COVID-19: Reopening Practice

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly 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.

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Note: This statement is applicable for the duration of the COVID-19 pandemic.

Please review Order 25-2020 from the Chief Medical Officer of Health and Alberta's Relaunch Strategy for the latest directives on the reopening of non-essential services in Alberta.

CPSA perspective

Due to the COVID-19 pandemic, physicians were required to discontinue the provision of non-essential health services and limit practice to "services deemed urgent by the health professional providing the service." CPSA has provided guidance elsewhere on how we, as a profession, define what care is considered urgent.

CPSA thanks all physicians for making practice accommodations to ensure patients receive safe and timely care during the COVID-19 pandemic. Your efforts to provide care using digital technology and limiting face-to-face interactions to urgent matters only has been critical in limiting the spread of COVID-19.

We have now entered a phase where some restrictions are being lifted by Alberta's Ministry of Health. This document is intended to guide physicians on the safe re-opening of practice, including implementation of appropriate infection prevention & control protocols.

As a self-regulating profession, our expectation is physicians will collaborate with colleagues in similar practices when making these decisions. It's important to share best evidence, get advice from guiding professional organizations and draw on personal experience. This will help guide your practice decisions and decrease some of the pressure many physicians are feeling to ensure they are making the best choices for the safety of patients, clinic staff and themselves under difficult circumstances.

Considerations in determining resumption of services

First and foremost, CPSA advises physicians to follow the advice and orders of Alberta's Chief Medical Officer of Health. Generally, these orders are high-level and may require physicians to make a judgment to determine if provision of a service is in the best interest of an individual patient.

When advising patients, physicians should refer to the Chief Medical Officer of Health's advice whenever possible. Using virtual care as a means to assess which services should be

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offered in person remains helpful in many cases where there is uncertainty. Virtual care should still be used whenever appropriate, such as when a physical examination is not needed (e.g., some routine prescription refills and providing a patient with test results). Please review the COVID-19 Virtual Care Advice to the Profession document for further advice.

> **Virtual care should still be used when a physical examination is not needed.**

However, there are many circumstances when a physical examination, procedure or diagnostic test may be needed to ensure adequate care. At this time, it is reasonable to resume the provision of routine care. The decision about when to bring a patient into a community-based facility (an accredited facility or a private physician office) should be made carefully and it is imperative that patient screening guidelines for COVID-19 are adhered to (Appendix A). For all services offered in AHS facilities, physicians should follow the guidance of AHS.

Consider the following questions when deciding to bring a patient into an office or community facility:

- Is the patient visit urgent/crucial to the patient's health?

- Does the patient feel the benefit of 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 by having the patient travel to a community office or health facility?

- Could further delay in the provision of care or preventative health maintenance result in a worse outcome for the patient?

- Will offering care in a community setting lessen the burden on hospital facilities?

- Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated? What impact might that have on limited resources?

- 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 that the care is 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 or facility, could you justify your decision-making?

- Can you mitigate any risk to keep yourself and your staff safe?

- Can you implement the appropriate onsite infection prevention & control precautions?

Once a decision has been made on the best mode of care—in person or virtually—the rationale should be documented in the patient record.

As a self-regulating profession, physicians must work closely together to determine what is best for their patients and recognize the need to be flexible in their thinking as they adjust to the evolving situation. CPSA trusts physicians will make decisions in the best interest of the public good.

Onsite infection prevention & control (IPAC) precautions
Written workplace policies and procedures should be developed to address the COVID-19 pandemic response. All community healthcare settings need to implement appropriate procedures to protect their staff and patients prior to re-opening. A checklist (Appendix A) is available to guide your onsite IPAC practices, and a comprehensive set of guidelines is also available.

PPE INFORMATION
Alberta Health is taking steps to ensure physicians are supported with an adequate amount of PPE and supplies. Physicians should check AHS' website regularly for the most up-to-date information.

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Additional information on procurement of PPE is available through Alberta Health's Biz Connect and the Alberta Emergency Management Agency.

The Alberta College of Family Physicians (ACFP) offers the following advice for primary care physicians:

- PCN member clinics: all PCNs can order PPE from AHS for their member clinics

- PCN hubs are also distributing PPE to non-PCN primary care clinics who meet the required criteria

Resources
1. Alberta Health (2020): COVID-19 info for Albertans
2. Alberta Health Services (2020): Information for Community Physicians (COVID-19)
3. Alberta Health Services (2020): Interim IPC Recommendations COVID-19.
4. Alberta Labour (2020): Resources on minimizing risk from respiratory viruses in the workplace.
5. Alberta Medical Association (2020): Resource Centre for Physicians (COVID-19)
6. CPSA (2020): Resources for Physicians During COVID-19
7. Government of Alberta (2020): Alberta Biz Connect
8. Government of Canada (2020): Coronavirus disease (COVID-19): For health professionals
9. Government of Canada (2020): Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic

RELATED STANDARDS OF PRACTICE

- *Continuity of Care*
- *Responsibility for a Medical Practice*
- *Telemedicine*

COMPANION RESOURCES

- Advice to the Profession documents:
  o COVID-19: Defining "Urgent"

- o   [COVID-19: Difficult Practice Decisions](#)
- o   [COVID-19: Virtual Care](#)
- [Patient FAQs: COVID-19: Medical Care](#)

Appendix A: COVID-19 Checklist

COMMUNICATION FOR STAFF AND VOLUNTEERS

☐ COVID-19 resources

☐ Available social and mental health supports

☐ Notification of COVID-19 workplace precautions and staff roles/responsibilities

