

COVID-19
Community of
Practice for Ontario
Family Physicians

April 8, 2022

**Mr. Francis Garwe
Dr. Isaac Bogoch
Dr. Chris Simpson
Dr. David Kaplan**



***Strategies for an equitable
recovery and the latest on 4th
doses, immunity and more***



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Strategies for an equitable recovery and the latest on 4th doses, immunity and more

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Mr. Francis Garwe, Ajax, ON
- Dr. Isaac Bogoch, Toronto, ON
- Dr. Chris Simpson, Kingston, ON
- Dr. David Kaplan, Toronto, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Starting April 7, the following groups will be eligible to book their fourth dose of the COVID-19 vaccine:

- Individuals aged 60+
- First Nation, Inuit & Métis individuals aged 18+



Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Mr. Francis Garwe– Panelist

Twitter: @FrancisGarwe1

Chief Executive Officer, Carea Community Health Centre



Dr. Isaac Bogoch– Panelist

Twitter: @BogochIsaac

Infectious Diseases Specialist and General Internist, Toronto General Hospital



Dr. Chris Simpson– Panelist

Twitter: @Dr_ChrisSimpson

Cardiologist, Kingston Health Sciences Centre and Executive Vice-President, Medical, Ontario Health



Dr. David Kaplan – Panelist

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health



Dr. Liz Muggah – Co-Host

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

- Faculty Name: **Mr. Francis Garwe**
- Relationships with financial sponsors:
 - Grants/Research Support:
 - Speakers Bureau/Honoraria: Health Common Solutions LAB, Ontario College of Family Physicians
 - Others: Carea Community Health Centre

- Faculty Name: **Dr. Isaac Bogoch**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: BlueDot, NHL Players' Association
 - Others: N/A

- Faculty Name: **Dr. Chris Simpson**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

Speaker Disclosure

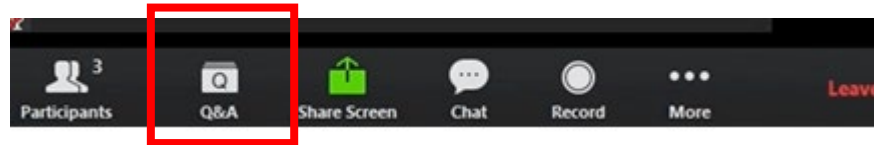
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health (employee)
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, McMaster University, Ontario Health

Outline for today

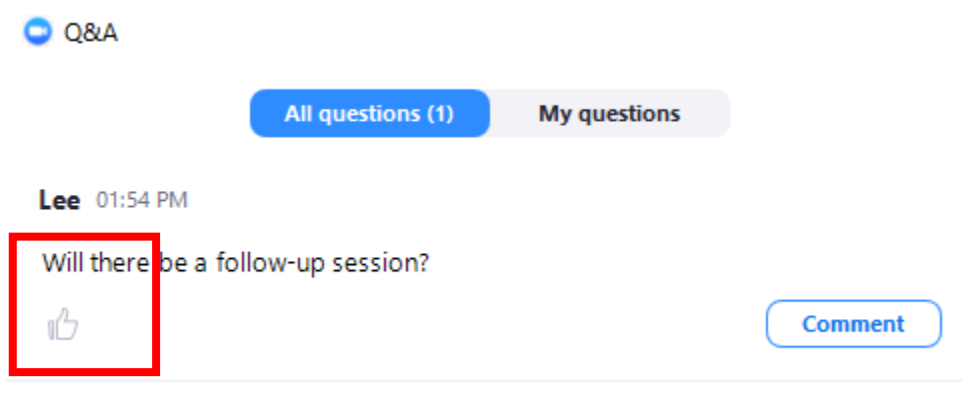
- Equitable recovery
- COVID cases and hospitalizations in Ontario
- 4th doses
- Access to therapeutics including Paxlovid
- Lots of Q&A

How to Participate

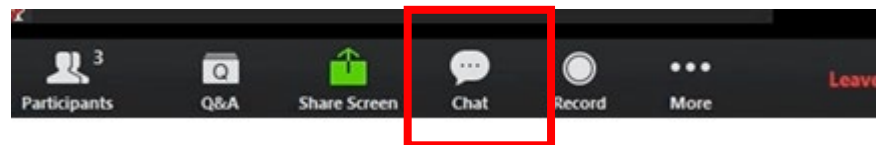
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Francis Garwe– Panelist

