



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

Practical Tips for Community Clinics as Alert Levels are Reduced and Services Begin Returning to Normal

The information below was compiled from physician input as well as guidance available from various medical regulators, medical associations and health authorities across Canada. The aim is to provide practical tips on managing clinics and patient appointments as Newfoundland and Labrador progresses through the [COVID-19 Alert Level System](#). This document has also been reviewed by the Newfoundland and Labrador College of Family Physicians and the Family Practice Renewal Program.

This advice does not define a standard of practice, nor should it be interpreted as legal advice. This document is dynamic and may be edited or updated for clarity at any time. Please refer back to the www.nlma.nl.ca to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

How Fast to Return to Normal In-person Services?

Community-based physician offices were not closed under the pandemic emergency orders of the Chief Medical Health Officer (CMOH). Therefore, physicians can exercise their own discretion on when to start, and how quickly to escalate, the number of in-person patient appointments. While physician clinics are not part of the Alert system of the CMOH, this system offers good context for returning to normal levels of service. Caution must be exercised regarding social distance, safety, and maintaining the confidence of patients. The guidance below addresses these issues.

When a physician clinic has been properly prepared physically, including the appropriate policies for sanitizing, PPE, etc., the physician may wish to communicate with patients to schedule previously cancelled appointments, or to advise that the clinic's opening hours have been expanded for in-patient appointments.

Virtual care can still play a significant role while clinic opening hours are expanded. Patients who call for an in-person appointment can be screened and, if appropriate, asked to take a telephone or video appointment rather than in-person. Physicians should consider alternating in-person and virtual appointments during the day, or designating half-days or whole days for virtual versus in-person appointments. The appropriate balance is determined by the physician.

Patient Interactions – In-Person vs. Virtual Care Appointments

In advance of the patient's appointment, determine if the nature of the appointment requires an in-person visit or if the patient's care can be managed through a virtual appointment (telephone or video platform).

In-Person: Consider the following questions when deciding to bring a patient into a clinic:

- Is the in-person visit urgent/crucial to the patient's health?
- Does the patient feel the benefit of in-person therapy exceeds the risk of leaving their home?
- Is the medical benefit to the individual patient worth the risk to you and your office staff?
- Could further delay in provision of in-person care or preventative health maintenance result in a worse outcome for the patient?
- Will offering the patient care in a community setting prevent an unnecessary visit to the hospital?"
- Will the care provided prevent the need for a patient to access acute care in the foreseeable future?

Virtual Care: Determine what you are comfortable with offering virtually. You may also consider offering evening and/or weekend appointments virtually. The following are examples of what can be done via video or phone.¹

- Treatment of common illnesses
- Help with anxiety or stress
- Preventative care, including disease prevention and health promotion
- Assessment and treatment of urinary, sinus and minor skin infections
- Chronic Disease Management and high-risk patients
- Complex care visits including advanced directives
- Primary mental health care
- Palliative care
- Pre-natal and maternity care check ins
- Healthy child development assessments
- Youth health
- Rehabilitation advice
- Weight loss
- Smoking cessation
- Review of lab, imaging and specialist reports
- Referrals to and coordination with other levels of care (hospitals and specialist care)

For information on integrating virtual care in your practice, please visit the [NLMA Virtual Care webpage](#).

Screening Patients

Staff Screening:

Train staff to screen patients before scheduling appointments. MOAs should not book in-person appointments with patients who answer yes to any of the following questions:

- Have you been directed by Public Health to self-isolate?
- Do you have any of the following symptoms (new or worsening)?:
 - Fever (or signs of a fever such as chills, sweats, muscle aches and lightheadedness)
 - cough
 - headache
 - sore throat
 - painful swallowing
 - runny nose
 - unexplained loss of appetite
 - diarrhea
 - loss of sense of smell or taste
 - small red or purple spots on your hands or feet?
- In the past 14 days have you had close contact with someone who is confirmed as having COVID-19?
- In the past 14 days have you returned from travel outside the Province?
- In the last 14 days have you been in close contact with someone with respiratory illness who traveled outside Newfoundland and Labrador in the 14 days?

