COVID-19 Community of Practice for Ontario Family Physicians

July 8, 2022

Dr. Amy Montour
Dr. Fahad Razak
Dr. Jeffrey Pernica

COVID-19: Where we are and where we're going

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

COVID-19: Where we are and where we're going

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Amy Montour, Six Nations of the Grand River, ON
- Dr. Fahad Razak, Toronto, ON
- Dr. Jeffrey Pernica, Hamilton, 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.

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.

ICS

Indigenous Cultural Safety Collaborative Learning Series

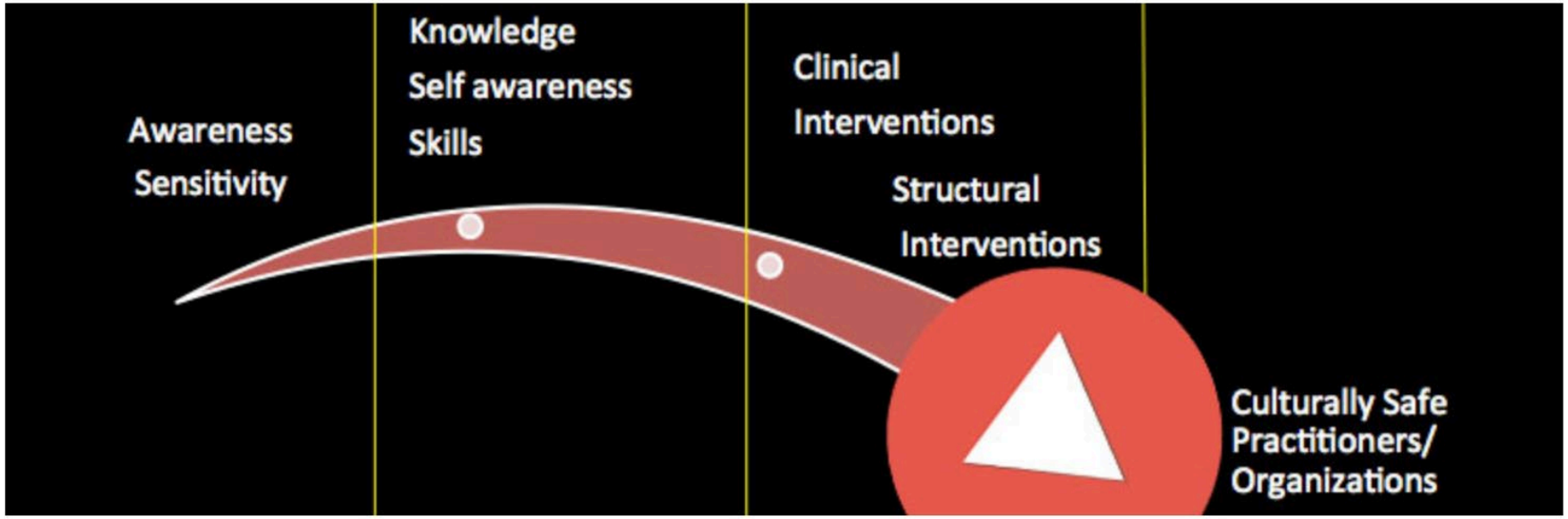
Webinars

https://www.icscollaborative.com/webinars

This national webinar series provides an opportunity to share knowledge, experiences, and perspectives in support of collective efforts to strengthen Indigenous cultural safety across sectors.

