hygiene](#) practices.
- ☐ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors, staff and team members with symptoms.
- ☐ Clinic Leadership have been trained on monitoring staff and team members and the office to ensure policies and procedures are being followed.

Step 5: Monitor your workplace and update your plans as necessary

Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. Involve workers in this process.

- ☐ We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- ☐ Staff and team members know who to go to with health and safety concerns.
- ☐ When resolving safety issues, we will involve health and safety committees or other staff and team members

Step 6: Assess and address risks from resuming operations

If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

- ☐ We have a training plan for new staff and team members.
- ☐ We have a training plan for staff and team members taking on new roles or responsibilities.
- ☐ We have a training plan around changes to our services, such as new equipment, processes, or products.
- ☐ We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use. We have identified a safe process for clearing systems and lines of product that have been out of use/expired.

Appendix—Guidance specific to Family Doctors

While the body of this document contains information relevant to Family Doctors and other community-based specialists, information in this section is specific to Family Doctors.

Practice Support Program



PRACTICE SUPPORT PROGRAM

For Family Physicians, PSP Offers up to 45 certified Mainpro+ credits (three credits per hour), for one to 15 hours in total for the completion of a facilitated QI cycle.

Please see [PSP Compensation and Certification](#), or contact your local PSP Regional Advisor, for questions or more information about eligibility requirements.

Virtual Care Support Network

The Practice Support Program (PSP) has [a team of regional coaches](#) that provide 1:1 support to GPs and teams to enable and optimize the use of virtual care technology in family practice. PSP coaches can provide support around workflow and office efficiencies, and can connect you to a peer mentor for additional supports if needed. If you'd like to receive support from PSP, please contact your regional PSP team.

Fraser Health: Jennifer Montgomery

Interior Health: Jaime Shipmaker

Northern Health: Liana Doherty

Vancouver Coastal Health: Josefa Kontogiannis

Vancouver Island Health: Erin Corry

Panel management

[Understanding your patient panel](#) can help you manage the chronic and preventative care needs of your patients. The concept is simple: better information about patients leads to better care for patients.

Panel management can help you:

- Easily track billings.
- Improve efficiency of practice workflows.
- Identify and clarify roles and responsibilities of practice teams.
- Maintain a better work-life balance.
- Improve communications and relationships with patients.

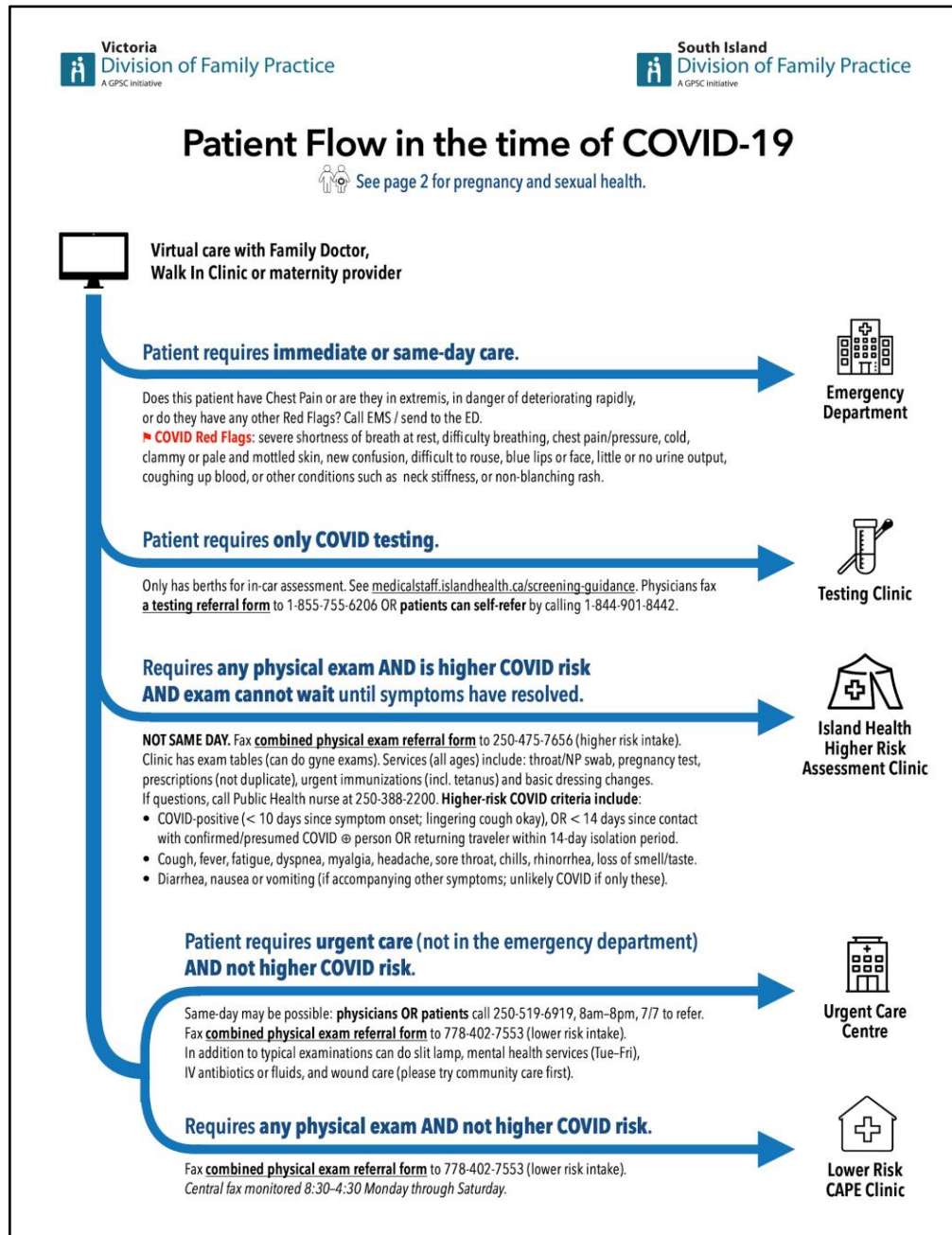
The Practice Support Program has an online Panel Management workbook to help family doctors achieve the benefits of panel management. There is a Panel Development Incentive, valued at \$6000, to recognize the time and effort required to complete the workbook. MainPro+ credits are also available.

