



RUNNING YOUR COMMUNITY OFFICE SAFELY - A PRIMARY CARE AND SPECIALIST PERSPECTIVES' Q&A

Webinar date: **June 11, 2020**

Recording: <https://ubccpd.ca/running-your-community-office-safely-primary-care-and-specialist-perspectives-qa>

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

Webinar Summary of Clinical Pearls

In-Person Visits: Personal Protective Equipment (PPE) is Required

- **If PPE is not available, find appropriate alternative care for the patient**

No reasonable physician is going to put their health at risk by not wearing PPE. Patients should also not be put at risk by providers who do not wear PPE. However, physicians also have a duty of care to their patients. If PPE is not available, the patient should be appropriately redirected to an assessment centre or colleague. The CPSBC and CMPA do not have expectation that physicians put themselves at risk if PPE is unavailable.

- **No physician will be forced to see patients in-person.**

Some physicians are concerned about their own health and do not want to see patients in person during the pandemic. One option is to discuss with their department other ways to contribute. If a physician cannot provide care for their own patients then other arrangements should be made. You cannot abandon your patients by closing your clinic without an appropriate back up plan for your patients to receive care.

Thanks to the speakers on the video:

- **Dr. Olivia Sampson**, Manager, Clinical Services, WorkSafeBC
- **Dr. Trevor Hartl**, Otolaryngologist and President, BC Otolaryngology Society
- **Dr. Brenda Hardie**, Family Physician, North Vancouver
- **Dr. Sharla-Rae Olsen**, Internist & Respiriologist, Prince George
- **Dr. Bruce Hobson**, Moderator

Helpful Resources

WorkSafeBC

- **Health Safety Checklist:** <https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan?lang=en>
- **COVID and Health Care:** <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-industry-information/health-care>

BC Centres for Disease Control

- **COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings:** http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf
- **Health Care Provider Guidance:** http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf
- **Primary Care and PPE:** <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- **Cleaning and Disinfecting Eye and Facial Protection:** http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf
- **Physician Office Cleaning:** http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

College of Physicians and Surgeons of BC

- **Guidance on In-Person Community Care:** <https://www.cpsbc.ca/news/COVID-19-updates/providing-in-person-care>
- **COVID Updates:** <https://www.doctorsofbc.ca/working-change/advocating-physicians/coronavirus-covid-19-updates>

Doctors of BC

- **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
- **Physician Guide to WorkSafeBC Registration:**
https://www.doctorsofbc.ca/sites/default/files/wsbc_registration_guide_for_physicians_2020.pdf

Q&A Not Addressed During Webinar

Q: What do we need to post/publish? What level of detail?

A: You can follow the 6 steps outlined on the WorkSafeBC Checklist and adapt to your setting:

<https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan?lang=en>

Q: How do we calculate occupancy limits?

A: You can apply what's used by public health for the retail and grocery sectors which is 5 square metres of unencumbered/empty floor space per person. Post this at your clinic:

<https://www.worksafebc.com/en/resources/health-safety/posters/help-prevent-spread-covid-19-occupancy-limit>

Q: What about planning for how to “descale” services if a second surge / wave happens? Without having to close completely again?

A: We would follow the advice of public health at that time. We would likely include, for example, scaling back on in-person visits, and up-scaling virtual visits

Q: My employer is asking frontline staff to write a Safety Plan. Is the employer's responsibility? Or can it be written by a certain program's frontline workers?

A: A COVID Safety Plan can be written by the team/staff who best understand the work on the ground, and can best inform the plan; input from all the team and communicating the plan to the team, ensuring on-going monitoring are important. Employers must ensure a plan is developed and posted:

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/class_order_employers_covid-19_safety_plans_covid-19_may_14_final.pdf

Q: Should we consider limiting the length of appointments to decrease the chance of infection, i.e. 45 minutes rather than 60 minutes?

A: If you can provide a hybrid visit this is best and reduces in-person time i.e. history taking over the phone/virtually, and then a focused in-person exam (10-15 minutes). Keep the in-person exam for what you cannot address over the phone/virtually

Q: What is the role of WCB in the work camps?

A: WorkSafeBC Prevention works in all sectors of BC. Occupational Health and Safety Regulation applies to camps to the extent they are workplaces in which workers such as cooks, maintenance people and others work.

For documents regarding work camps from WorkSafeBC: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-25-camps>

For documents regarding work camps from the BCCDC:

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-large-industrial-work-camps.pdf>

Q: I see kids to & have traditionally used hydrogen peroxide wipes to sanitize toys/props due to mouthing risk. What else is safe?

A: Hydrogen peroxide wipes are hard to source. The current recommendation is to remove toys. Cleaning recommendations are found here: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

Q: Can we have our blood antibodies tested so if we have the antibody, we can be more relaxed in our precautionary measures?

A: Please consult the BCCDC about serology. Because COVID-19 is a new disease, we don't yet know if the antibodies you create can protect you from a future infection, or for how long this protection might last. <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/antibody-testing>

Q: How long does the virus last on surgical mask, is it possible to reuse them every few days?

A: Please consult BCCDC PPE framework https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/ppe_allocation_framework_march_25_2020.pdf
Also consult New PPE documents on BCCDC http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PPESupplyAssessmentDistributionProtocol.pdf

Q: How are practices with multiple in-person visits handling PPE with insufficient supply from health authorities?

A: With variable difficulty. Doctors of BC is doing their best to advocate for us in a challenging environment. Judicious reuse is common, and there are effective and simple strategies to reuse most PPE safely. Costs are coming down and availability is going up, and we expect that trend to continue.

Q: MDs were re-opened at the same time as hairdressers (my patients feel slighted by this). Are we over-doing the triaging and cleaning?

A: No. We are following the guidelines of our provincial health officer, based on our best understanding of the evidence as it evolves.

Q: Does WorkSafe recommend resting of a treatment room if an AGMP was performed? If so, where would I find this recommendation?

A: There is not enough evidence to support a strong recommendation regarding room air recirculation times unless the patient is COVID positive or COVID suspected, in which case, the AGMP should be performed in a hospital setting, with negative pressure isolation.

Q: Is anyone using an air purifier in exam rooms like dentists use?

A: Perhaps electively, but not based on a recommendation by the BCCDC, the Provincial Health Officer, or WorksafeBC at this time.

Q: As a psychologist, I am not doing invasive procedures but spend a minimum of one hour with a patient. How does that affect risk for the patient and/or me?

A: There is a clear association between exposure time and transmission risk, and the WHO has a working definition of more than 15 minutes as a higher risk for exposure.

Q: Given that family practice is built on relationships, non-verbal communication, etc is so important. Does long term virtual care degrade the doctor-patient relationship?

A: This is fair. The quality of assessment (and thus diagnostic accuracy and encounter effectiveness) is diminished in these and other ways (including physical exams) with telehealth, and this is certainly a cost of a substitute assessment like a virtual visit.