Webinar #1: Setting the Context for Indigenous Cultural Safety: Facing Racism in Health

Presented by: Cheryl Ward and Janet Smylie



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 (DFCM), Dr. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:

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

Dr. Amy Montour– Panelist

Palliative Care Physician, Six Nations of the Grand River, ON

Dr. Fahad Razak– Panelist

Twitter: @DrFahadRazak

General Internist, St. Michael's Hospital, Toronto, ON
Scientific Director of the Ontario COVID-19 Science Advisory Table

Dr. Jeffrey Pernica– Panelist

Twitter: @JeffPernica

Head of the Division of Infectious Disease, Department of Pediatrics, McMaster University, Hamilton, ON
Co-Chair of the Ontario Immunization Advisory Committee

Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

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

Dr. Mekalai Kumanan– Co-Host

Twitter: @MKumananMD

Family Physician, Two Rivers Family Health Team, Chief of Family Medicine, President-Elect, Ontario College of Family Physicians, Cambridge, ON

Speaker Disclosure

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

- Faculty Name: **Dr. Fahad Razak**
- Relationships with financial sponsors:
  - Grants/Research Support: CIHR, University of Toronto, Canadian Frailty Network, Hosptial Excellence Funds
  - Speakers Bureau/Honoraria: COVID-19 Science Table, Ontario Health
  - Others: N/A

- Faculty Name: **Dr. Jeffrey Pernica**
- Relationships with financial sponsors:
  - Grants/Research Support: MedImmune, HAHSO AFP Innovation Grants
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - 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. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, Ontario College of Family Physicians
  - Others: N/A

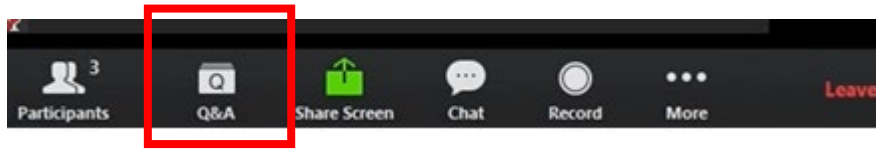
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: 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, Ontario Health, Canadian Medical Association

Outline for Today

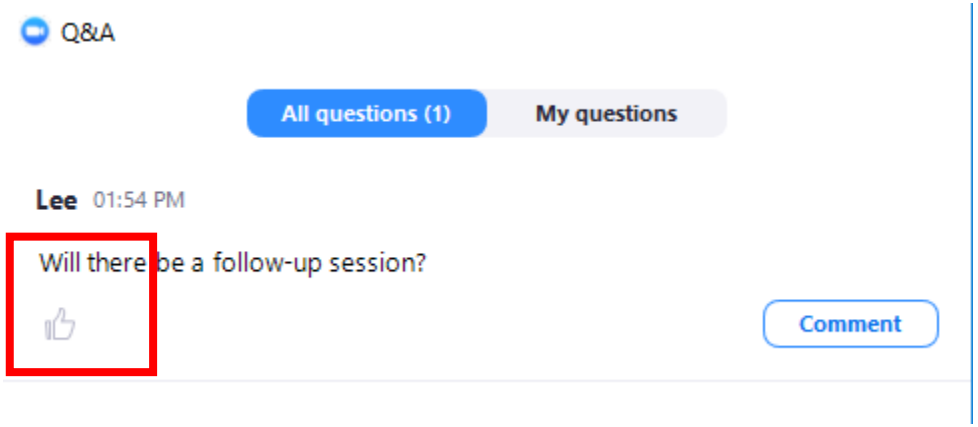
- COVID recovery: considerations for Indigenous populations
- Look-back at COVID in Canada
- Look-forward to the COVID vaccine for kids <5
- Q&A!

How to Participate

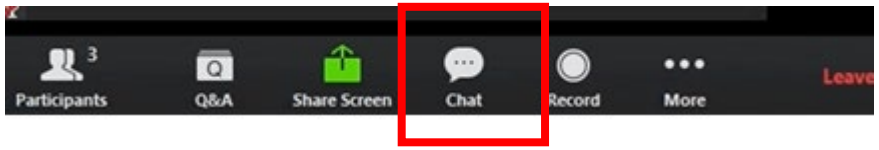
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



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Co-Chair of the Ontario Immunization Advisory Committee

Indigenous resources

- **First Peoples Second Class Treatment**

https://www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/

- **CanMEDS-FM Indigenous Health Supplement**

https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/canmeds-family-medicine