Twitter: @FrancisGarwe1

Chief Executive Officer, Carea Community Health Centre



Dr. Isaac Bogoch– Panelist

Twitter: @BogochIsaac

Infectious Diseases Specialist and General Internist, Toronto General Hospital



Dr. Chris Simpson– Panelist

Twitter: @Dr_ChrisSimpson

Cardiologist, Kingston Health Sciences Centre and Executive Vice-President, Medical, Ontario Health



Dr. David Kaplan – Panelist

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health

Preamble

High Priority Community Strategy (HPCS)

- Strategy launched January 2021
- Targeting high Covid-19 prevalence communities, identified through postal codes
- Services included Covid-19 testing, education & outreach and wrap around care

K. McKenzie / EClinicalMedicine 34 (2021) 100812
Covid-19 case-rate ratios for racialized groups vs White population; Toronto, June – Dec 2020

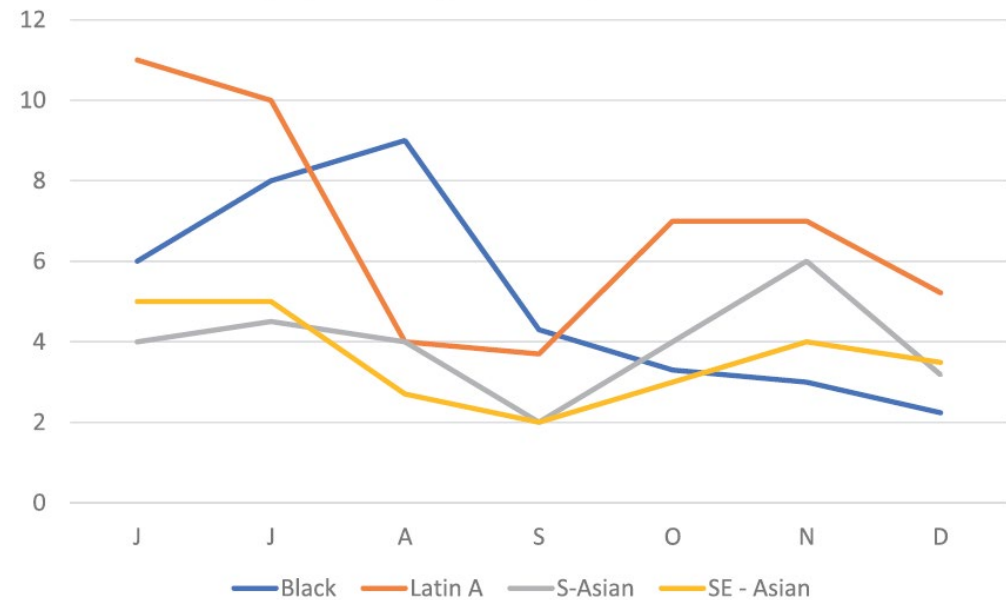


Fig. 1. Covid-19 case-rate ratios for racialized groups vs White population; Toronto, June - Dec 2020

Transition to wellness hubs

- Mobile wellness hub
- Engagement of community ambassadors
- Health education/training



Community Activity Outputs

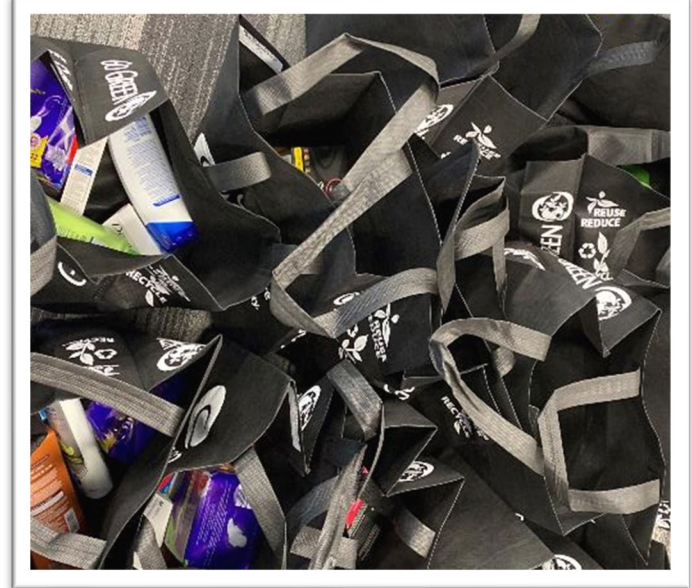
During the period April 1, 2021 – March 31, 2022, the HPC team provided:

- ✓ 44 PCR testing clinics (2725 individuals swabbed)
- ✓ 9 pop-up community vaccination clinics for equity deserving communities (2202 doses administered)

During the period February 9 – March 31, 2022:

- ✓ The team provided RATs to 27 community agencies for client distribution
- ✓ A total of 11,970 RATs distributed to our Durham community





Partnerships

- Solo physicians joining networks
 - ✓ OHT; Primary Care Leads
 - ✓ Community Health Centres (CHCs) for community supports
 - ✓ Other grassroots organizations in their areas



HPCS lead agencies



Black Creek (Black Creek CHC)

Bramalea (Wellfort Community Health Services)

Brampton(Punjabi Community Health Services)

Central Ottawa (South East CHC)

Durham (Carea CHC)

East Mississauga (Dixie Bloor Neighbourhood) Services)

Malton (Wellfort Community Health Services)

Markham (Carefirst)

North Etobicoke (Rexdale CHC)

North West Mississauga (Indus Community Services)

Scarborough North (TAIBU CHC)

Scarborough South (Scarborough Centre for Health Communities)

South West Mississauga (Dufferin-Peel Canadian Mental Health Association)

Thorncliffe Park (Flemingdon CHC)

Vaughan (Vaughan CHC)

Roots Community Services (providing service to Peel Region)

