The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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Note: This statement is applicable for the duration of the COVID-19 pandemic.

Please review Order 16-2020 from the Chief Medical Officer of Health and Alberta’s Relaunch Strategy for the latest directives on the reopening of non-essential services in Alberta.

CPSA perspective
Due to the COVID-19 pandemic, physicians were required to discontinue the provision of non-essential health services and limit practice to “services deemed urgent by the health professional providing the service.” CPSA has provided guidance on how we, as a profession, define what care is considered urgent.

CPSA thanks all physicians for making practice accommodations to ensure patients receive safe and timely care during the COVID-19 pandemic. The efforts to provide care using digital technology and limiting face-to-face interactions to urgent matters only has been critical in limiting the spread of COVID-19.

We have now entered a phase where some restrictions are being lifted by Alberta’s Ministry of Health (CMOH Order 16-2020, which amends CMOH Order 07-2020). For an up-to-date list of essential services and the Government of Alberta’s relaunch strategy, please refer to the Alberta Health website.

This document is intended to guide physicians in determining which services are reasonable to resume. We recognize that physicians would like very clear and specific direction on what is considered “reasonable,” but it is not possible for us to address all scenarios.

As a self-regulating profession, our expectation is physicians will collaborate with colleagues in similar practices when making these decisions. It’s important to share best evidence, get advice from guiding professional organizations and draw on personal experience. This will help guide your practice decisions and decrease some of the pressure many physicians are feeling to ensure they are making the best choices for the safety of patients, clinic staff and themselves under difficult circumstances.
Considerations in determining resumption of services

First and foremost, CPSA advises physicians to follow the advice and orders of Alberta’s Chief Medical Officer of Health. Generally, these orders are high-level and may require physicians to make a judgment to determine if provision of a service is in the best interest of an individual patient.

What constitutes an “essential health service” changes the longer the COVID-19 crisis persists. As an example, early on in the crisis, only urgent services were considered essential. However, as time goes on, delays in accessing other important, but non-urgent services (e.g., assessment of chronic disease, preventative care, elective surgery) become more essential, as delaying access could result in a poor health outcome depending on the individual’s circumstances.

When advising patients, physicians should refer to the Chief Medical Officer of Health’s advice whenever possible. Using virtual care as a means to assess which services should be offered in person remains helpful in many cases where there is uncertainty. Virtual care should still be used when a physical examination is not needed (e.g., some routine prescription refills and providing a patient with test results). Please review the COVID-19 Virtual Care Advice to the Profession document for further advice.

However, there are many circumstances where a physical examination, procedure or diagnostic test may be needed to ensure adequate care. The decision about when to bring a patient into a community-based facility (an accredited facility or a private physician office) should be made carefully. For all services offered in AHS facilities, physicians should follow the guidance of AHS.

Consider the following questions when deciding to bring a patient into an office or community facility:

- Is the patient visit urgent/crucial to the patient’s health?
- Does the patient feel the benefit of therapy exceeds the risk of leaving their home?
- Is the medical benefit to the individual patient worth the risk to you and your office staff by having the patient travel to a community office or health facility?
- Could further delay in the provision of care or preventative health maintenance result in a worse outcome for the patient?

- Will offering care in a community setting lessen the burden on hospital facilities?

- Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated? What impact might that have on limited resources?

- Will the care provided prevent the need for a patient to access acute care in the foreseeable future?

- Would a group of peers support the decision of the care being important?

- Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first? For example, if there was an outbreak related to your clinic or facility, could you justify your decision-making?

- Can you mitigate any risk to keep yourself and your staff safe?

- Can you implement the appropriate onsite infection prevention & control precautions?

Once a decision has been made on the best mode of care — in person or virtually — the rationale should be documented in the patient record.

Determining whether a service is important can be complex: there is no one single answer. As a self-regulating profession, physicians must work closely together to determine what is best for their patients and recognize the need to be flexible in our thinking as we adjust to the evolving situation. CPSA trusts physicians will make decisions in the best interest of the public good.
Onsite infection prevention & control (IPAC) precautions
Written workplace policies & procedures should be developed to address the COVID-19 pandemic response. According to Alberta Health, all community healthcare settings need to implement appropriate procedures prior to re-opening. A checklist (Appendix A) is available to guide your onsite IPAC practices and a comprehensive set of guidelines is also available.

PPE INFORMATION
Alberta Health is taking steps to ensure physicians are supported with an adequate amount of PPE and supplies. Physicians should check AHS’ website regularly for the most up-to-date information.

Specialist physicians working in community (non-AHS) settings should follow AHS’ process for distribution of PPE.

