

Key Learnings & Recommendations for COVID-19 in Primary Care

Iterative Findings from n = 7 Tabletop Simulations (as of May 9, 2020)

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High Level Findings

1. Redundancies in communication are important (e.g. colour-coded signs, duplicate messaging for clean/dirty, location markings, etc.).
2. Many of the changes you make during the pandemic will be applicable after the pandemic. Good practices are transferrable!
3. Infection Prevention and Control is a foundational piece of practicing good, safe medicine – regardless of COVID-19.
4. Patients who have symptoms of COVID-19 and/or Influenza-Like Illnesses (ILI), should be treated equally.
5. There are currently no established guidelines, recommendations, or pathways for providing home visits to COVID-19/ILI patients in the community.

Recommendations

For your patients

- › **Collect updated emergency contact information for every patient who attends your clinic.**
 - Many of the referral pathways will not routinely collect this information.
 - The care of patients with COVID-19 may require different emergency contact preferences, especially those related to children or the elderly.
- › **Follow best practices for patient screening**
 - Avoid phrases like “acute respiratory illness”; use common terms, such as ‘shortness of breath’ or ‘cough’.
 - Screen everyone who enters or plans to enter your clinic, regardless of recent phone or web-based screenings.
 - Add screening question for patients recently discharged from hospital: “Have you been swabbed/tested for COVID-19 while in hospital?” Many test results may still be pending and/or not immediately available on NetCare.
 - Take patients’ histories over the telephone, if possible, to minimize physical contact between the healthcare provider and the patient.
- › **Enforce mandatory hand hygiene and donning of a mask at entry points**
 - Supply easily accessible hand hygiene pumps, in line of sight. Masks are not recommended for patients who have no symptoms of COVID-19 or an Influenza Like Illness (ILI) and who are not suspected of having Tuberculosis.
<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf> (17 April 2020)

- However, masks are required for asymptomatic patients who are already self-isolating or residents from congregate living sites with a COVID-19 outbreak.
<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf>
- In addition, some Clinics might wish to have all their patients don a medical/procedural mask, which can be given individually to each patient for use on entry. (Masks provided in boxes will be contaminated by patients taking them out of the box.)
- Include laminated AHS instructions for proper hand hygiene close to the hand hygiene pumps. <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf>
- Instruct patients about where and how to dispose of their masks.
- Note: Patients should not be given gloves. Although wearing gloves can sometimes remind patients not to touch their faces, based on best IPC practices, gloves become contaminated immediately on use and impede appropriate hand hygiene. Gloves should be reserved for healthcare workers.
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-public-faq.pdf> (14 April 2020)

For your clinic

General

- › **If possible, seeing patients by tele-consult is preferred at this time.**
- › **Establish a consistent COVID-19/ILI notation system in your EMR.** This should readily flag patients as COVID-19 presumptive, confirmed, or suspected. Examples include using “Isolation” to cover all possible COVID-19/ILI patients.
- › **Determine designated times to exclusively receive COVID-19/ILI patients.** This minimizes potential interaction within the Clinic with other members of the community. Having designated times also reduces the complexity of managing COVID-19/ILI patients by staff. Timeslots for COVID-19/ILI patients should preferably be at the end of the day, as this also facilitates end-of-day cleaning.

Personal Protective Equipment (PPE)

- › **Use AHS checklists** for donning and doffing, preferably laminated and readily available in highly visible locations. The SPECTRUM app (<https://spectrum.app>) includes the AHS donning and doffing posters.
- › **Establish a buddy system** for all donning *and* doffing of PPE. A buddy does not need formal training in PPE and should read the instructions from the AHS checklist, step by step. Also, the SPECTRUM app can be used as a ‘digital buddy’, although only for donning. If the app were to be used as an aid to doffing, then the digital device (e.g., phone) should be held by another person, to minimize the possibility of self-contamination.

- › **Do not double glove.** Instead, change gloves when they are contaminated and perform hand hygiene between every change. Double gloves should be preferentially reserved for those performing surgical and obstetrical procedures because of the volume of blood loss, and those handling chemotherapy and other hazardous materials.
- › **Gown and gloves must be changed between each patient encounter and all PPE should be changed between ILI symptomatic patients, as they might have coughed on and soiled the mask.** https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-contact-and-droplet-precautions-info.pdf#_blank (January 2019)
- › **Keep gloves readily available for regular environmental cleaning** after patient(s) have been discharged from the Clinic. All cleaning should include ‘double wiping’, the first ‘wipe’ for removal of biomatter and the second for disinfection.
- › **Maintain a stock of pediatric surgical masks, if available.** If your Clinic does not have child-sized masks, please contact your PCN leadership to acquire them for you.