Source: Health Commons Solutions Lab

THANK YOU

Francis Garwe

Chief Executive Officer

fgarwe@careachc.ca



CareaCHC

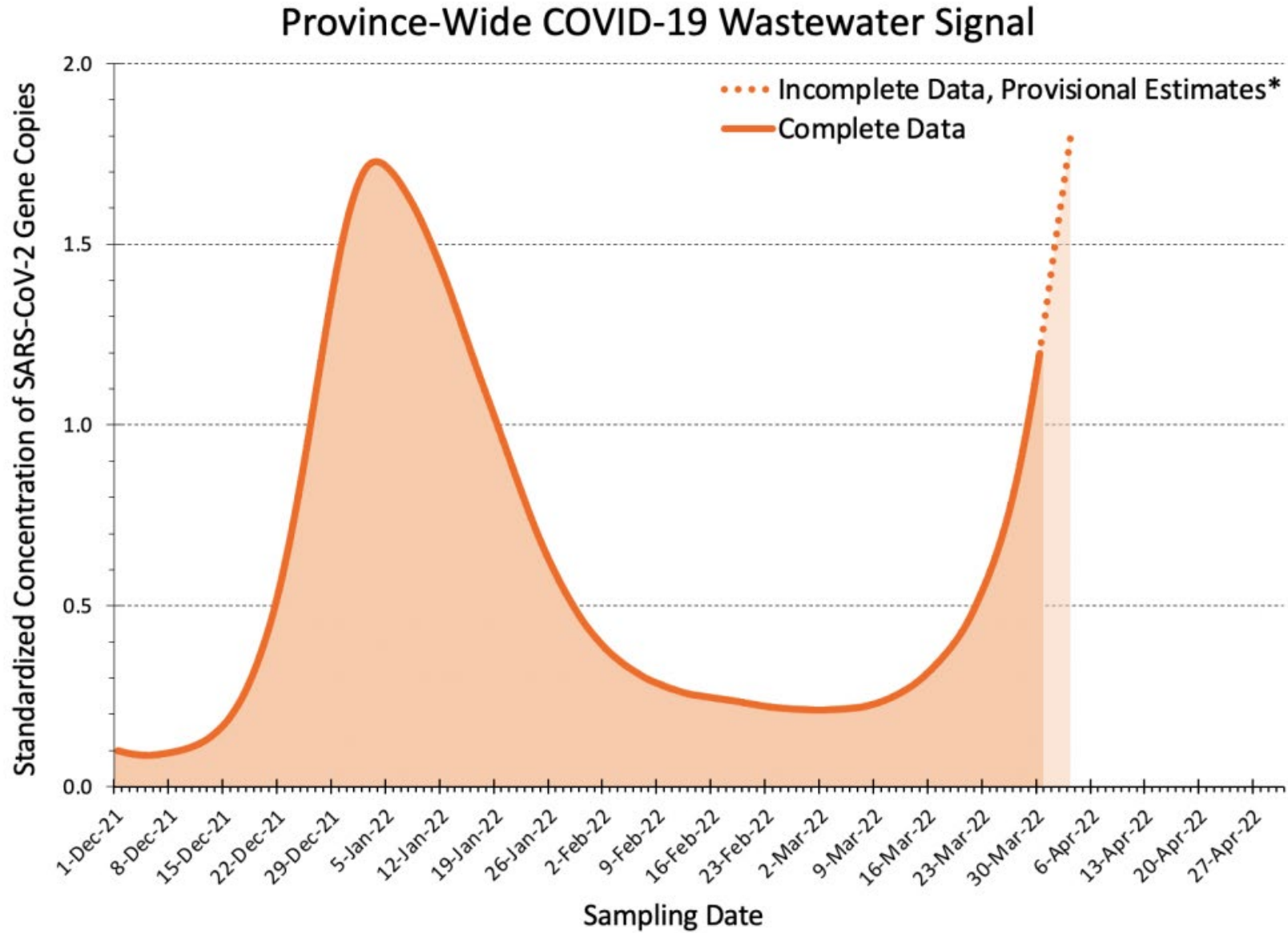


@CareaCHC



@CareaCHC

COVID-19 Wastewater Signals in Ontario



NACI guidance on a second booster

In the context of protection against severe disease potentially decreasing over time following the first booster dose, and/or risk of immune evasion by highly transmissible variants of concern which can cause severe disease:

- 1. NACI recommends that jurisdictions prepare for the rapid deployment of a second COVID-19 vaccine booster dose program over the coming weeks prioritizing the following populations, as close surveillance and assessment suggest concerning trends in the COVID-19 pandemic:**
 - a. Adults 80 years of age and over living in the community
(*Strong NACI Recommendation*)**
 - b. Residents of long-term care or other congregate living settings for seniors
(*Strong NACI Recommendation*)**
 - c. While the greatest benefit is expected in adults 80 years of age and older, jurisdictions may also consider offering a second COVID-19 booster dose to adults 70-79 years of age living in the community.
(*Discretionary NACI Recommendation*)**

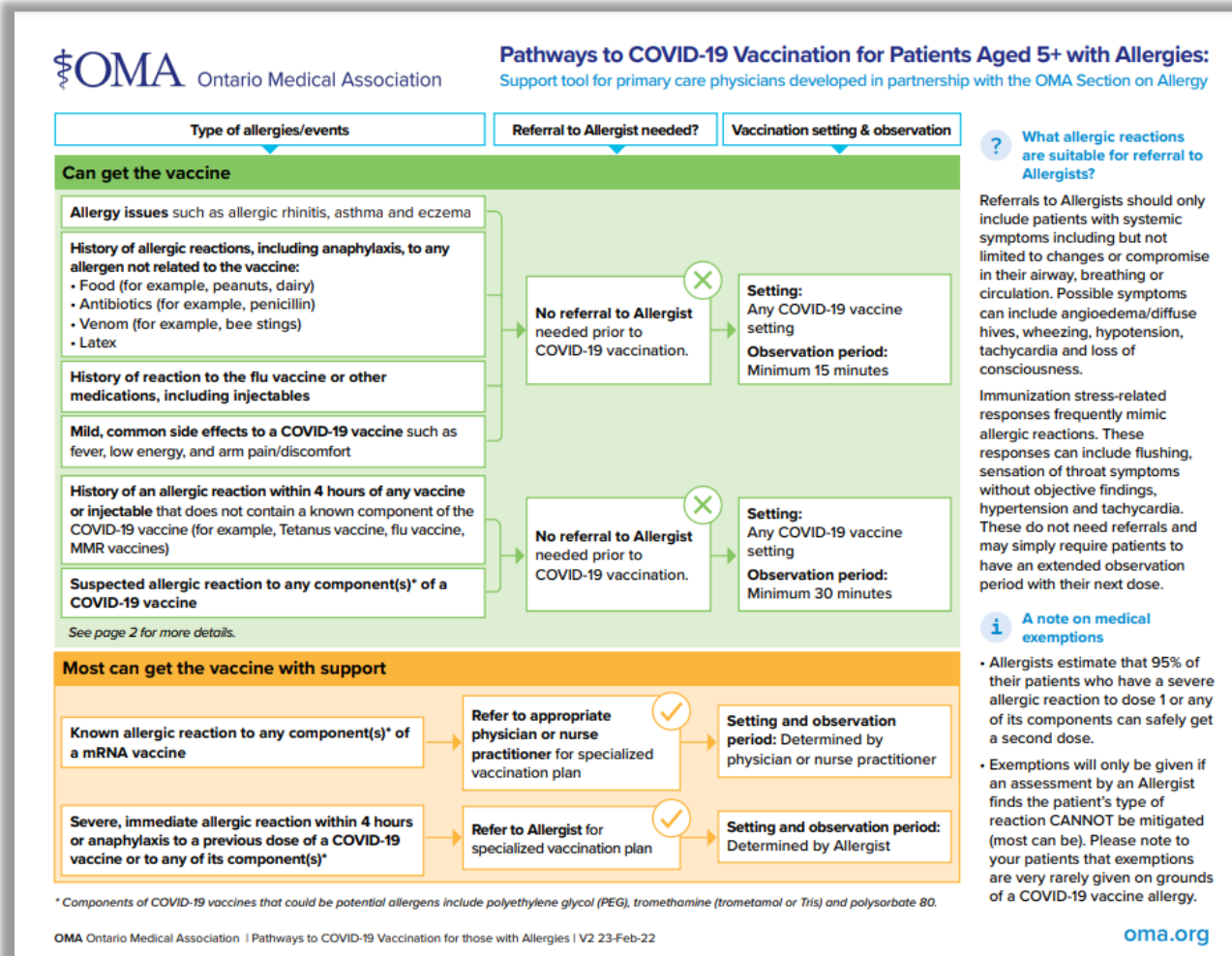
Newly eligible for 4th dose (recommended interval 5 months (140 days) after 3rd dose):

