

Novel Coronavirus (COVID-19) Guidance for Primary Care Providers in a Community Setting

March 27, 2020

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

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. All primary care providers should follow routine precautions plus droplet and contacts precautions. This includes the appropriate selection and use of all the following personal protective equipment (PPE):
 - gloves
 - a long-sleeved gown
 - facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
 - If aerosol-generating medical procedures are needed, all HCWs should wear an N95 respirator (and eye protection)
 - 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: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

 - Routine cleaning twice per day of touched surfaces including waiting room chairs.
2. Primary care settings should undertake active screening (asking questions) and passive screening (signage) of patients for COVID-19 and develop plans for referral where they are unable to conduct testing in their settings.

3. 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, i.e. placed in their own room with the door closed.
4. If aerosol-generating medical procedures are needed emergently, all HCWs should wear an N95 respirator (and eye protection).
5. Nasopharyngeal (NP) swabs can be performed using contact and droplet precautions with medical/procedure mask and eye protection, and do not require the use of an N95 respirator. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
6. Primary care providers have a duty to report a patient who has or may have COVID-19 to regional public health: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html

Screening and Triage

For any patients requesting an appointment for fever and cough:

- Determine whether your medical office/clinic has onsite capacity to safely conduct clinical assessments and testing.
- Train your medical office assistants/reception staff on the screening questions using the updated [**case definition**](#).
- Screen your patients **at the point of entry** to your clinic.
- Ensure reception staff are at least two (2) meters away from patients and ready to apply precautions when applicable.
- Given the rapidly evolving COVID-19 situation, a discussion with the regional medical officer of health will no longer be required prior to ordering COVID-19 testing. Staff can continue to reach out to the public health team if they have specific consultations and want input in as per usual process.
- If you conduct testing at your office, please notify Regional Public Health when COVID-19 is suspected and a specimen is sent.
- If you plan to refer patients that you deem as meeting criteria that need testing for COVID-19, please refer on to a COVID-19 Assessment Center according to the processes established within the Regional Health Authorities (RHAs). Please refer to the following:
 - [March 16, 2020 - NEW DIRECTION on COVID-19 testing for clinicians .](#)
 - [March 20, 2020 - *CORRECTION* NEW DIRECTION on COVID-19 testing for clinicians](#)

Primary care providers play an important role in supporting the response to suspected cases of COVID-19. Primary care settings are being requested to conduct passive and active screening.

1. *Passive screening*

- Signage should be posted on entry to the office and at reception areas for patients with symptoms to self-identify, perform hand hygiene, wear a procedure mask, and have access to tissue and a waste receptacle.
- All patients should be instructed to cover their nose and mouth with their arm when coughing and sneezing.

2. *Active screening at reception areas*

Sample Screening

Is the patient presenting with:

1. Fever, and/or new onset of cough

AND any of the following:

2. Travel outside New Brunswick in the 14 days before the onset of illness

OR

Close contact with a confirmed or probable case of COVID-19

OR

Close contact with a person with acute respiratory illness who has travelled outside New Brunswick in the 14 days before their symptom onset.

- 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 above screening tool.
- 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.

3. What to do if a patient requires screening by phone or digital media?

- 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 person under investigation (PUI).
- Decisions about place of testing are dependent upon the patient's symptoms, their exposure history, and local resources for conducting testing.
- When droplet and contact precautions are in place, primary care providers may offer clinical assessment, examination, and testing (as indicated) in their office setting. If appropriate, they could be referred to a COVID-19 Community Assessment Centre according to the processes established within the RHAs.
- Please refer to the following:
 - [March 16, 2020 - NEW DIRECTION on COVID-19 testing for clinicians .](#)
 - [March 20, 2020 - *CORRECTION* NEW DIRECTION on COVID-19 testing for clinicians](#)
- **Do not send patients directly to an assessment 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.

4. What to do if a patient screens positive at the office?

- When droplet and contact precautions are in place, primary care providers may offer clinical assessment, examination, and testing (as indicated) in a clinic setting. 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 PUI.
- Decisions about place of testing are dependent upon the patient's symptoms, their exposure history, and local resources for conducting testing.
- If testing is unavailable in the physician's office, a referral should be made for testing at a COVID-19 Community Assessment Center according to the processes established within the RHAs.
- 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 if testing in their office occurs.
- 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.

Testing

- All primary care providers have a duty to report a patient who has or may have COVID-19 to the regional public health office.
- Please see **the latest guidelines to assist your decision to order COVID-19 testing** at www.gnb.ca/coronavirus on the Health and Allied Health Professionals page.

5. *What to do if a patient has a history of international travel within the last 14 days but is asymptomatic?*

- Advise the patient to **self-isolate** for 14 days up on arrival into ~~Canada~~.
- Advise to **self-monitor** for symptoms.
- Advise to call 811 and to **self-isolate** if symptoms develop.

At this time:

- Almost all cases have direct or indirect link to travel outside ~~Canada~~.
- Infection prevention & control measures should be in place.

For more information

- Visit www.gnb.ca/coronavirus
- 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](#)

References:

www.gnb.ca/coronavirus

[Coronavirus disease \(COVID-19\): For health professionals infection/health-professionals.html](#)

[Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)