



Health and
Wellness

Prince Edward Island Guidelines for Infection Prevention and Control of COVID-19 Outpatient Office Guidance

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Department of Health and Wellness
Chief Public Health Office

Contents

Etiology1

Clinical Presentation1

Diagnosis.....1

Epidemiology1

Exposure Criteria2

Early Recognition and Source Control2

Application of Routine Practices and Additional Precautions.....3

Infection Prevention and Control Guidelines3

References4

Appendix A: Triage and Source Control.....5

Appendix B: Phone Script Examples7

Appendix C: Entrance Door Signage8

Appendix D: Office Precautions.....9

Appendix E: Work Departure Guidelines..... 10

Etiology

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with Middle East Respiratory Syndrome coronavirus (MERS-CoV), Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), and now with 2019 novel coronavirus (SARS-CoV-2). Cases were initially linked to exposure to live animals at a seafood market in Wuhan City but the substantial increase in cases thereafter is due to human-to-human transmission of the virus. SARS-CoV-2 is an emerging respiratory pathogen with uncertain key epidemiological, clinical and virological characteristics particularly its ability to spread human-to-human and its virulence. The disease caused by SARS-CoV-2, COVID-19, was declared a global pandemic on March 11, 2020.

Clinical Presentation

The clinical spectrum of COVID-19 infection is still being defined. Illnesses associated with COVID-19, are similar to several respiratory illnesses and include fever, dry cough, sore throat and headache. In some cases, body aches, nasal congestion and chills are also reported. Most cases are considered mild to moderate with a subset experiencing more severe illness with shortness of breath and difficulty breathing. Globally the mortality rate has been 5-6% with higher rates in some areas. The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from little to no symptoms to severe illness and death.

Diagnosis

Diagnosis is made by isolation of the virus in a nasopharyngeal swab and/or throat swab for PCR and sent to the provincial lab. Results are available within 24-48 hours.

Epidemiology

1. Reservoir

Early on, many of the patients in the outbreak of respiratory illness caused by COVID-19 in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

2. Transmission

Symptomatic cases of COVID-19 are causing the majority of transmission; however many people with COVID-19 have only mild symptoms, especially at the early stage of the disease, and can still transmit to other people. There have also been reports of asymptomatic transmission but this is not thought to be driving the COVID-19 pandemic.

3. Incubation Period

Current estimates of the incubation period range from 0 to 14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease.

4. Period of Communicability

The period of communicability is not well understood. Detailed information from people infected is needed to characterize onset and duration of viral shedding and determine the infectious period of COVID-19.

5. Host Susceptibility

Host susceptibility remains somewhat unknown. Information indicates that risk factors for disease include host factors (chronic disease, age) and exposure factors.

Exposure Criteria

In the 14 days before onset of illness, a person who:

- Traveled outside Prince Edward Island **OR**
- Had close contact with a confirmed or probable case of COVID-19 within 14 days before their illness onset **OR**
- Had close contact with a person with acute respiratory illness who has travelled outside of PEI within 14 days prior to their illness onset **OR**
- Laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. Factors that raise the index of suspicion should also be considered **OR**
- Is a healthcare worker.

Early Recognition and Source Control

All care that can be provided through virtual methods such as phone or video conferencing should be explored.

The following is for in-office client visits.

To facilitate early recognition and source control:

- triage for identification and appropriate placement (source control) of patients (Appendix A)
- screening should be active and passive (signage) (Appendix B and C)
- masks, tissues and alcohol-based hand rubs (ABHR) should be available at entrances
- signage should be posted to instruct symptomatic patients to alert healthcare workers, thus prompting completion of a patient screening questionnaire (Appendix A).

IF a person who presents or phones and triages with symptoms of influenza-like illness or COVID-19:

- and within 14 days before the onset of illness, has travelled outside of PEI
- and/or been in close contact with a probable or confirmed case of COVID-19
- and/or been in close contact with a symptomatic traveler

THEN the following actions should be taken:

- If symptoms are mild then refer to cough and fever clinic for testing.