¹ Adapted from the Doctors of BC [Getting Patients Back to Practice Guide](#)

Physician Screening:

Physicians can screen and refer patients directly to Public Health for COVID-19 testing using the Screening Algorithm for Primary Care (please do not refer to 811). The most up-to-date version of the Screening Algorithm is available on the [NLMA Information for Physicians webpage](#).

Please advise patients who require testing to call Public Health, which is available daily 8:30am – 4:30pm by calling:

- Eastern Health: 1-800-563-3692/ 1-709-752-3638
- Central Health: 1-800-563-3690
- Western Health: 1-709-649-5905
- Labrador Grenfell Health: 1-855-268-1965

If after hours, the patient should leave a voice message with public health and a public health official will return the call during business hours. If the patient is considered an essential worker, they should advise public health (see note on page 1 of the Screening Algorithm).

What if the patient does not meet the testing criteria in the screening algorithm?

A physician may refer a patient for testing even if the patient does not meet the testing criteria outlined in the screening algorithm. In this instance, the physician must call Public Health directly on behalf of the patient via the phone numbers provided above (also provided in the Screening Algorithm) and provide the reason for the testing request.

Scheduling In-Person Visits

- Update clinic answering machines or message managers to pass along any new information, hours of operation, or process changes relevant to your patients.
- Reduce the average number of face-to-face appointments you are seeing in a day to avoid patient overlap in your waiting room. Consider alternating between in-person and virtual appointments to help limit the number of patients interacting in your clinic.
- Build in extra time for cleaning/sanitizing patient spaces between appointments.
- Ask patients to attend appointments alone. No additional family members or friends should be permitted unless the patient requires additional assistance. Persons aiding the patient should also be pre-screened.
- Adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles until clinic staff contact them for their appointment.
- Ask patients to bring and wear a face mask before entering the clinic to limit the number of procedure masks you will need to provide from your PPE supply.
- Ensure there is adequate PPE for you and your staff prior to scheduling patient appointments.
- For practices with more than one physician, consider scheduling one full-day a week in-office for one physician at a time. Alternatively, consider designating morning and afternoon shifts so no more than one physician is in the clinic at a time. Cross-coverage arrangements may be required for urgent patients. If multiple physicians must be in the clinic at the same time, coordinate across practices to ensure patients in the waiting area are minimized and are socially distant from each other.