- **Cultural Safety Guidelines for Clinicians during the CoVid19 Pandemic**

https://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health/cultural-care-covid-19-e

- **In Plain Sight**

https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

- **Land Acknowledgements**

https://www.camh.ca/en/camh-news-and-stories/land-acknowledgements-guidance

- **Maadookiing-mshkiki – Sharing Medicine. First Nations, Inuit, Metis Perspectives and Knowledge Sharing on CoVid 19 vaccines**

https://www.womenscollegehospital.ca/research,-education-and-innovation/maadookiing-mshkiki%E2%80%94sharimedicine?utm_source=CWP-IH%20MICROSITE&utm_medium=Socials&utm_campaign=Maad%27ookiing%20Mshkiki

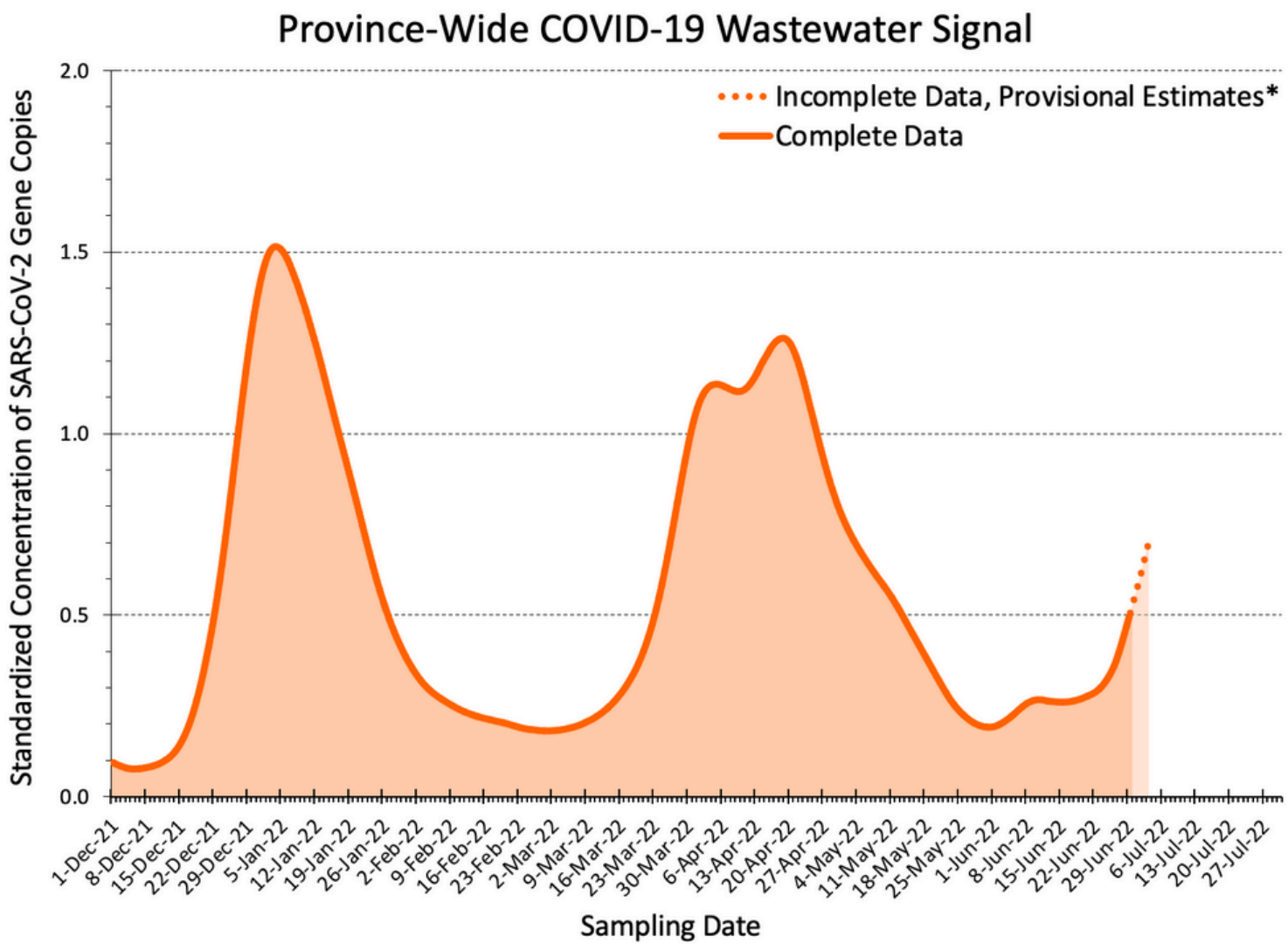
- **Indigenous Cultural Safety Collaborative Learning Series**