- Ontarians 60 +
- Indigenous residents and their non-Indigenous household members aged 18 or older
 - * The minimum interval for the fourth (booster) dose is 3 months (84 days)

Previously eligible for a 4th dose (3 months (84 days) after their 3rd dose for 18+; or 6 months (168 days) for 12-17):

- long-term care and retirement home residents, those who live in First Nation elder care lodges and older adults in other congregate care settings that have health and assisted living services
- People who are immunocompromised including:
 - People on dialysis, those receiving cancer treatment, those with previous organ or stem-cell transplants, those with advanced or untreated HIV, people with rare genetic disorders that impair the immune system, people taking immunosuppressant medications

Pathways to COVID-19 Vaccination for Patients 5+ with Allergies



Tool available on OMA members' site:
<https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/coronavirus/pathways-to-covid-19-vaccination-for-allergies.pdf/>

COVID-19 Therapeutics Update

Presentation to DFCM/OCFP Community of Practice

April 8, 2022

Dr. Chris Simpson

Executive Vice President (Medical) and Chief Medical Officer
Ontario Health

Dr. David Kaplan

Vice President, Quality, Clinical Institutes and Quality Programs
Ontario Health



Overview on COVID-19 therapeutics

- **Paxlovid** continues to be available through clinical assessment centres and local pathways
 - Uptake of Paxlovid has been **lower than anticipated**
 - Ontario is **no longer experiencing the same supply constraints** with Paxlovid
 - The ministry is taking steps to **establish broader community access to Paxlovid**
- **Sotrovimab** is no longer recommended as a treatment option for mildly ill patients
 - eight monoclonal antibody treatment clinics previously offering sotrovimab are transitioning to providing **remdesivir** (updated referral form to be shared)
- **Evusheld**, a new pre-exposure prophylaxis, for immunocompromised patients is currently being reviewed by Health Canada



Eligibility and pathway for antiviral treatment

Current eligibility for antiviral treatment

- Paxlovid is recommended for individuals at higher risk of severe COVID-19 who have a positive COVID-19 test (PCR, rapid molecular, or rapid antigen test)
 - are mildly ill (do not require new or additional supplemental oxygen)
 - present within five days of symptom onset,
 - and do not have contraindications to the medication

