Ontario College of Family Physicians
Leaders for a healthy Ontario

Frequently Asked Questions about IPAC, PPE and In-office Visits

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As Ontario opens up, we know that family physicians continue to have questions about evolving evidence.

Here are answers to some of the most common questions we have received from members as it relates to IPAC, PPE and in-office visits.

1. What PPE do I need/what are the IPAC requirements when seeing patients in-person given the new variants of concern?

Use PPE according to guidelines:

- For patients who **screen positive**, wear a gown, surgical mask, eye protection and gloves.
- For those who **screen negative**, a surgical mask is required. If patient is unmasked, eye protection is also required.

The OCFP's visual summary of PPE and Infection Control for In-office Assessments reflects current guidance.

2. Do surfaces in my office have to be cleaned after each patient visit?

Clean based on patient screen status:

- For patients who **screen negative**, use standard cleaning processes (i.e., as would normally be done pre-pandemic for IPAC).
- For patients who **screen positive**, disinfect patient-contact surfaces (i.e., areas within 2 metres of the patient) as soon as possible, and clean and disinfect treatment areas, including all horizontal surfaces and any equipment used on the patient (e.g., exam table, thermometer, BP cuff) before another patient is brought into the treatment area or used on another patient.

3. Do I need to wear a gown when seeing patients?

For patients who **screen negative for COVID-19, an isolation gown is not required**. For **patients who screen positive,** Droplet and Contact Precautions are required, including isolation gown. If you choose to wear a gown when seeing patients in general, change the gown when moving from a COVID suspect to a patient who has screened negative for COVID-19.

4. Should healthcare staff routinely wear eye protection while in the workplace?

According to guidance, for all interactions within two metres of patients **who screen negative,** eye protection (goggles or a face shield) is **required if the patient is unmasked**. If the patient is masked for the entirety of the visit, eye protection may be used based on clinical discretion.

5. Do I need to change my mask regularly if seeing non-COVID patients?

We can't be certain that any patient is COVID negative so it's prudent to wear a mask that is functioning effectively. That means you should change your mask if it's crushed, crumpled or wet – all of which affect the electrostatic filter; if it no longer fits properly; or if it becomes contaminated.

6. When a patient is fully vaccinated but has symptoms (has screened positive), is a COVID-19 test required?

Guidance requires a **patient to be tested if symptomatic or when there has been a high-risk exposure.** Note the different requirements for **self-isolation** for fully vaccinated individuals and their close contacts versus those who are not fully vaccinated: those who are full vaccinated generally **do not have to isolate** following a high-risk exposure.

7. When fully vaccinated, must patients and healthcare workers abide by the same protocols?

There are two main scenarios where those fully vaccinated and unvaccinated do not abide by the same protocols:

- Case management: Fully vaccinated close contacts ("high-risk" contacts) of COVID-19 positive patients should still be encouraged to get tested but are no longer routinely required to self-isolate for 14 days from last exposure to the case.
- Healthcare worker self-isolation and return to work – see applicable section in OCFP summary of guidance.

8. How can I improve ventilation for better air quality and to help mitigate the risk of aerosol transmission in my clinic?

Air quality improvement through ventilation and filtration is a known mitigation strategy for COVID-19 transmission. This is an emerging area for study, and we will continue to monitor. Tips and steps you might take now to improve office air quality include:

- Ensure the ventilation system is functioning and optimized by having it inspected or requesting a report from the building owner/landlord.
- Improve outdoor air exchange by **keeping doors and windows open if possible and using fans** to circulate air, ensuring that fans are positioned to avoid blowing air from one person to another.
- Consider using a cleaner with a **HEPA (high-efficiency particulate absorbing) filter** if HVAC is very poor or non-existent, or there is no outdoor air exchange. If using, ensure HEPA exhaust is pointed away from people.
- For more information, see this Public Health Ontario guide (not specific to health care) and these FAQs on portable air cleaners; the CDC outlines additional strategies and tools for improving building ventilation in the context of virus transmission.

9. With ongoing concerns about transmission, how do I know which patients to see in person and which virtually?

See the OCFP's updated guidance for more on balancing in-person and virtual care, including principles to guide decision-making. It reflects the Ministry of Health's updated guidance and the CPSO's updated FAQ for physicians on striking the right balance between providing in-person care and virtual care.

With increasing vaccination rates and adequate access to PPE, the Ministry has moved away from a 'virtual first wherever possible' approach, noting that in most instances, "in-person care can now be provided safely and appropriately".

A reminder that PPE allocations are still available from the provincial pandemic stockpile – Q&A here.

10. How can I set up the flow of my office to help with seeing patients safely?

Practical ways to reduce transmission risk in your office include removing non-essential items, minimizing the time patients spend in the waiting room, and considering the flow of staff and patients within the space. See the OCFP's Practice Tips for In-office Assessment.