https://www.icscollaborative.com/webinars

- **Indigenous Specific Racism in Health Care across the Champlain Region**

https://wabano.com/product/indigenous-specific-racism-in-health-care-across-the-champlain-region-full-report/

COVID-19 Wastewater Signals in Ontario



Two Year Review of the COVID-19 Pandemic: Disease Burden and Equity Concerns

Fahad Razak MD MSc

General Internist, St Michael's Hospital
Assistant Professor, University of Toronto
Provincial Clinical Lead, General Medicine, Ontario Health
Director, COVID-19 Science Advisory Table

SCIENCE TABLE
COVID-19 ADVISORY FOR ONTARIO

Analysis CPD

Canada's response to the initial 2 years of the COVID-19 pandemic: a comparison with peer countries

Fahad Razak MD MSc, Saeha Shin MPH, C. David Naylor MD DPhil, Arthur S. Slutsky MD MSc

Cite as: *CMAJ* 2022 June 27;194:E870-7. doi: 10.1503/cmaj.220316

https://www.cmaj.ca/content/cmaj/suppl/2022/06/20/194.25.E870.DC1/220316-ana-1-at.pdf

Section 1: How has Canada's experience of the pandemic compared to peer nations?

Two Year Review of Canada Compared to Peer Nations

Choosing comparator countries:

- Use a pre-pandemic grouping of countries (e.g. G7, OECD)
- Choose countries with similar economic and political models and per capita income level
- Do not include countries with very small populations (e.g. Iceland) given logistical challenges of pandemic management
- Choose largest group of comparators possible

Two Year Review of Canada Compared to Peer Nations

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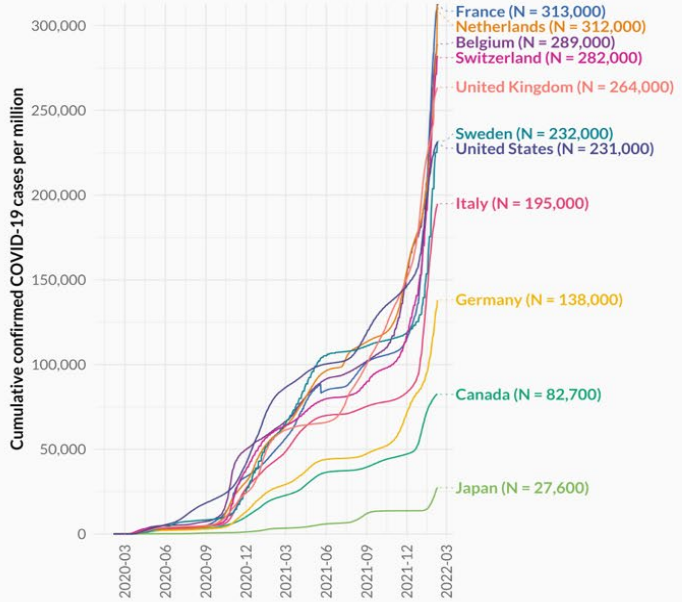
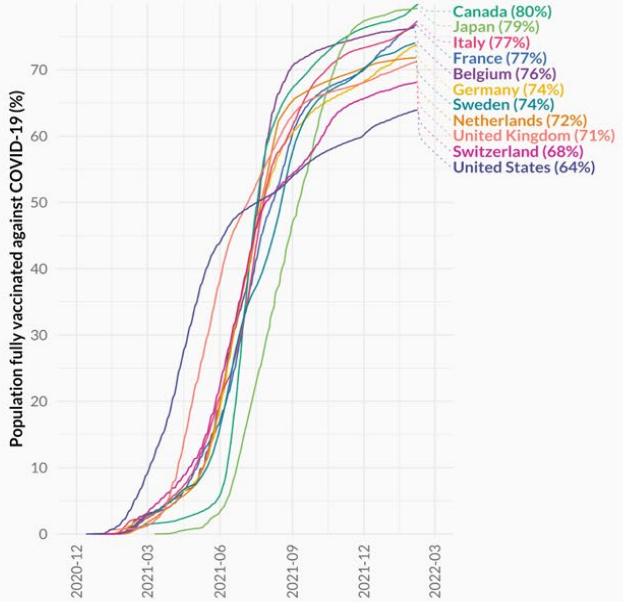
- Do not include countries with very small populations (e.g. Iceland) given logistical challenges of pandemic management
- Choose largest group of comparators possible