- If symptoms require physician assessment, refer to 811 for an appointment at the Cough and Fever clinic. Physicians may also make a referral by emailing coughandfeverclinic@gov.pe.ca.
- If a patient does not fall into the above categories, request the patient to wear a mask and wash hands when entering the office.

Application of Routine Practices and Additional Precautions

The application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA). Health care workers (HCWs) should use a risk assessment approach before and during each patient interaction to evaluate the likelihood of exposure.

In addition to the consistent application of routine practices, follow contact and droplet precautions with all suspected COVID-19 or Influenza like Illness (ILI) patients. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- gloves
- long-sleeved gown
- facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
- Hand hygiene should be performed whenever indicated, paying particular attention to before donning PPE, during and after removal of PPE, and after leaving the patient care environment.

Infection Prevention and Control Guidelines

[Infection prevention and control for coronavirus disease \(COVID-19\): Interim guidance for acute healthcare settings](#)

[Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)

[Infection Prevention and Control for Healthcare Offices/Clinics](#)

References

Ontario Ministry of Health. Novel Coronavirus(COVID-19) Guidance for Primary Care Providers in a Community Setting. [Online] Ontario Ministry of Health . [Cited: March 22, 2020]
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

PEI Department of Health and Wellness. Prince Edward Island Guidelines for the Management and Control of COVID-19. [Online] PEI Department of Health and Wellness. [Cited: March 23, 2020]
https://www.princeedwardisland.ca/sites/default/files/publications/20200311_guideline_covid-19_final.pdf

Appendix A: Triage and Source Control

Primary Care providers are an important role in the identification, referral and response to suspected or confirmed COVID-19 patients.

Sample Screening: Completed via telephone prior to arrival or by signage at entrance

Is the patient experiencing:

1. New onset of worsening cough, fever/chills, shortness of breath or difficulty breathing, unusual fatigue, sneezing, congestion, acute loss of sense of smell or taste, headache, muscle aches, chills, fever, sore throat (nausea, vomiting and diarrhea may be symptoms in conjunction with the other COVID-19 symptoms)

and any of the following

2. Travel outside of Prince Edward Island 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 symptomatic traveler

If **Yes to symptoms and risk** then direct patient to call 811 for testing and assessment at the cough and fever clinic.

If symptoms only and they require immediate physician care then book an appointment. Follow appropriate Infection Prevention and Control guidelines (Droplet and Contact). Refer patient to call 811 for testing referral.

If symptoms are severe then refer to the nearest Emergency room. Let the receiving hospital know of the patient referral and risk factors

Symptomatic Patient with no risk for COVID who requires a Primary Care Physician Assessment

On arrival to office:

- Have patient don a mask
- Have patient complete hand hygiene
- Immediate placement in an exam room

Healthcare worker will follow **Routine Practices with the addition of Droplet and Contact precautions**

Asymptomatic Self-Isolating Patient (due to return from travel) who requires a Primary Care Physician Assessment.

On arrival to office:

- Have patient don a mask
- Have patient complete hand hygiene
- Immediate placement in an exam room

Healthcare worker will follow **Routine Practices** during assessment.

Appendix B: Phone Script Examples

Answering Machine Message

Thank you for calling Dr. _____'s office Listen carefully to the following instructions.

-Telephone hours will be from _____ to _____.

-Messages will be recorded but may take 24-48 hours for a callback for triage reasons.

-Please do not drop into the office due to limited access, you must leave a voicemail or be scheduled to come in.

