

COVID-19 Guidance for Primary Care Providers in a Community Setting

This document has been updated from the February 19, version. The following changes have been made:

- Changed messaging from “Testing for COVID” to “Referral for Testing” throughout document
- Removed section on Nasopharyngeal swabs.
- Updated information on Personal Protective Equipment. Clarified circumstances that require a negative pressure chamber throughout document
 - General: What you need to know
 - Appendix D
- Updates statements within section COVID-19 Immunization on:
 - Recommendations for prioritization and sequencing
 - Physicians and provision of COVID-19 Vaccines

This fact sheet has been adapted with permission from the Ontario Ministry of Health and provides basic information only. It is not intended to take the place of medical advice diagnosis or treatment. Please ensure you have the most current version as the information may change

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GENERAL

Preamble

Primary care providers

- Primary care providers are expected to meet their professional obligations by providing or arranging ongoing care for their patients irrespective of any symptoms consistent with COVID-19 or whether their patients have been identified as having COVID-19 exposure risk.
- While they may not be required to assess patients in person, they are expected to consult with patients over the telephone or through other means of telemedicine.
- Primary care providers will exercise clinical judgement to determine whether an in-person visit is necessary.
- *For patients screening positive over the phone or upon arrival at clinic, the primary care provider should continue the usual clinical assessment and treatment protocol (as applicable), even if COVID-19 testing is being considered as part of the diagnostic plan.
- Primary care providers can mitigate Covid-19 risk by implementing workplace measures within the practice's scheduling, office design, office procedures, use of PPE and infection prevention and control measures.

Covid-19 Assessment Centres (Horizon)/Covid-19 Screening Clinics (testing centres)

- Covid-19 assessment centres and Covid-19 screening clinics are testing centres only.
- Symptom triage is not available at testing centres.

Case Definition

For the most current case definition please go to: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

What You Need to Know

- 1. Active and passive screening:** Primary care settings should undertake active screening (asking questions) and passive screening (signage) of patients for COVID-19. Refer to screening and triage section.
- 2. Screen negative (active or passive):**
 - Follow recommendations for personal protective equipment as outlined in the table below
- 3. Screen positive (active or passive)/suspect COVID-19:**
 - Patients presenting with signs and symptoms and exposure criteria consistent with COVID-19 infection should be assessed in a timely manner and placed on contact and droplet precautions immediately as outlined in the table below.
 - Patients should be placed in their own room with the door closed.

Personal Protective Equipment	
Screen Negative (active or passive)	Routine precautions and continuous use of masks for full shifts (*see rationale below)
Screen Positive (active or passive) (Suspect COVID-19)	Routine precautions plus droplet and contact precautions : <ul style="list-style-type: none"> • gloves • long-sleeved gown • facial protection, such as surgical/procedural mask and eye protection, face shield or surgical/procedural mask with visor attachment
Aerosol generating medical procedures are needed	In addition to the above, all health care workers must wear N95 respirator (and eye protection) <p>The following circumstances also require negative pressure chamber</p> <ul style="list-style-type: none"> • Intubation and related procedures (e.g., manual ventilation open endotracheal suctioning) • Bronchoscopy • Sputum induction • Non-invasive positive pressure ventilation (e.g., continuous positive airway pressure, bilevel positive airway pressure)

[Infection prevention and control for COVID-19: Interim guidance for acute healthcare settings - Canada.ca](https://www.canada.ca/en/public-health/services/infection-prevention-and-control-for-covid-19-interim-guidance-for-acute-healthcare-settings.html)

- **Continuous Use of Masks for Full Shifts in Community Care Settings Rationale**
 - When COVID-19 is not suspected, follow the directive on the Continuous Use of Masks for Full Shifts in Community Care Setting.
 - This directive is in response to the emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19 and is meant to prevent transmission of COVID-19 by HCWs to their patients and co-workers.
 - Continuous use of masks is the practice of wearing the same mask for repeated close contact with different patients, without removing the mask between patient encounters.
 - The duration of the continuous use is dependent on the nature of the task or activity being undertaken.
 - It is recommended that health care workers minimize their mask use to two masks per shift where possible. The mask must be changed if soiled, wet or damaged.
 - All HCWs working in all patient care areas who have any face-to-face (direct) or indirect contact with patients must wear a surgical/procedure mask continuously, at all times and in all areas of their workplace when a physical distance of two metres cannot be maintained and a physical barrier (ie: plexiglass) is not in place to prevent transmission of droplets.