AGE (years)	NUMBER OF VACCINE DOSES			RISK FACTORS
	0 doses	1 or 2 doses	3 doses	
<20 ¹	Higher risk if ≥3 risk factors ¹	Standard risk ¹	Standard risk ¹	<ul style="list-style-type: none"> • Obesity (BMI ≥30 kg/m²) • Diabetes • Heart disease, hypertension, congestive heart failure • Chronic respiratory disease, including cystic fibrosis • Cerebral palsy • Intellectual disability • Sickle cell disease • Moderate or severe kidney disease (eGFR <60 mL/min) • Moderate or severe liver disease (e.g., Child Pugh Class B or C cirrhosis)
20 to 39	Higher risk if ≥3 risk factors	Higher risk if ≥3 risk factors	Standard risk	
40 to 69	Higher risk if ≥1 risk factors	Higher risk if ≥3 risk factors	Standard risk	
≥70	Higher risk	Higher risk if ≥1 risk factors	Higher risk if ≥3 risk factors	
Immunocompromised ² individuals of any age	Higher risk: Therapeutics should always be recommended for immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying immune status, regardless of age or vaccine status. ^{1,2}			
Pregnancy	Higher risk ³	Standard risk	Standard risk	

(see [Version 11](#) of the Science Advisory Table guidelines for more detail)

Current State: Where to get treatment?

- Many patients who develop symptoms of COVID-19 will reach out to trusted health care providers to ask whether they are eligible for treatment. **They will need to be seen in a timely manner**
- Patients are directed to seek testing and seek care by:
 - contacting their primary care provider or
 - visiting a COVID-19 clinical assessment centre or
 - call Telehealth
- Patients can also get assessed through emergency departments if needed
- There is guidance to support primary care providers on prioritizing, assessing, and directing their patients to treatment
 - A sample script is available for administrative staff to support prioritizing eligible patients for assessment

Current State: Where to get treatment?

Content that can be used for public websites and other electronic communications:

If you have [symptoms of COVID-19](#) and think you may be at higher risk, contact a health care professional to get tested and assessed for treatment right away – even if your symptoms are mild. You can:

- contact your primary care provider
- visit a COVID-19 clinical assessment centre ([find a location here](#))

You can call Telehealth Ontario at 1-866-797-0000 if you have questions or need assistance.

Clinical assessment centres can assess, test and provide treatment options for COVID-19.

If you have symptoms of COVID-19 and are at higher risk for severe COVID-19, or feel that you should be seen by a healthcare professional, you can visit a clinical assessment centre. You do not need to have a positive test result to visit.

Please check and update your practice websites to align with the above information.

Current Model: Challenges

Possible barriers to access may include:

- **Eligibility criteria to-date has been complex**
- **Lack of public awareness** about antivirals and eligibility criteria
- **Reliance on a new pathway (i.e., through CACs)** was originally intended for a narrow eligibility group recommended to receive Paxlovid. It is outside the typical way that patients seek medication and may not be convenient for expanded populations due to the **limited number of locations**
- **Lack of awareness among primary care providers** about the CAC model, **concern about prescribing a new medication** and **concerns over complex drug interactions**
- Dismissal of early symptoms as ‘the sniffles’ by eligible patients, resulting in **seeking treatment too late**
- **A mistrust of COVID-related interventions** among some of the target populations (i.e., those who are unvaccinated)

Current Actions Under Consideration

1. Clarify Eligibility and Testing Guidance

Eligibility Guidance

- Build upon existing SAT guidance to clarify eligibility and support clinical decision-making for patients most at-risk for severe outcomes for COVID.

Testing Guidance

- Updated testing guidance to align with eligibility guidance (e.g., target population eligible for PCR testing; allow self-administered RATs).

EXPECTED OUTCOMES

- Expand the number of eligible Ontarians that can access Paxlovid, make the guidance easier to understand, and ensure target populations can access quick testing.

2. Expand Access Points

Make Better Use of CACs

- Look for options to optimize the CAC pathway where possible.

Introduce Community Pharmacies

- Create a new patient pathway to fill Paxlovid prescriptions at local community pharmacies.
- Congregate care settings would be able to access Paxlovid through community pharmacy channels.

Introduce virtual assessment + prescribing

- Leverage virtual urgent care to enhance access to Paxlovid

EXPECTED OUTCOMES

- Increase access points for patients, leveraging CACs, broader community pharmacy and virtual urgent care network.

3. Proactive communication and actions

Public

- Public communication to raise awareness of antivirals, and how to access them.
- Establish a patient-facing online eligibility assessment tool.
- Focus on tailored messaging for high-risk and marginalized populations.

Clinicians

- Enhanced supports to improve awareness of antivirals and how to access them.
- Encourage clinicians to proactively identify / pre-screen high-risk patients

EXPECTED OUTCOMES

- Broader awareness and understanding of the benefits of antivirals, and how to access them.

All actions would be informed by modelling on anticipated demand and supply volumes, as well as an equity lens to ensure vulnerable and at-risk populations are prioritized.