Office recommendations:

- If you need a Rx refill have your pharmacy fax it in
- If you have travelled outside of PEI in the last 14 days, you must self-isolate
- If you develop symptoms after contact with a symptomatic traveler please call 811 and self-isolate.
- If you have symptoms of cough, fever, congestion, feeling unwell and have travel history please self-isolate and call 811.
- If you feel you require emergent care, please call 911
- For COVID-19 questions you can also call 1-800-958-6400

Appointments:

Voicemail Examples:

Due to increased precautions related to COVID-19 all non-urgent appointment bookings may be delayed. Appointments that may be completed via phone will be scheduled accordingly. Please do not come to the office, but return our call and leave a voicemail. Thank-you.

Unfortunately, due to increased precautions related to COVID-19, access to the office is limited. We understand this is an inconvenience and thank you for your patience; If your appointment needs change please let us know.

Appendix C: Entrance Door Signage



Please call ahead to make an appointment: _____

Please tell the receptionist or Nurse if you are:

- Experiencing cough, shortness of breath, fever/chills, sore throat, congestion, sneezing, loss of sense of smell or taste, diarrhea, unusual fatigue, headache and/or muscle aches.

Or

- Travel outside of PEI within the last 14 days
- Contact with an individual with or symptomatic of COVID-19.

Please wash your hands as you enter our office. If you have symptoms please put on a mask.