4. **Hand hygiene:** Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment. For more detailed information visit: [Infection prevention and control for COVID-19: Interim guidance for acute healthcare settings - Canada.ca](#)
5. **Routine cleaning:** Routine cleaning twice per day and if COVID is suspected then wipe down after each patient of touched surfaces including waiting room chairs. Please refer to [Environmental Cleaning and Disinfection](#).
6. **Duty to Report:** Primary care providers have a duty to report a patient who is a suspect COVID-19 case to regional public health : https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html
7. **Staff involved in immunization** should wear a medical mask. For more information refer to [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID-19](#)
8. **New Brunswick recommendations may differ and change over time based on the changing epidemiology of COVID-19.** Recommendations are based on [PHAC's Infection prevention and control for COVID-19: Second interim guidance for acute healthcare](#) settings and apply in geographical areas where there is known or possible community transmission of COVID-19.

Virtual Versus In-Person Care

Virtual care cannot fully replace in-person care. When appropriate, primary care providers should conduct a consultation over the phone, video, or secure messaging to determine if a virtual/telephone consultation will suffice or if an in-person appointment is necessary and/or more appropriate. In-person care is essential for certain conditions and some patients cannot fully benefit from virtual care. Primary care providers should continue to exercise clinical judgement to determine whether an in-person visit is necessary. Please refer to the Canadian Medical Association resources included below for guidance on virtual care and balancing in-person and virtual visits in primary care.

In practical terms, you can safely use virtual care to:

- assess and treat mental health issues
- assess and treat many skin problems (photos submitted in advance provide resolution that is much better than the resolution of even a high-quality video camera)
- assess and treat urinary, sinus and minor skin infections (pharyngitis too if you can arrange throat swabs)
- provide sexual health care, including screening and treatment for sexually transmitted infections, and hormonal contraception
- provide travel medicine. The [NB Mandatory Order](#) and the [Government of Canada](#) guidance on travel clarify when travel is permitted or not

- assess and treat conditions monitored with home devices and/or lab tests (e.g., hypertension, lipid management, thyroid conditions and some diabetes care; in-person consultations will still be needed for some exam elements)
- review lab, imaging and specialist reports
- conduct any other assessments that do not require palpation or auscultation

Virtual Care Playbook, CMA, March 2020. https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

Considerations for balancing in-person and virtual visits in Primary Care during COVID-19; CMAJ blog, May 2020. http://cmaiblogs.com/wp-content/uploads/2020/05/Ramping-up-in-person-office-visits.pdf?utm_source=link.cep.health&utm_medium=urlshortener&utm_campaign=covid-resume

SCREENING AND TRIAGE

Office / Clinic Readiness

- Ensure your medical office/clinic has onsite capacity to safely conduct clinical assessments.
- Train your medical office assistants/reception staff on the screening questions using the COVID-19 Screening Tools for Primary Care Providers in Community Settings updated December 2020 (Appendices A & B).
- Screen your patients at the point of entry to your clinic.
- **Reception Area:**
 - Ensure reception staff are at least two (2) meters away from patients and ready to apply precautions when applicable.
 - Staff conducting screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect reception staff from sneezing/ coughing patients. When not behind a plexiglass barrier and not able to maintain a 2 metre distance, the staff will wear a medical mask.
- **Primary Care Provider:**
 - Staff can reach out to the public health team if they have specific consultations and want input as per usual process.
 - Refer to www.gnb.ca/coronavirus on the COVID-19 GNB Home page to stay informed.

Passive screening (Appendix A)

- Post signage (Appendix A) on entry to the office and at reception areas for patients with symptoms to:
 - self-identify as screening positive
 - wear a procedure/community cloth mask
 - perform hand hygiene
 - cover their nose and mouth with their arm when coughing and sneezing
- Ensure access to tissue and a waste receptacle.

Active screening (Appendix B)

- Patients should be screened over the phone before scheduling appointments.
- Where patients present without phone screening, trained staff should screen patients upon entry using the screening tool (Appendix B).

Clinical Assessment by Clinicians / Primary Care Providers for Positive Screening

a. Positive screen by phone or digital media (virtual)

- Clinicians should take a detailed history and conduct an assessment by phone or digital media to determine if the patient meets the case definition of a suspect case.
- Primary care providers should offer clinical assessment, examination, and refer for testing (as indicated)
- Decisions about testing location are dependent upon the patient's symptoms, their exposure history, and local resources for conducting testing.
 - If appropriate, they should be referred to a COVID-19 testing centre according to established processes. Refer to Testing for Covid-19 and Reporting of Suspect Covid Cases section of this document.
 - Do not send patients directly to a Covid-19 testing center.
 - If patient requires a referral to hospital, the primary care provider should coordinate with the hospital and the patient to make safe arrangements for travel to the hospital that maintains isolation of the patient.