Office Design/Processes

- Have visible signage at the entrance reminding patients about COVID-19 symptoms and hygiene practices to reduce the spread of the virus.
- Post a notice outside the clinic, advising that only patients with a scheduled appointment will be permitted in the clinic.
- Consider posting a notice outside the clinic asking patients who have an appointment to wait in their vehicle and call the clinic prior to entry. For patients unable to call, ask them to knock on the door or use a doorbell. Consider keeping the door locked.
- Ask patients to wear their mask upon entry. If necessary, provide the patient with a non-medical (unrated) procedure mask.
- Provide patients clear instructions how to wear the mask properly and ensure that the patients are using the mask properly all through their visit to the clinic. (See page 7 for links to advice.)
- Provide easily accessible hand sanitizer or soap and water, single-use tissues and a no-touch lined waste container for patients and staff.
- Upon entry, advise patients to sanitize their hands and advise them not to touch any surfaces.
- Screen all patients for COVID-19 symptoms upon arrival at the clinic.
- Post hand hygiene and cough etiquette signs in the waiting area. Posters are available from the [Government of Newfoundland and Labrador](#) and the [BC Centre for Disease Control](#).
- If space allows, use visual cues (directional arrows, waiting spots, tape on the floor) to maximize physical distancing.
- Consider providing a protective barrier for the reception area, such as glass or plexiglass.
- If a plexiglas barrier is not available, staff should maintain a two-metre distance. Mark this physical distance on the floor of the clinic. If a two-metre distance cannot be maintained, staff should use contact precautions.
- Ask patients to show their MCP card, so clinic staff do not have to handle the card.
- Configure waiting room seating to public health physical distance guidelines (two metres).
- Remove toys, magazines, brochures and other shared items from the waiting room.
- Remove excess seats. Keep the minimum required for patients and a person providing assistance to reduce the number of chairs that require sanitizing.
- Develop an enhanced plan for ongoing sanitizing of office and examination room spaces before, during and after clinic hours. Increase cleaning and disinfection of high touch areas such as light switches, doorknobs, handrails, seats, reception counters, and objects or machines used in therapies. Clean toilets and washrooms after use by a patient.
- If possible, limit the number of examination rooms being used.
- If possible, designate one exam room for any patients suspected of COVID-19 symptoms, as close to the entrance as possible, to minimize patient movement within the clinic.
- Empty exam rooms of all but the minimum of equipment (e.g. only the exam table, chair, BP cuff, lights, etc).
- Provide paper sheeting for exam tables and change between patients.
- Minimize the number of tasks that have to be done in the exam room (e.g. chart completion).
- When assessing your patient, take history from as far away as possible and then move to examination (spend as little time as possible in close contact).
- Following the exam, perform hand hygiene and sterilize any tools used during the examination (e.g. stethoscope).
- Ask delivery persons to meet and deliver supplies outside your clinic. (see Appendix A for additional suggested pick-up and drop-off protocols.)
- For visitors who must physically enter the practice (e.g. for repair work), designate a window of time outside normal office hours to minimize to the extent possible interactions with patients, clinicians or staff.

Personal Protective Equipment (PPE) Guidance

Community-based physicians can access and replenish PPE from the provincial RHA inventory. This includes three emergency PPE kits containing gowns, gloves, surgical masks, patient procedural masks and goggles or face shields.

Community-based physicians can also access PPE for daily use, including face shields, EN standard surgical masks and procedural masks for patients. This PPE can be obtained weekly on Wednesdays from a site in your region. Quantities are based on order forms submitted to the NLMA (on May 14th) by physician clinics. To submit a PPE request form or to obtain the list of PPE contacts for your region, visit the [NLMA Information for Physicians webpage](#).

The Provincial COVID-19 PPE Task Force has outlined PPE guidelines for various health care settings in the "[Guideline for Prioritization and Use of Personal Protective Equipment \(PPE\) in Pandemic COVID-19 in Low Prevalence Period](#)". While this guideline is intended for physicians and other providers in RHA clinics and facilities, the advice can be applied to private community-based clinics as well. The following guideline is for community and home care settings:

- Medical mask or approved equivalent standard is to be worn while performing direct client care:
- A mask is to be worn for repeated interactions with multiple patients
- It is to be worn for one shift, maximum of 12 hours
- It must be changed if it becomes wet, damaged or soiled

Change gloves between patients. Discard gloves in the exam room before exiting. Perform hand hygiene.

Consider designating a set of clothes and other personal items for use only in your clinic.

Increased PPE use may increase the overall medical waste (e.g. garbage) that community clinics generate on a daily-weekly basis depending on the number of in-clinic visits each day or week and the number of providers. Clinics should anticipate potential increases in frequency of waste disposal.

Droplet-Contact Precautions:

- If a patient presents or becomes ill with influenza-like symptoms, or is suspected or confirmed to have COVID-19, the patient should be provided with a procedure or medical mask immediately.
- The patient should be directed away from a general waiting room and placed in an examination room (alone).
- Immediately don the PPE contained the emergency kit and/or the following:
 - Level II gown or approved equivalent standard
 - medical mask or approved equivalent standard
 - a face shield or goggles
 - nitrile gloves – 12-inch with extended cuffs.
- Following care of the patient, the examination room should be thoroughly cleaned or remain unoccupied until the room can be cleaned appropriately. For information about donning and doffing PPE, which can also be displayed in your clinic for quick reference, click [here](#).