Spatial Layout

- › **Clearly designate Exam Rooms where COVID-19 patients will be seen.** These designated COVID-19 Exam Rooms should be as close to the entry area as possible, to minimize patients travelling through clinical spaces.
- › **If possible, clearly establish and demarcate COVID-19 designated and clean zones.** Indicate these areas with visual cues, such as tape on the floor. If your Clinic is reserving a time during open hours for COVID-19 patients, ensure the clinical space can easily be redeployed for this COVID-19-based care, including zoning of space and adjustments to patients’ flow.
- › **Put reversible clean (blue)/dirty (red) indicators on the doors of all COVID-19 rooms as visual indicators of which rooms need cleaning.** These rooms should include the Toilet, Exam Rooms, and ‘Lounge’, to indicate which rooms are clean (blue) and which dirty (red) and therefore are ready to be cleaned. Note: these indicators must be easily cleanable, such as laminated plastic, with a metal or plastic loop for the door handle. These signs should not be placed in permanent plastic file folders on the doors, as the inner surfaces of these are very difficult to clean.
- › **Ensure systematic cleaning of all COVID-19 designated rooms.** This requires defining clear responsibilities for who will clean and creating a protocol for cleaning each room and any fixed equipment in the room. Cleaning should start at the back of the room and move to the front, cleaning from high surfaces to lower ones. Include in the protocol some reminders for easy-to-forget areas and equipment, such as keyboards in Exam Rooms. The choice of PPE for cleaning and the changing of this clothing will depend on the cleaning tasks.
<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-assmt-cntrs-covid-ppe-matrix-res-topics-z0-emerging-issues.pdf> (6 May 2020)

General Medical Equipment

- › **Keep wheelchairs or other mobility aids at entrance areas.** These should be reserved for less mobile patients. After use, clean thoroughly with approved ‘wipes’, paying particular attention to high-touch areas. Observe the patient entering the Clinic. Should the patient touch any part of the wheelchair or other mobility aid in the entrance area, then it must be thoroughly cleaned after the patient has left the Clinic.
- › **Ensure that oxygen (if available) is located close to the COVID-19 Exam Rooms.**
- › **Keep an easy-to-clean armless chair available for COVID-19 Exam Rooms.** This should minimize the need for patients to climb up onto the examining table.
- › **Ensure systematic cleaning of all equipment that is normally removed from an Exam Room.** This requires defining clear responsibilities for who will clean and creating a protocol for cleaning and disinfecting every piece of ‘removable’ equipment, such as stethoscopes. Try to avoid making exceptions to this rule, as these exceptions are easily forgotten or become ‘work-arounds’ under production pressure and in emergencies. Equipment should be cleaned in Exam Rooms and then removed to be transported to a clean zone. There the equipment should be re-cleaned, and placed in a clean tray, available for restocking the room for the next patient.
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-stescope-cont-drop-prec-z0-info-sht.pdf>
- › **Minimize charting in Exam Rooms.** If using paper, take in individual sheets rather than clipboards or notepads. Try to designate a charting computer outside the COVID-19 Exam Room. If charting is done electronically in the Exam Room, ensure the keyboard and mouse are wiped down as part of the cleaning process after visits.

Managing acutely unwell patients

- › **Prepare a standardized emergency communication protocol for when a 911 call is made.** This protocol might require initiating a complete shutdown of the rest of the Clinic’s operations until the situation is handled. Ensure that there is an easy way to establish and maintain communication between the COVID-19 and other zones of the Clinic.
- › **Ensure there are always 1-2 PPE kits in the clean zone.** These are for clean zone staff to be available to assist EMS. (EMS PPE should include an N95 mask each, as EMS might be required to perform intubation or CPR, which are considered Aerosol Generating Medical Procedures or AGMP). Have an extra donning/doffing checklist available for these locations. Try to implement the PPE buddy system if a clean zone employee must enter the contaminated zone for EMS/911 support. <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf> (13 March 2020)
- › **Step out of the Exam Room when EMS arrives.** If EMS announce that an AGMP is likely, then the staff must close the door to the Exam Room.
- › **Once EMS has left with the patient, doff PPE, while being supervised by a ‘buddy’.** Debriefing and recording of information in the patient’s EMR should then be conducted.