b. Positive screen (active or passive) in office / clinic setting

- Primary care providers should offer clinical assessment, examination, and refer patient for testing (as indicated) in their office/clinic setting, ensuring droplet and contact precautions are in place.
- Patients should be given a procedure mask and placed in a room with the door closed on arrival to avoid contact with other patients in common area of the practice (e.g. waiting rooms).
- Primary care providers should take a detailed history and clinical examination to determine if the patient meets the case definition of a suspect case.
- Decisions about testing location are dependent upon the patient's symptoms, their exposure history, and local resources for conducting testing.
 - If appropriate, a referral should be made for testing at a COVID-19 testing centre according to established processes. Refer to Testing for Covid-19 and Reporting of Suspect Covid Cases section of this document.
 - Do not send patients directly to a COVID-19 testing center.
 - If patients are referred to hospital, the primary care provider should coordinate with the hospital and the patient to make safe arrangements for travel to the hospital that maintains isolation of the patient.
- The primary care provider should contact public health to report the suspect case.

REFERRAL FOR TESTING AND REPORTING OF SUSPECT COVID-19

Primary care providers play an important role in supporting the response to suspected cases of COVID-19.

- For patients deemed as meeting criteria for testing for COVID-19, please refer for testing by:
 - completing the COVID-19 Combined Referral and Lab Requisition Form and faxing according to directions on the bottom of the form or [request a test online](#)
- As per routine practice, all specimens collected for laboratory investigations should be regarded as potentially infectious. Clinical specimens should be collected and transported in accordance with organizational policies and procedures
- Notify Regional Public Health when COVID-19 is suspected and a referral for testing is sent using the Notifiable Disease and Events Notification Form 2020 for the appropriate Region. Contact your local Public Health Office:
 - [Public Health Region 1](#)
 - [Public Health Region 2](#)
 - [Public Health Region 3](#)
 - [Public Health Region 4](#)
 - [Public Health Region 5](#)
 - [Public Health Region 6](#)
 - [Public Health Region 7](#)

COVID-19 IMMUNIZATION

- Primary care providers play an important role in supporting the provincial immunization effort to protect citizens from COVID-19.
- New Brunswick is basing its prioritization and sequencing on the recommendations provided by the National Advisory Committee on Immunization (NACI).
- For COVID-19 vaccination information and resources, please refer to the following GNB website:
 - <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/nb-vaccine.html#3>
- Notify your regional Public Health for any adverse events following COVID-19 immunization using [New Brunswick's Adverse Events Following Immunization \(AEFI\) Report Form](#). Contact information for each local public health office can be found on the first page of the NB AEFI Report Form.

APPENDICES

Appendix A: COVID-19 Screening Tool for Primary Care Providers in Community Settings: Passive Screening

COVID-19 Screening Tool for Primary Care Providers in Community Settings: **Passive Screening**



If you answer '**YES**' to any of the following questions, **please advise office staff.**

Do you have **TWO (2) OR MORE** of the following symptoms that are not related to a known pre-existing health condition (i.e., seasonal allergies)?



Fever



Cough (or worsening cough)



Diarrhea



Loss of sense of smell and taste



In children, purple markings on the fingers and toes



Runny nose



Sore throat



Muscle pain



Headache



Fatigue/ exhaustion

Within the past 14 days:

- Have you been diagnosed with COVID-19?
- Have you had close contact with a confirmed case of COVID-19?
- Have you been told by public health that you may have been exposed to COVID 19?
- Have you returned from travel outside of New Brunswick?

Advise office staff if your response to **ANY** of the screening questions is **YES**, and



Wear a mask



Wash your hands



Cover your cough

If you develop symptoms at a later date, please refer to the self-assessment link on the Government of New Brunswick webpage.

Follow Public Health advice if you are waiting for testing results for COVID-19 or have been told to self-isolate.

Appendix B: COVID-19 Screening Tool for Primary Care Providers in Community Settings: Active Screening

Screening Questions:

1. Do you have 2 OR MORE of the following symptoms:
 - fever
 - new cough or worsening chronic cough
 - runny nose
 - headache
 - sore throat
 - new onset of fatigue or new onset of muscle pain
 - diarrhea
 - loss of smell or taste
 - in children; purple, blue or reddish marks on the fingers or toes

2. Within the past 14 days:
 - a. Have you been diagnosed with COVID-19?
 - b. Have you had close contact with a confirmed case of COVID-19?
 - c. Have you been told by public health that you may have been exposed to COVID-19?
 - d. Have you returned from travel outside of New Brunswick?

