

# ***Your Voice***

***Online Member Engagement***



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**

**PPE Feedback Summary**

**May 7, 2020**



## Your Voice – PPE Summary<sup>1</sup>

We asked physicians what support services and ancillary services would be essential to facilitate the process of restarting health services, and PPE was the number one response.

We are hearing that the PPE kits for community physicians are inadequate to properly protect patients and physicians in community offices and that discussion and guidance is needed to address this issue. Physicians say the RHA-provided PPE kits will allow one physician in a clinic to see a maximum of five patients, which could be easily used up in a day, and that PPE kits are not being restocked. Private ordering of PPE is largely unavailable so there are no real options outside of accessing the RHA PPE supply.

Community-based physicians have a critical role to play during the pandemic. Physicians have described this role as including helping to prevent the transfer of patients to emergency rooms and acute care facilities, keeping older, vulnerable adults in their homes, and re-triaging the backlog of patients waiting for services. But, they need PPE to provide all of these services safely to patients.

### Physician Comments

- a. "PPE still remains a concern for all and hope management can help us with this."
- b. "Comment on PPE for community physicians - Unfortunately, there is not enough PPE in the kits to properly protect patients and physicians in the community offices. The government kits contain 2 masks, thus enough for one physician and one patient, one pair of gloves, one gown and one face shield. Even if the physician only uses one mask per day, in the 3 kits, there are only a total of 6 masks, which is enough to see 5 patients and one physician. This also doesn't take into account office support staff who need to be protected as well. The 3 kits comes nowhere close to being enough to properly protect community offices for one day, let alone one week or one month! I asked the St. Clare's pickup site for more kits or to reorder more kits, and they said we have a max of 3 kits per office and not per physician, total, with no reordering possible. They have a list of 116 clinics, and they might not have enough to give each of them 3 kits each. I called to speak with the supervisor, and he said he has not been given any direction of how to handle this by government, but they are not giving any more. I called the supervisors manager, and they have yet to return my call. This really is incredible how insufficient this is to help the community physicians to continue offering support to our patients and it is completely not acceptable in covering the community offices as it should be. I appreciate there is a limited amount of PPE for everyone, but there needs to be guidance and discussion around how to deal with this issue from government. Other provinces are providing restockable PPE, including hand sanitizer to community

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<sup>1</sup> NLMA Member Engagement through "Your Voice" is conducted on the Bang the Table engagement platform. The PPE comments are part of a broader consultation on re-starting the health system after the first Covid-19 wave.

physicians. In order to reactivate services in the community, we need greater access to PPE resources for all community physicians.”

- c. “PPE is a huge concern. Private clinics cannot order PPE and have very little left. It will be difficult to resume normal clinic without. ...Maintaining virtual care would be important going forward to help reduce the need for PPE and cleaning rooms etc. when medically appropriate.”
- d. “PPE is a huge concern for FFS family doctors’ offices who are not able to get an adequate supply. Increased PPE delivery would be very helpful. The 3 kits we received were appreciated, but only enough for 1 clinic day. Maintaining the option of virtual care going forward is a must to reduce the need for PPE (when virtual care is still appropriate). ...We will also need to start diagnostic endoscopies and cancer surgeries when it's safe to do so. Of course, full PPE would be a must for these services.”
- e. “I echo concerns re: PPE for community-based physicians. Outside of what has been said already, we need to support community-based services to help older adults remain in their homes as long as is safe, and then prevent admission to hospital for "social reasons". Additionally, supporting PCH to prevent transfer of patients to ER unless absolutely necessary. I know many RAI assessments have been delayed in light of COVID-19, and the delay in placement, supports, etc., may mean that more older adults end up in our acute care centres.”
- f. “Community physicians still do not have appropriate PPE to see patients in person.”
- g. “I agree that PPE is essential. We need to protect our physicians, staff and patients.”
- h. “I think we need adequate capacity for community testing in place and adequate PPE in place to deal with a second wave. A second wave could be much worse than the first.”
- i. “Expanded operating room and diagnostic imaging abilities would be ideal and obviously all staff involved would have to be protected with standard PPE.”
- j. “...Community physicians still do not have adequate PPE to see patients in person. Family physicians have been pulled to cover multiple areas in the system (RACU, assessment clinics, LTC/PCH coverage, Peds call coverage) - a plan needs to be implemented to ease back from these areas as our own clinics become busier again.”
- k. One physician described a pressure point in the hospital system as “Performing procedures, maintaining social distancing and balancing PPE.”