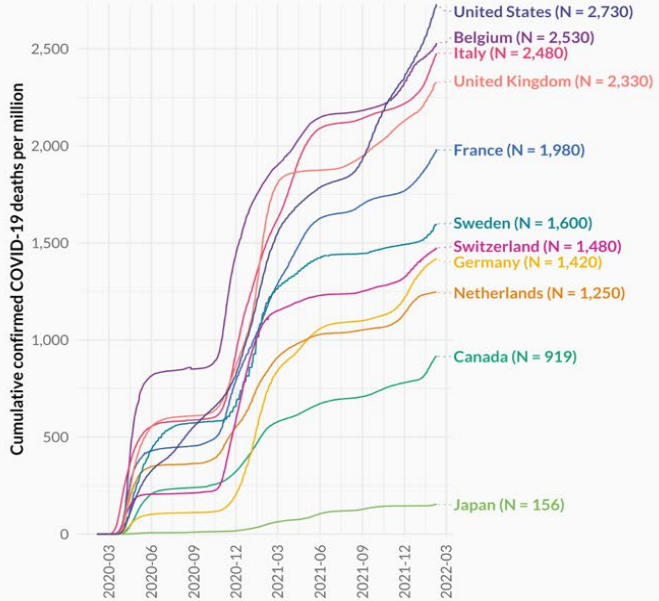
Based on these criteria, G10 Countries used for comparison