Contact information for local/regional pathways

Central	Amy Khan (Amy.Khan@ontariohealth.ca) David Pearson (David.Pearson@ontariohealth.ca)
East	Farrah Hirji (Farrah.Hirji@ontariohealth.ca) Leah Bartlett (Leah.Bartlett@ontariohealth.ca)
Toronto	TOTherapeutics@ontariohealth.ca
West	Jennifer Mills Beaton (Jennifer.MillsBeaton@ontariohealth.ca) Karen M Bell (Karen.M.Bell@ontariohealth.ca)
North	Jennifer MacKinnon (Jennifer.MacKinnon@ontariohealth.ca)



I think I have COVID. When should I call my doctor?



Most people with COVID can manage at home. You should:



✓ Rest.

✓ Drink plenty of fluids.

✓ For fever, headaches, and muscle aches: use over-the-counter pain and fever medications. Acetaminophen (Tylenol) is the best choice if you can take it.



✓ For a cough: try a teaspoon of honey (except if you have diabetes or if it is for a child under 12 months) or turn on a humidifier.

✓ For a sore throat: try lozenges or gargle with warm salt water.

✓ For mild discomfort when breathing: keep the room cool, open the window, try relaxation exercises and shifting your position.



If you have COVID, you must self-isolate. If you need care, you should not hesitate to call your doctor. Learn more here: rebrand.ly/Feeling-Unwell.

Call your doctor for an appointment if:

01 You have a medical condition that needs attention.

COVID can worsen medical problems such as diabetes, asthma, heart disease, lung disease, high blood pressure or other long-term conditions. If you get COVID and have one of those health problems, your treatment might have to change. Call your doctor if you are unsure about how to manage these conditions while you have COVID.

If pregnant, your risk of more serious illness from COVID increases. Call your pregnancy care provider for advice and follow-up.



If I get COVID, is there a medication I can take?



If you have COVID, you must self-isolate. If you need care, you should not hesitate to call your doctor. Learn more here: rebrand.ly/Feeling-Unwell.

Most people who get COVID can recover at home without treatment. To find out how to care for yourself at home or when to call your doctor, visit rebrand.ly/When-To-Call.

People who are sick enough to go to hospital will be given medications to help them recover. For people who are at higher risk of serious illness, medications are available that can help prevent them from needing to be cared for in hospital.

Who can get these medications?

Medications to treat COVID are for people who are at **higher risk of getting seriously ill**. That's because the research on these medications was generally done on people who were at higher risk of serious illness.



If you have COVID, please call your family doctor **right away** to discuss potential treatment if **ANY** of the following apply to you:



You have an immune system that is weakened by a health condition or medications.

For example, DiGeorge Syndrome, cancer chemotherapy or high-dose steroid treatment.



You have any of the following chronic conditions:

Diabetes, obesity, high blood pressure, heart disease, heart failure, lung disease including cystic fibrosis, serious liver or kidney problems, intellectual disability, cerebral palsy or sickle cell disease.



You are 70 or older.



You have not had any doses of a COVID vaccine.



You are pregnant.

Call your pregnancy care provider.

Isolation periods for COVID+ and COVID-symptomatic cases

Table 1: Isolation Period for Test-Positive Cases and Individuals with COVID-19 symptoms

Isolation Period	Population
5 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none"> • Fully vaccinated individuals⁵ • Children under the age of 12
10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none"> • Individuals 12+ who are not fully vaccinated • Immunocompromised⁶ • Hospitalized for COVID-19 related illness (or at discretion of hospital IPAC) • Residing in a highest-risk setting
20 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none"> • Severe illness⁷ (requiring ICU level of care or at discretion of hospital IPAC)

- If self-isolation is complete after 5 days, additional precautions are needed due to residual risk of ongoing infectiousness.

“In all scenarios, symptoms need to be improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present prior to ending self-isolation.”



I'm not feeling well. How do I know if I have COVID? What should I do?



How long do you self-isolate for?

12 years and older and have **two or more vaccine doses** **OR** 11 years or younger

**SELF-ISOLATE FOR
5 DAYS**

12 years and older and have **0 or 1 vaccine dose** **OR** Weakened immune system*

**SELF-ISOLATE FOR
10 DAYS**

Your isolation period starts the first day you noticed symptoms. If you did not feel unwell, your isolation period starts the day you had a positive COVID test. That is day 0. You may stop isolating after day 5 or day 10 *if* you have not had a fever for at least 24 hours AND if you have been getting better for at least 24 hours (48 hours if you had vomiting or diarrhea).