The Alberta Chapter of Family Physicians (ACFP) offers the following advice for primary care physicians:

- PCN member clinics: All PCNs can order PPE from AHS for their member clinics
- PCN hubs are also distributing PPE to non-PCN primary care clinics who meet the required criteria

Resources
ADVICE TO THE PROFESSION

COVID-19: Reopening Practice

RELATED STANDARDS OF PRACTICE

- Continuity of Care
- Responsibility for a Medical Practice
- Telemedicine

COMPANION RESOURCES

- Advice to the Profession documents:
  - COVID-19: Defining “Urgent”
  - COVID-19: Difficult Practice Decisions
  - COVID-19: Virtual Care
Appendix A: COVID-19 Checklist

COMMUNICATION FOR STAFF AND VOLUNTEERS
- COVID-19 resources
- Available social and mental health supports
- Notification of COVID-19 workplace precautions and staff roles/responsibilities
- Cancellation of non-essential travel outside Canada
- Posting of COVID-19 information
- Language considerations, including information sheets
- Isolation orders

WORKPLACE CONSIDERATIONS
- Prepare for increases in absenteeism
- Review sick leave policies
- Review job-protected leave under Employment Standards Code
- No requirement for medical notes
- Up-to-date contact lists
- Information that allows contact tracing
- Physical barriers at reception
- Minimize use of waiting room

SCREENING
- Screen staff, volunteers, and patients CMOH 05-2020
  - Confirmed cases of COVID-19 (10 day isolation)
  - COVID-like symptoms (10 day isolation)
ADVICE TO THE PROFESSION

COVID-19: Reopening Practice

- International travel (14-day quarantine)
- Close contacts of COVID-19 cases (14-day quarantine)
- Additional 10 day isolation if sick during 14-day quarantine
- Staff and volunteers complete active, daily health assessment screening on arrival
- Patients screened on the phone when booking appointments
- Patients screened in-person on arrival

SYMPTOMATIC PATIENTS
- Direct COVID-19 symptomatic patients to online self-assessment tool

SYMPTOMATIC PATIENTS ONSITE
- Adopt AHS Interim IPC Recommendations for COVID-19
- Provide surgical/procedure mask, send home in private transportation if possible
- Advise to complete online self-assessment when at home
- Clean and disinfect affected areas
- Record names of close contacts

SYMPTOMATIC PATIENTS ONSITE – EXCEPTIONS (CARE CANNOT BE DELAYED)
- Adopt AHS Interim IPC Recommendations for COVID-19
- Set dedicated time for symptomatic patients
- Minimize in-person time required (assess virtual care)
- Advise patient to wait outside clinic if possible
- Provide surgical/procedure mask
- Assess need for contact/droplet precautions and PPE
- Dedicate an exam room
ADVICE TO THE PROFESSION

COVID-19: Reopening Practice

- Clean and disinfect areas between patients

STAFF, VOLUNTEER, OR PATIENT DIAGNOSED WITH COVID-19
- Prepare to be contacted by and collaborate with AHS on public health guidance

PREVENTION – ROUTINE PRACTICES AND OTHER CONSIDERATIONS
- Hand Hygiene
  - Promote and facilitate 4 moments of hand hygiene
  - Wash with soap/water or use 60-90% alcohol-based hand rub
  - Wash hands if visibly dirty
  - Check AHS hand hygiene education page
  - Hand hygiene before and after glove use
  - Alcohol-based hand rub available to patients at entry
- Encourage respiratory etiquette
- Enhanced environmental cleaning
  - Clean first to remove soil, disinfect after to kill germs
  - Communicate and monitor enhanced cleaning with staff
  - Product has Health Canada DIN (see label)
  - Disposable equipment where possible
  - Attention to high-traffic areas – door knobs, light switches, computers, etc.
  - Remove communal items – newspapers, magazines, stuffed toys, etc.
  - Hand hygiene prior to handling equipment
  - Clean and disinfect equipment according to manufacturer’s instructions
  - Clean and disinfect shared equipment between patients
  - Clean and disinfect staff equipment at least daily and when soiled
Adequate supplies of soap, paper towel, toilet paper, hand sanitizers
Follow instructions for difficult to clean items or contact ipac@cpsa.ab.ca

Personal protective equipment (PPE)
Continuous masking (surgical/procedure) during direct patient care
Continuous masking (surgical/procedure) during work in patient care areas
Continuous masking (surgical/procedure) if physical distance cannot be maintained
Continuous masking (surgical/procedure) if physical barriers and distancing cannot be maintained
Staff awareness of masking rationale – asymptomatic transmission
N95s not used unless performing aerosol generating medical procedures
Staff perform point-of-care risk assessment and utilize PPE
Check AH PPE Guidelines and AHS PPE FAQs

Physical distancing and gathering
Maintain 2m separation between individuals
Restrict number of staff, volunteers, patients in setting at any one time
Spread out appointments
Install physical barriers (e.g., partition, window) where feasible
Increase separation of desks and workstations
Eliminate or re-structure non-essential gatherings (move to virtual staff meetings)
Limit people in shared spaces (e.g., lunchrooms), stagger break periods
Limit hours of operation or set specific hours for at-risk patients

Awareness of available resources
Alberta Health (2020): COVID-19 info for Albertans
ADVICE TO THE PROFESSION
COVID-19: Reopening Practice

- Alberta Labour (2020): Resources on minimizing risk from respiratory viruses in the workplace
- CPSA (2020): Resources for Physicians During COVID-19