

## MEMO

**DATE:** Updated July 8, 2021

**TO:** Community and Family Physicians

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**RE:** Guidelines for Providing Services in Community Clinics

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### General

- **Medical Professionals Guidelines:** All medical services providers should continue to take measures to promote physical distancing where possible and, where not, to use appropriate personal protective equipment (PPE), where such guidelines remain in place.
- **The SHA has developed [Infection Prevention and Control Guidance for Outpatient and Ambulatory Care Settings](#) that should guide and inform processes in community clinics.**
- **Personal Protective Equipment:** There are protocols for donning, doffing and disposing of PPE. Information on appropriate use can be found [here](#). Watch a video for the PPE [donning](#) and [doffing](#) process. Physicians unable to source PPE through their usual means can order appropriate PPE through [Schaan Healthcare Products](#).
- **Continuous Masking and Screening:** While the SHA's [continuous masking, eye protection](#) and [screening](#) policies are not mandated for private physician offices, these policies have been developed to protect physicians, staff and patients and should be implemented in community offices. All healthcare providers should maintain physical distancing or wear appropriate PPE.
- **Virtual Care:** [Virtual care](#) through telephone or video consultation can remain an option where appropriate.
- **Self-Monitoring:** All physicians and staff must self-monitor for symptoms. Use the self-assessment tool at [www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19). Learn more about [Daily Fitness for Work Screening](#).

### Safety | Accountability | Respect | Collaboration | Compassion

With a commitment to a philosophy of Patient and Family Centred Care

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- **Patient Considerations, Clinic Considerations, Cleaning and Disinfection, Worker Health/Preventative Measures, Resources:** See below.

## **Patient Considerations**

### **Patient Bookings**

- Two-metre distancing between individuals should still be maintained. Patient bookings will need to be limited to maintain necessary infection prevention and control measures and should be prioritized by urgency.
- Physician offices that have lab, diagnostic and ancillary services within their clinic should consider pre-booked appointments and other measures to maintain physical distancing for infection prevention and control purposes.
- All patients should be screened at the time of their appointment booking and upon arrival for symptoms consistent with COVID. At the time of booking or in advance of an appointment, patients should be informed that they will be screened.
- Patients who screen positive at time of booking could be seen in clinic with appropriate [Infection Control and PPE protocols](#).
- To limit exposure, clinics may consider blocking a number of spots at the end of the day for symptomatic patients and those who have screened positive.
- In unanticipated circumstances where PPE cannot be secured, such as PPE shortages, patients may be redirected, based on the severity of their symptoms, to the ER or Assessment and Treatment Sites, where available. [Assessment and Treatment Sites – How to Refer](#)
- If patients must attend with children or other family members, those individuals must be included in the physical distancing expectations for the area. Should scheduling errors result in an inability to maintain appropriate distances, alternate waiting areas should be planned.

### **Patient Arrivals/Waiting Area**

- Alternate solutions to waiting in the office should be considered, such as asking people to wait in vehicles and texting or calling their appointments are ready.
- Seats in waiting areas must be spaced to maintain a minimum physical distance of two-metres. Household contacts are not required to sit separately.
- Visual cues for areas where patients/clients are required to queue should be marked and a directional flow through the facility established.
- Non-essential items should be removed from client waiting areas, including magazines, toys and remote controls.
- Common areas and other high-touch surfaces and objects should be cleaned and disinfected after each use, including reception counters, seating areas (including clinic room seats), doors, handrails, and objects or machines used in therapies.
- Commonly touched areas and shared equipment must be cleaned and disinfected at least twice daily or when visibly soiled. These include light switches, door handles, toilets, taps, handrails, countertops, mobile devices and keyboards.

## **Clinical Considerations**

- Encourage all eligible patients to get fully immunized.
- Review your patients' summary regarding end-of-life planning and offer to arrange a virtual appointment to discuss.
- Limit the exchange of papers. If documents must be exchanged, leave them on a clean surface while maintaining a two-metre distance. Avoid sharing pens and office equipment. Disinfect after each use.

- Many Primary Health Care Services have continued but in different formats. As the SHA moves toward resumption of services, more information on expansion of these activities will become available.
- The SHA will provide updates as additional services become more available.

## Cleaning and Disinfection

- The COVID-19 virus can survive for several days on different surfaces. Frequent cleaning and disinfection is necessary.
- Assign staff to dedicated work areas as much as possible. Discourage them from sharing phones, desks, offices and other tools and equipment.
- Clothing and fabric items should be laundered and dried on the highest temperature setting possible. Ensure items are thoroughly dried.
- Employees should be provided access to tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers approved by Health Canada (DIN or NPN number), disinfectants and disposable towels.
- Hand sanitizers should be approved by Health Canada (DIN or NPN number) to ensure they are effective.
- There is no need to observe settle time between patients (symptomatic or otherwise screen positive) unless an Aerosol Generating Medical Procedure (AGMP) has been performed.
- There is no need to clean the spaces differently for a symptomatic or patient who screens positive versus a patient who is asymptomatic or screens negative.
- For additional cleaning guidelines, click [here](#).
- For information on what you need to know and do to prevent the spread of COVID-19, click [here](#).
- For information on infection prevention and control, click [here](#).
- For Health Canada information on hard surface disinfectants and hand sanitizers, click [here](#).

## Worker Health/Preventative Measures

- Employers should have plans in place for increased worker absences due to illness or isolation.
- All businesses must have a workplace illness policy. If a policy does not currently exist or does not align with COVID-19 recommendations, the following should be included:
  - Sick employees must stay home or be sent home from work.
  - For employees housed in workplace accommodations (i.e. work camps), sick employees must be confined to their rooms until cleared for re-entry into the workforce.
  - Sick employees must use the Government of Saskatchewan's self- assessment tool for COVID-19 and follow the subsequent directions.
  - When employees go home sick, their work areas must be cleaned and disinfected.
- Consider accessing point of care testing (POCT) kits for use by all clinic staff and their families. POCT kits can be accessed here (insert link).

## Resources

- [Clinical Practice Resources](#)
- [Canadian Family Physician Choosing Wisely Canada Series](#)
- [College of Medicine Continuing Medical Education](#)
- [British Columbia College of Family Physicians](#)
- [CMA Ethical Considerations During Pandemic Document](#)
- [CPSS: Infection Prevention and Control for Clinical Office Practice](#)
- [AHS: Environmental Cleaning Guidelines during COVID-19 for Community Physicians and Teams](#)

Please contact your Area Department Lead, Area Division Lead, or network Director if you have any questions or comments.