* *Examples of individuals with weakened immune systems include people undergoing dialysis, being treated for cancer, organ transplant recipients, stem cell transplant recipients, those with genetic disorders that affect the immune system, those with advanced or untreated HIV, those receiving active treatment with high dose steroids, and people taking other medications that affect the immune system.*

As a close contact, do I need to self-isolate? For how long?

Isolate immediately if you have symptoms of COVID. For more information on what to do if you have symptoms of COVID, see rebrand.ly/Feeling-Unwell.

If you live with someone who has COVID, you may need to isolate. You do not have to isolate if you feel well AND you:

Are under 18 and have had 2 vaccine doses

OR

Are over 18 and have had all recommended vaccines (initial doses + booster)

OR

Have tested positive for COVID in the last 90 days

If none of the above apply to you AND you have a weakened immune system*, self-isolate for 10 days, Otherwise, self-isolate for the same amount of time as the person who has COVID (5 or 10 days).

Day 0 is the last day you had contact with the COVID-positive person. Find out the date of their first symptoms or when they took the test that came back positive. They can spread illness 48 hours prior to, and up to 10 days after, that time.

Self-isolation means staying at home. If possible, the person with COVID should stay apart from others to lower the chance of spreading COVID. This is especially important if someone in the household has a weakened immune system OR is over 12 years old and has had fewer than two doses of a COVID vaccine.

If you do not have symptoms and do not live with the person who has COVID, you do not need to self-isolate. Be very careful and wear a mask indoors for 10 days after your last exposure to the person who has COVID (see next page).

Lifting of COVID Measures in Ontario: Implications for Primary Care

OCFP summary and interpretation

Public measures (key changes)	Community-based practices (considerations)
As of March 9, 2022	
<p>Isolation requirements for COVID-positive cases and contacts – changes are the same for all settings</p> <ul style="list-style-type: none"> • See summary on slides 7 and 8 here • The full Ministry of Health guidance is here 	
As of March 14, 2022	
<p>Capacity limits and physical distancing</p> <p>All settings may open at full capacity.</p> <p>The following are lifted in all settings:</p> <ul style="list-style-type: none"> • Proof of vaccination • Capacity limit • Physical distancing 	<p>While not required, distancing where possible is still recommended.</p> <p>Continue scheduling symptomatic patients, where possible, at end of day.</p>
<p>Mandatory vaccination policies</p> <p>End in all settings including hospitals, long-term care homes, schools, and child-care settings.</p>	<p>Although staff vaccination in community-based settings is not mandatory, clinics may retain their own policies.</p>

Public measures (key changes)	Community-based practices (considerations)
As of March 21, 2022	
<p>Mask mandates</p> <p>End in most places, including schools and child-care settings.</p>	<p>Directives requiring masking in healthcare settings (including community-based clinics) will remain in place until April 27, 2022.</p> <p>We understand that after April 27, it is likely masks will continue to be required (TBD) in all healthcare settings (by government regulation) – including in community-based clinics. See below as well re: impending PPE guidance for staff.</p>
<p>COVID safety plans and screening</p> <p>Are voluntary and not required for businesses.</p>	<p>Until further notice, we suggest primary care continues screening staff and patients for COVID symptoms to:</p> <ul style="list-style-type: none"> • Guide PPE use • Help keep sick staff out of the office
As of April 27, 2022	
<p>Ontario lifts all public health measures against COVID, and CMOH Directives end</p>	<p><i>Detailed CMOH guidance and recommendations on IPAC, including use of PPE, are expected in April.</i></p> <p>For now, until further notice, continue with existing PPE/IPAC protocols:</p> <p>PPE</p> <p>Wear N95 masks and other appropriate PPE when working with symptomatic patients. Reminder: for patients who screen positive, PPE also includes isolation gown, gloves and eye protection (goggles, face shield or safety glasses with side protection).</p> <p>CLEANING</p> <p>For patients who screen <i>negative</i>: use standard cleaning processes.</p> <p>For patients who screen <i>positive</i>: disinfect within 2 metres of patient as soon as possible, and clean and disinfect treatment areas, horizontal surfaces and equipment before another patient is brought into area or used on another patient.</p>

Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: **Friday, April 22, 2022**

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.