Your Staff

- Ask staff to use hand hygiene and don a mask immediately upon entering the clinic.
- Minimize staff in the office/clinic. Ask what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.
- Wherever possible, discourage staff from sharing phones, desks, offices and other tools.
- Advise staff to practice effective hand hygiene after interacting with each patient. (see Appendix B for additional suggested precautions.)
- Require staff to screen themselves for symptoms before entering the clinic/office. An online self-assessment screening tool is available at www.811healthline.ca.
- Develop a notification protocol for staff to follow if they develop symptoms.
- Staff or physicians who are sick must remain at home. Physicians may continue to provide patient care via telephone or video if they are able to do so.
- Private physician clinic staff may access the NLMA assistance program, *inConfidence*, by calling **1-877-418-2181** or go online at www.myinconfidence.ca. Please email nlma@nlma.nl.ca for the username and password.

Advice on Masks for Patients

- [Provincial Guidance on Cloth Masks \(Non-Medical Masks\)](#)
- [POSTER: How to Wear a Face Mask from the BC Centre for Disease Control](#)
- [Public Health Agency of Canada's \(PHAC\) Guidance on Face Coverings](#)
- [PHAC Guidance on How to Put On, Remove & Clean Non-medical Masks and Face Coverings](#)

Useful Links

- [NLMA COVID-19 Information for Physicians](#)
- [College of Physicians and Surgeons of Newfoundland and Labrador COVID-19 Updates](#)
- [Government of Newfoundland and Labrador COVID-19 Information and Updates](#)
- [BC Centre For Disease Control COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#)
- [WorkSafeBC Health Professionals: protocols for returning to operation](#)

APPENDIX - A

Suggested pick up and drop off protocol

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

NO PICK-UP	NO DROP-OFF
<p>Urine Specimen Bottle</p> <ul style="list-style-type: none"> ● Patient should go directly to the lab with a requisition to complete tests/drop off samples <p>Old Medical records</p> <ul style="list-style-type: none"> ● 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 <p>Work clearance forms</p> <ul style="list-style-type: none"> ● Scan, upload, and email to patient or employer ● Fax to employer <p>Forms</p> <ul style="list-style-type: none"> ● Scan and email to patient if possible ● Mail to the patient if privacy concerns with email <p>Requisitions</p> <ul style="list-style-type: none"> ● Fax the requisition directly to the lab (LifeLabs has set up a central fax number for any lab) ● 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 	<p>ANY SAMPLES FOR LAB PICK-UP</p> <ul style="list-style-type: none"> ● 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 <p>Any vaccines or medications to be stored</p> <p>Old medical records</p> <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ○ "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." <ul style="list-style-type: none"> ● If only physical copies are available and the Physician has stated that records are required <ul style="list-style-type: none"> ○ 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. <p>Forms</p> <ul style="list-style-type: none"> ● Ask patient to scan and email or mail

PICK-UP AVAILABLE	DROP-OFF AVAILABLE
<p>Medications</p> <ul style="list-style-type: none"> ● B12 vials ● Testosterone vials ● Patient specific vaccines held in fridge ● Allergy injections ● STI medication <p>Swabs</p> <ul style="list-style-type: none"> ● Some labs are not accepting self-collected labs <p>FIT-tests</p> <ul style="list-style-type: none"> ● Labs are not accepting FIT tests at this time 	<p>3rd Party Deliveries</p>

Source: Doctors of BC, *The Doctor is In: Recommendations for expanding in-person care in community-based physician practices*.
https://www.doctorsofbc.ca/sites/default/files/recommendations_for_expanding_in-person_care_in_community_practice.pdf

APPENDIX - B

Daily precautions taken by all staff