Recommendations for the Clinic Based on Covid-19 Screening Results

If response to ALL of the screening questions is	COVID Sreen Results	Recommendations for Infection, Prevention and Control
NO	Negative	<ul style="list-style-type: none"> • Routine precautions and continuous use of masks for full shifts
YES	Positive	<ul style="list-style-type: none"> • Provide patient with a surgical mask • Place patients in a room with the door closed on arrival to avoid contact with other patients • Follow routine precautions plus droplet and contact precautions

Appendix C: When and How to Self-Isolate (link to infographic)

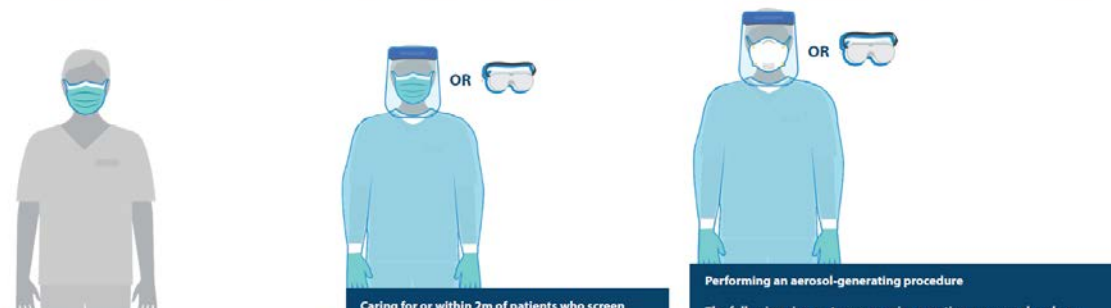
<https://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/Promo/covid-19/when-how-isolate.pdf>

Appendix D: Personal Protective Equipment (infographic)

(See the following page to print as needed)

What Personal Protective Equipment (PPE) to Use in your Community Practice COVID-19 Recommendations for Health Care Workers and Staff

Continuous mask use throughout office/clinic except when alone in a private office.



For all patient care and non-patient care areas within 2 metres of others who screen negative for COVID-19

- Surgical / procedure mask (medical Level 1 or greater)
- Hand hygiene before any patient interaction/sterile procedure and after every patient interaction/contact with body fluids
- PPE based upon point-of-care assessment

Caring for or within 2m of patients who screen positive for COVID-19

OR

Screening patients without a plexiglass barrier

- Surgical / procedure mask
- Eye protection
- Gloves
- Gown

Performing an aerosol-generating procedure

The following circumstances require negative pressure chamber: intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning); bronchoscopy; sputum induction; and, non-invasive positive pressure ventilation (e.g., continuous positive airway pressure, bilevel positive airway pressure)

- N95 respirator
- Eye protection
- Gloves
- Gown
- Airborne infection isolation room or room with a closed door

What Personal Protective Equipment (PPE) to Use in your Community Practice

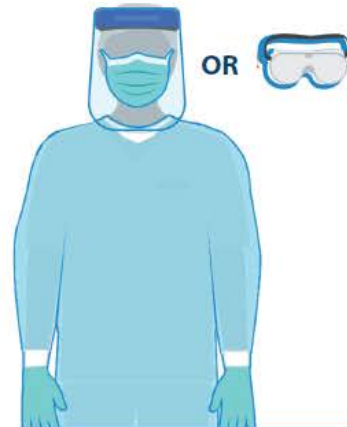
COVID-19 Recommendations for Health Care Workers and Staff

Continuous mask use throughout office/clinic except when alone in a private office.



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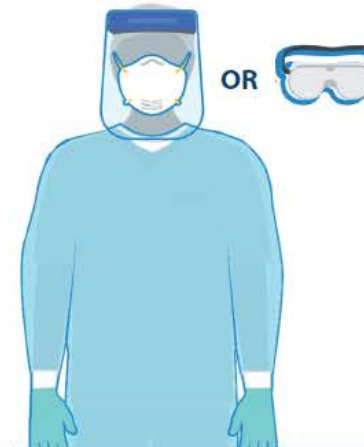


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The following circumstances require negative pressure chamber: intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning); bronchoscopy; sputum induction; and, non-invasive positive pressure ventilation (e.g., continuous positive airway pressure, bilevel positive airway pressure)

- N95 respirator
- Eye protection
- Gloves
- Gown
- Airborne infection isolation room or room with a closed door

REFERENCES :

Government of New Brunswick

www.gnb.ca/coronavirus

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/nb-vaccine.html#3>

[Questions and Answers for Providers: Influenza Vaccine Delivery in the Presence of COVID-19](#)

Government of Canada

[National case definition: Coronavirus disease \(COVID-19\) - Canada.ca](#)

[Coronavirus disease \(COVID-19\): For health professionals - Canada.ca](#)

[Individual and community-based measures to mitigate the spread of COVID-19 in Canada - Canada.ca](#)

[Infection prevention and control for COVID-19: Interim guidance for acute healthcare settings - Canada.ca](#)

Canadian Medical Association

[Virtual Care Playbook](#)

[Considerations for balancing in-person and virtual visits in Primary Care during COVID-19](#)