

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

This document has been updated from the April 29, 2020 version. The following changes have been made:

- Added link to [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID-19](#)
- Addition to the list of signs or symptoms of COVID-19
- Addition of current screening tool
- Addition of references

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. 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.
2. 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.

If COVID is suspected, 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

- 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](#)
- **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.

When COVID 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 HCWs minimize their mask use to two masks per shift where possible. 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.

3. If aerosol-generating medical procedures are needed, all HCWs should wear an N95 respirator (and eye protection)
4. 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>
5. Routine cleaning twice per day and if COVID is suspected then wipe down after each patient of touched surfaces including waiting room chairs.
6. 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.
7. 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 [Screening Tool](#).
- 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 using the Notifiable Disease and Events Notification Form 2018 for the appropriate Region. Links to the forms for each Region are in the References at the end of this document.
- 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 www.gnb.ca/coronavirus on the Health and Allied Health Professionals page.

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/community cloth 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

COVID-19 Screening Tool

PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS:

1. Do you have any of following symptoms: fever/feverish, sore throat, headache, runny nose, a new cough or worsening chronic cough, new onset of fatigue or muscle ache, diarrhea, loss of taste or smell; in children, purple markings on the fingers or toes?

If you answered YES, and have ONLY ONE symptom, you may phone 811 to discuss COVID-19 testing, but you do not need to self-isolate. As a precaution, please self-monitor for onset of additional symptoms that may develop.

If you answered YES, and have 2 OR MORE of the symptoms, then self-isolate at home, and call 811.

2. If you answer YES to ANY of the following below, then you must stay home and self-isolate for 14 days.

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

- a. Have you had close contact within the last 14 days with a confirmed case of COVID-19?
- b. Have you been diagnosed with COVID-19 within the past 14 days?
- c. Have you returned from travel outside of Newfoundland and Labrador, New Brunswick, Prince Edward Island and Nova Scotia **and these locations in Québec: Témiscouata Regional County Municipality, Avignon Regional County Municipality and Listuguj First Nation community (day trips only to these Quebec communities/no overnight stay)** within the last 14 days (IF for work purposes, you are not required to self-isolate upon return, but should self-monitor for symptoms)?
- d. You have been told by public health that you may have been exposed to COVID-19.

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

If you develop symptoms, please refer to the self-assessment link on the Government of New Brunswick webpage

- 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. When not behind a plexiglass barrier and not able to maintain a 2 metre distance, the staff should wear a medical mask.

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 suspect case.
- 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 www.gnb.ca/coronavirus for information on COVID-19 Symptoms and testing. 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 suspect case.
- 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 COVID-19 Home page.

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

- Advise the patient to **self-isolate** for 14 days upon arrival into the province.
- Advise to **self-monitor** for symptoms.
- Advise to call 811 and to **self-isolate** if symptoms develop.

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

Screening Tool

https://hsps.gnb.ca/sites/phs/cds/rd/NCOV2019/documents/FINAL/Screening%20Questions/Screening_July15_2020_upd.pdf

[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](#)

Infection prevention and control for COVID-19: Second interim guidance for acute healthcare settings

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.5.1>

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