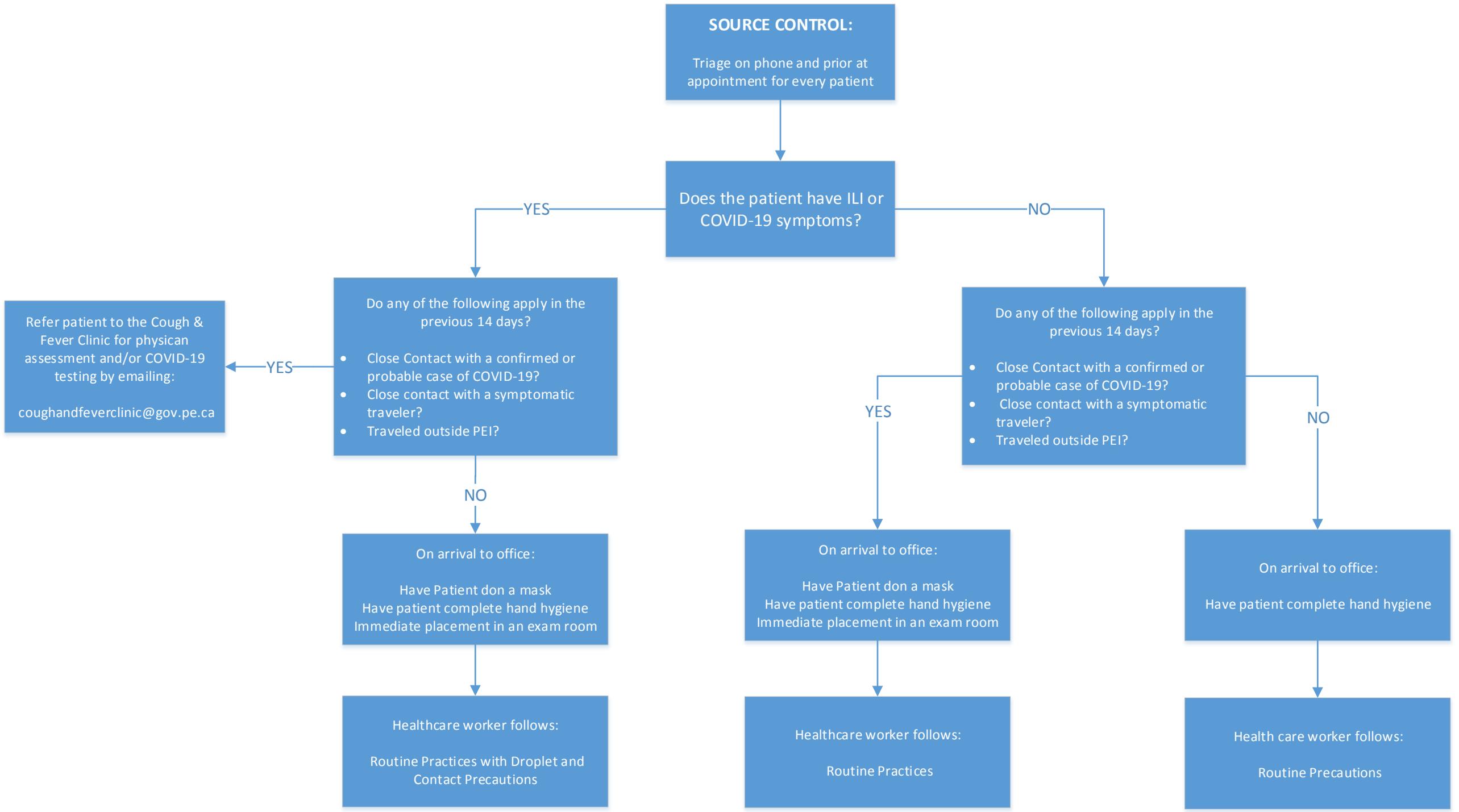
Appendix D: Office Precautions

Appointments

1. Patients should be screened over the phone prior to presentation at the office.
2. Book appointments for longer blocks of time to avoid multiple patients in the waiting room.
3. Arrange waiting room chairs to maintain social distancing.
4. Patients who can, should wait in their cars until called for their appointment
5. Request patients come alone to appointment unless support is needed.
6. Non-urgent Patient Needs
7. Prescription refills can be completed by phone or fax.
8. Provide patient care through virtual care approaches if able.
9. Cleaning:
10. Clean and disinfect all surfaces after patient visits (bed, desk, chair, door handle, sink handle, paper towel dispenser) with appropriate cleaning products.
11. All high touch surfaces should be cleaned and disinfected at minimum twice per day.
12. Remove all toys, magazines and books from the waiting room.
13. Increase cleaning and disinfection of the waiting area and high traffic areas.
14. Extras:
 - a. Keep the glass at the reception window closed.
 - b. Place patients in exam room as soon as possible.
 - c. Post signs at entrance for patients to perform hand hygiene upon arrival: ensure a hand hygiene station is accessible.
 - d. Posts signs at entrance requiring patients with Influenza like Illness (ILI) and COVID-19 symptoms and/or risk factors to self-identify to staff.
 - e. Healthcare workers should perform hand hygiene before and after all patient contact.
 - f. Review Infection Prevention and Control procedures with all staff.

Appendix E: Work Departure Guidelines

1. Hand hygiene.
2. Change in designated bathroom.
3. Remove dirty scrubs and place in appropriate laundry basket.
4. Perform hand hygiene for minimum 20 seconds up to elbows.
5. Clean clothing to go home.
6. Personal items such as phone and keys should not be handled at work; if use is necessary, wipe down with an appropriate cleaning product such as oxivir wipes (as used by QEH locating for cleaning).
7. Leave un- necessary items at home (purse, bags, jewelry, watches etc.)
8. Perform hand hygiene when exiting the clinic/office/building.



SOURCE CONTROL:

Triage on phone and prior at appointment for every patient

Does the patient have ILI or COVID-19 symptoms?

YES

NO

Do any of the following apply in the previous 14 days?

- Close Contact with a confirmed or probable case of COVID-19?
- Close contact with a symptomatic traveler?
- Traveled outside PEI?

YES

Refer patient to the Cough & Fever Clinic for physican assessment and/or COVID-19 testing by emailing:
coughandfeverclinic@gov.pe.ca

NO

On arrival to office:

Have Patient don a mask
Have patient complete hand hygiene
Immediate placement in an exam room

Healthcare worker follows:
Routine Practices with Droplet and Contact Precautions

YES

On arrival to office:

Have Patient don a mask
Have patient complete hand hygiene
Immediate placement in an exam room

Healthcare worker follows:
Routine Practices

NO

On arrival to office:

Have patient complete hand hygiene

Health care worker follows:
Routine Precautions