July 30 Department of Primary Care Rounds Highlights



August 6, 2020

Primary Care physicians, public health experts and infection prevention and control experts came together on July 30 to discuss COVID-19 and how to safely re-open practices. Please see the highlights below and check the <u>BC CDC</u>, <u>Island Health Medical Staff website</u> and <u>Department of Primary Care website</u> for up to date information.

This Island Health Round (Session ID 190440) meets the certification criteria of the College of Family Physicians of Canada and has been certified for 1.0 Mainpro+ credits per hour of educational time. Each physician should claim only the credits they actually spent in the activity.

TESTING

- Island Health's testing capacity and turn around time are province leading, about 600 per day
 moving to 1200 per day in the fall and less than 24 hours TAT, but asymptomatic patients will
 not be tested, even when requested for work or travel.
- Testing is by self-referral and pre-booked through the Island Health COVID-19 Testing Call Centre at 1-844-901-8442.

TRAVEL

- All returning or visiting travellers MUST self-isolate for two weeks.
- Different provinces and territories have different rules for travellers, however two weeks of isolation is generally not required on returning to BC from other parts of Canada.
- Travel to Canadian hot spots is relevant for surgical patient screening.

FAMILY PRACTICE/NURSE PRACTITIONER OFFICES

- Patients can safely come into FP offices if they are asymptomatic and pass the screener
 questions (point of care risk assessment). Patients, physicians and staff should still aim for
 physical distancing or barriers to separate people in the waiting area.
- Multiple patients can sit in a waiting room as long as there is physical distancing of two meters between seats.
- Plexiglass screens (or equivalent, exactly like in restaurants) between waiting room chairs, means the chairs do not have to be two meters apart and more patients can safely use the waiting room. One-meter apart "nose to nose" with a Plexiglass screen between is about right.
- After a patient uses a waiting room chair, the seat's touched surfaces need to be wiped down.
 Waiting areas must be cleaned twice a day. Clinical areas and their touched surfaces are cleaned between patients. This document provides a good guide on what to clean, when and how –
 <u>Environmental Cleaning and Disinfectants for Clinical Settings</u>. Another resource for getting correct bleach dilution: <u>BCCDC Infection Control</u> or <u>Chlorine Dilution Calculator</u>.
- The large Plexiglass screens between patients, if not touched, do not need to be wiped down between patients. They only need to be cleaned twice a day.
- Patients can wear their own cloth masks in FP offices. They do not need to be provided with an
 office-issued mask to replace their cloth mask or if they have no mask at all, they do not need to
 wear one. The key is that physicians and staff wear masks at all times. The CDC has reasonable
 guidance on management and washing of masks How to wash masks

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- Hand hygiene is key and no face touching. Good video that explains physical distancing <u>Dr. Mark Keim</u>
- Visors are not mandatory for physicians.
- Used exam rooms and anything that was touched by a patient or practitioner needs to be wiped
 down following a patient visit, anything within two meters of the patient may have been
 touched. The patient should be asymptomatic, but if they coughed or sneezed inadvertently,
 any droplets will have fallen within that space and contaminated the surface. This is not limited
 to COVID-19 but is good IPAC practice.
- Try to have brisk airflow in rooms. Open windows are a good idea.
- Practice Support Program provides valuable supports to FPs adapting practice during COVID. FPs
 working with PSP to make quality improvements are eligible for compensation and CME for the
 work they are doing. Examples of support include:
 - working through the "Dr is In" and/or Work Safe BC document to creating practice safety plans,
 - o implementing virtual care, e-faxing, online booking and mass email communication tools
 - o adapting clinical, patient care and/or practice workflows, including infection control
 - increasing number of patient visits with patient recalls for populations such as MHSU,
 COPD, frailty or patients requiring advanced care planning, MOST form completion or
 prescription renewals
- Contact your PSP Coordinator for support or email <u>RSP@viha.ca</u>
- Island Health's Health Protection and Environmental Services officers can answer specific questions about infection prevention in family practice offices. Contact cole.diplock@viha.ca

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