☐ Cancellation of non-essential travel outside Canada

☐ Posting of COVID-19 information

☐ Language considerations, including information sheets

☐ Isolation orders

WORKPLACE CONSIDERATIONS

☐ Prepare for increases in absenteeism

☐ Review sick leave policies

☐ Review job-protected leave under Employment Standards Code

☐ No requirement for medical notes

☐ Up-to-date contact lists

☐ Information that allows contact tracing

☐ Physical barriers at reception

☐ Minimize use of waiting room

SCREENING

☐ Screen staff, volunteers, and patients CMOH 05-2020

□ Confirmed cases of COVID-19 (10 day isolation)

□ COVID-like symptoms (10 day isolation)

□ International travel (14-day quarantine)

□ Close contacts of COVID-19 cases (14-day quarantine)

□ Additional 10 day isolation if sick during 14-day quarantine

□ Employees, contractors (including physicians), and volunteers complete active, daily health assessment screening on arrival

□ Patients screened on the phone when booking appointments

□ Patients screened in-person on arrival

SYMPTOMATIC PATIENTS
□ Direct COVID-19 symptomatic patients to online self-assessment tool

SYMPTOMATIC PATIENTS ONSITE
□ Adopt AHS Interim IPC Recommendations for COVID-19

□ Provide surgical/procedure mask, send home in private transportation if possible

□ Advise to complete online self-assessment when at home

□ Clean and disinfect affected areas

□ Record names of close contacts

SYMPTOMATIC PATIENTS ONSITE–EXCEPTIONS (CARE CANNOT BE DELAYED)
□ Adopt AHS Interim IPC Recommendations for COVID-19

□ Set dedicated time for symptomatic patients

□ Minimize in-person time required (assess virtual care)

□ Advise patient to wait outside clinic if possible

□ Provide surgical/procedure mask

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☐ Assess need for contact/droplet precautions and PPE

☐ Dedicate an exam room

☐ Clean and disinfect areas between patients

STAFF, VOLUNTEER OR PATIENT DIAGNOSED WITH COVID-19

☐ Prepare to be contacted by and collaborate with AHS on public health guidance

PREVENTION–ROUTINE PRACTICES AND OTHER CONSIDERATIONS

☐ Hand Hygiene

    ☐ Promote and facilitate 4 moments of hand hygiene

    ☐ Wash with soap/water or use 60-90% alcohol-based hand rub

    ☐ Wash hands if visibly dirty

    ☐ Check AHS hand hygiene education page

    ☐ Hand hygiene before and after glove use

    ☐ Alcohol-based hand rub available to patients at entry

☐ Encourage respiratory etiquette

☐ Enhanced environmental cleaning

    ☐ Clean first to remove soil, disinfect after to kill germs

    ☐ Communicate and monitor enhanced cleaning with staff

    ☐ Product has Health Canada DIN (see label)

    ☐ Disposable equipment where possible

    ☐ Attention to high-traffic areas – door knobs, light switches, computers, etc.

    ☐ Remove communal items – newspapers, magazines, stuffed toys, etc.

    ☐ Hand hygiene prior to handling equipment

    ☐ Clean and disinfect equipment according to manufacturer's instructions

- ☐ Clean and disinfect shared equipment between patients

- ☐ Clean and disinfect staff equipment at least daily and when soiled

- ☐ Adequate supplies of soap, paper towel, toilet paper, hand sanitizers

- ☐ Follow instructions for difficult to clean items or contact ipac@cpsa.ab.ca

☐ Personal protective equipment (PPE)

- ☐ Continuous masking (surgical/procedure) during direct patient care

- ☐ Continuous masking (surgical/procedure) during work in patient care areas

- ☐ Continuous masking (surgical/procedure) if physical distance cannot be maintained

- ☐ Continuous masking (surgical/procedure) if physical barriers and distancing cannot be maintained

- ☐ Staff awareness of masking rationale – asymptomatic transmission

- ☐ N95s not used unless performing aerosol generating medical procedures

- ☐ Staff perform point-of-care risk assessment and utilize PPE

- ☐ Check AH PPE Guidelines and AHS PPE FAQs

☐ Physical distancing and gathering

- ☐ Maintain 2m separation between individuals

- ☐ Restrict number of staff, volunteers, patients in setting at any one time

- ☐ Spread out appointments

- ☐ Install physical barriers (e.g., partition, window) where feasible

- ☐ Increase separation of desks and workstations

- ☐ Eliminate or re-structure non-essential gatherings (move to virtual staff meetings)

- ☐ Limit people in shared spaces (e.g., lunchrooms), stagger break periods

- ☐ Limit hours of operation or set specific hours for at-risk patients

AWARENESS OF AVAILABLE RESOURCES

☐ Alberta Health (2020): [COVID-19 info for Albertans](#)

☐ Alberta Health Services (2020): [Information for Community Physicians (COVID-19)](#)

☐ Alberta Health Services (2020): [Interim IPC Recommendations COVID-19](#)

☐ Alberta Labour (2020): [Resources on minimizing risk from respiratory viruses in the workplace](#)

☐ Alberta Medical Association (2020): [Resource Centre for Physicians (COVID-19)](#)

☐ CPSA (2020): [Resources for Physicians During COVID-19](#)

☐ Government of Canada (2020): [Coronavirus disease (COVID-19): For health professionals](#)

☐ Government of Canada (2020): [Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic](#)