Division resources

There are many [Division resources for COVID-19](#) created by your peers.

Appendix—Example patient flow diagram for community physicians

The following tool may help community physicians identify resources available to help them. The example provided is from the Victoria and South Island Divisions of Family Practice and will need to be modified for services available in each community.



Appendix—Working out what is virtual

Take a few minutes to go through the activities below and identify whether they can (now) be offered virtually. If not, when would you consider offering them again in-person (what criteria would you have)? Be sure to add services specific to your specialty to the list.

To help you in this, consider, if you only have a limited amount of PPE, such that you could see 10 people a day in-person, who would you see?

SAMPLE SERVICES	MODALITY	TIMEFRAME
Pre-assessment of patient concerns prior to any in-person care, including screening for COVID-19 symptoms	Virtual	Until vaccine
Cryotherapy ⁴		
Cancer screening where above normal risk		
Cancer screening when normal risk		
Cancer surveillance post-treatment		
Complex care including advanced directives		
Ear/throat infections		
First/intake appointments		
Flu shots for < 4 years or ≥ 65 years		
Follow-up appointments		
Hormone injections ⁵ , Allergy shots and injectable meds ⁶		
Intrauterine Device consultations		
IUD insertions, Pap recalls (abnormal)		
Laboratory/Diagnostic Imaging or other test results		
Lacerations ⁷		
Mental health planning and check-ins		
Musculoskeletal injuries ⁸		
Normal adult vaccinations		
Personal and cosmetic enhancement services		
Post-surgical follow-ups		

⁴ Could be sent to a centralized physical examination clinic, if appropriate and available.

⁵ Could be sent to a centralized physical examination clinic, if appropriate and available.

⁶ Could be sent to a centralized physical examination clinic, if appropriate and available. Could offer oral alternatives for iron and B12 if appropriate.

⁷ Send to the Emergency Department or centralized physical examination clinic (if available and appropriate). Given their nature, if not seen in-person there are risks of complications and delayed closure.

⁸ Suspected significant trauma (e.g. fracture or dislocation) and back/neck pains (especially if neurologic symptoms are present) should be seen in-person.

Prescription renewals and some initiations ⁹
Requests for referrals ¹⁰
Routine childhood vaccinations ¹¹
Sexually Transmitted Infection treatment ¹²
Sick and insurance note requests
Skin conditions (e.g. rash, shingles, acne)
Uncomplicated Urinary Tract Infections
Vaccinations for high-risk patients
Well child visit (> 18 months)
Well-baby visits

¹⁰ While the College has recommended patient contact be minimized at this time, the College has also indicated that “Family physicians must avoid making specialist referrals via telemedicine without first fully assessing patients themselves” (CPSBC, 2020).

¹² While a virtual visit may be appropriate, it may be reasonable for your patient to pick up their medication from your office.

Appendix—Email to patients

Dear xxxxx

As you will be aware, British Columbia is beginning a phased plan to slowly open up again, with businesses and services working in new ways compared to how they worked before the arrival of COVID.

This is only possible because we have all followed the instructions of Dr. Bonnie Henry, in particular physical distancing, hand washing and staying at home as much as possible.

COVID has not gone away, but the risk of one of us catching COVID and of COVID overwhelming healthcare has reduced.

It is very important that we go through these next steps cautiously and safely, so that the risk of overwhelming healthcare and the risk of you catching COVID do not both increase dramatically. It is important that you continue to follow the measures that Dr. Henry advises; it is through all of our behaviour that we will prevent COVID cases rising again.

Over the coming weeks and months, we will start provision of a slowly increasing amount of in-person healthcare in our offices, and provide some of the routine healthcare that could be safely suspended at the beginning of this pandemic, such as screening, through a stepwise plan. This plan will only progress as long as the risk of COVID to all of us remains low.

In the first instance, we will continue to see patients virtually, via video or on the telephone. Where we deem it necessary, not just for urgent conditions or conditions we couldn't diagnose without doing a physical examination, but for some examinations needed for chronic diseases or some screening for example—face to face care will now occur in our own offices.

The reasons we will not see everyone in-person are as follows:

- We have to continue to reduce COVID risk in our offices through physical distancing, which will reduce the amount of people we can have in our office at any one time.
- The risk of COVID has not gone away—consequently, the regional Health Authorities require us to wear PPE (masks and eye protection) during all in-person encounters. PPE remains in short supply worldwide—therefore we have to be economical with its usage.
- We have to clean our exam rooms frequently and thoroughly to ensure you are not at risk of catching COVID from your visit- this will reduce the number of people we can see in our office each day.
- We know that virtual care is safe and effective in a number of conditions and welcomed by a number of our patients as more convenient.

We want to reassure you that safe care will continue to occur, and that you will be seen in-person if it is clinically necessary. This does not mean that everyone can be seen back in the office, but over time we anticipate seeing more of you in the office as long as COVID cases do not rise.

Please remember our office is open and providing care, though please do not turn up in-person unless it is pre-arranged. We can be contacted by phone/email/online in the usual way.

We look forward to seeing more of you in my/our office in the future.

Yours Sincerely,

Dr XXXXX

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