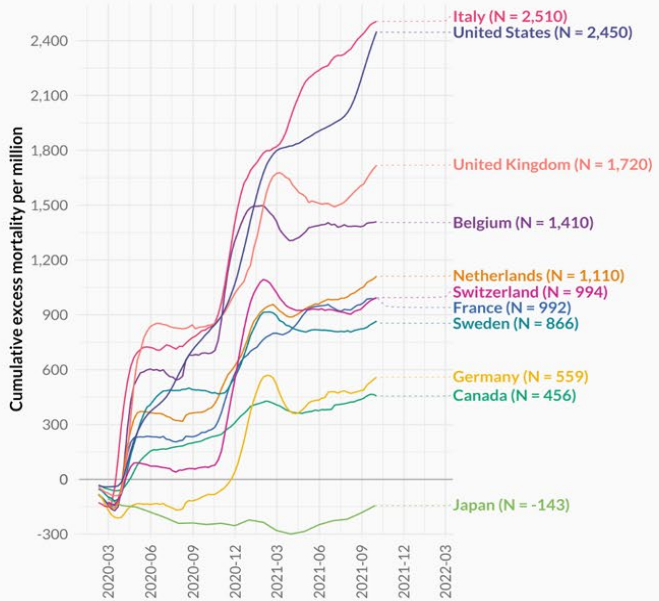
[A] Cumulative Confirmed COVID-19 Cases



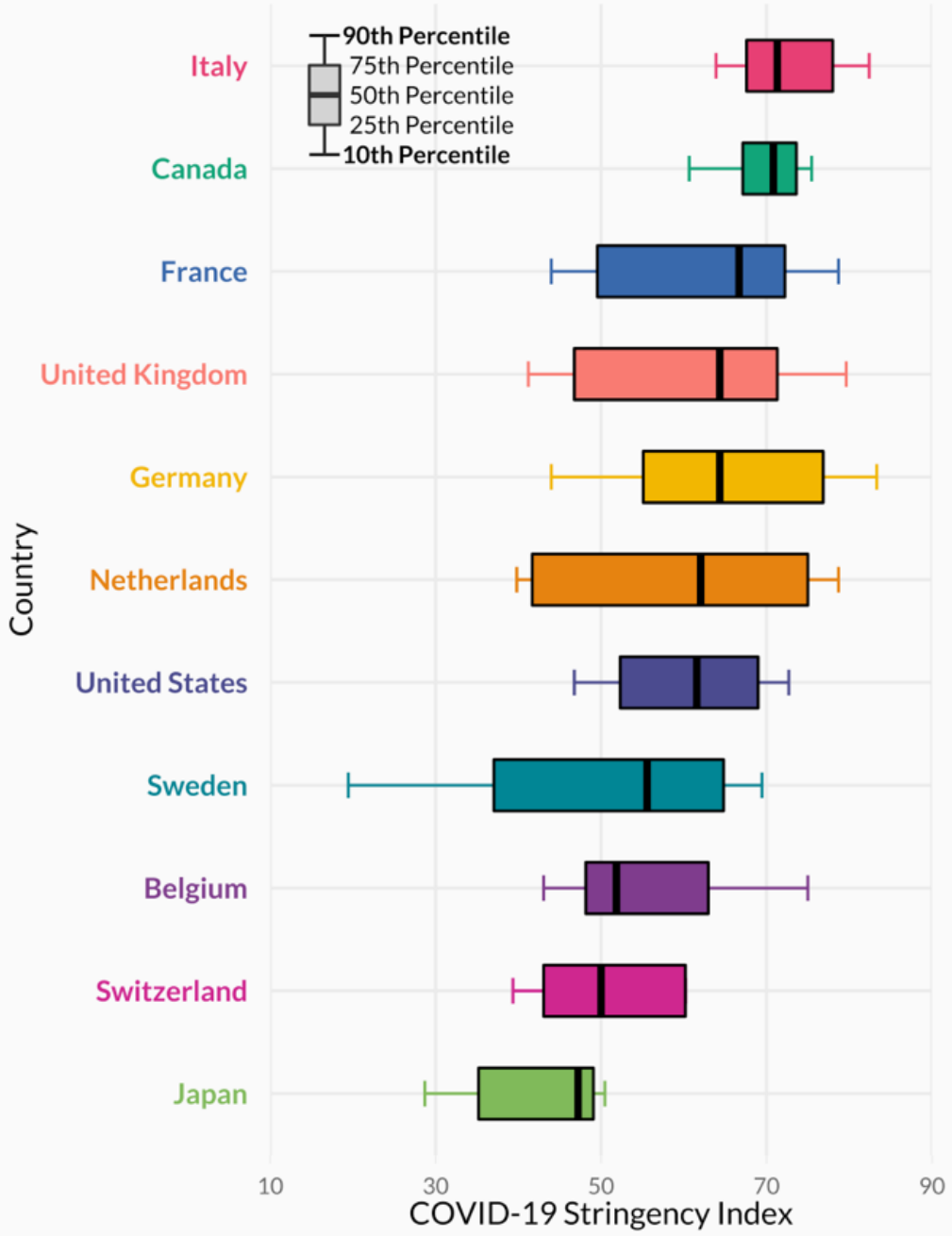
[B] Cumulative Fully Vaccinated Against COVID-19

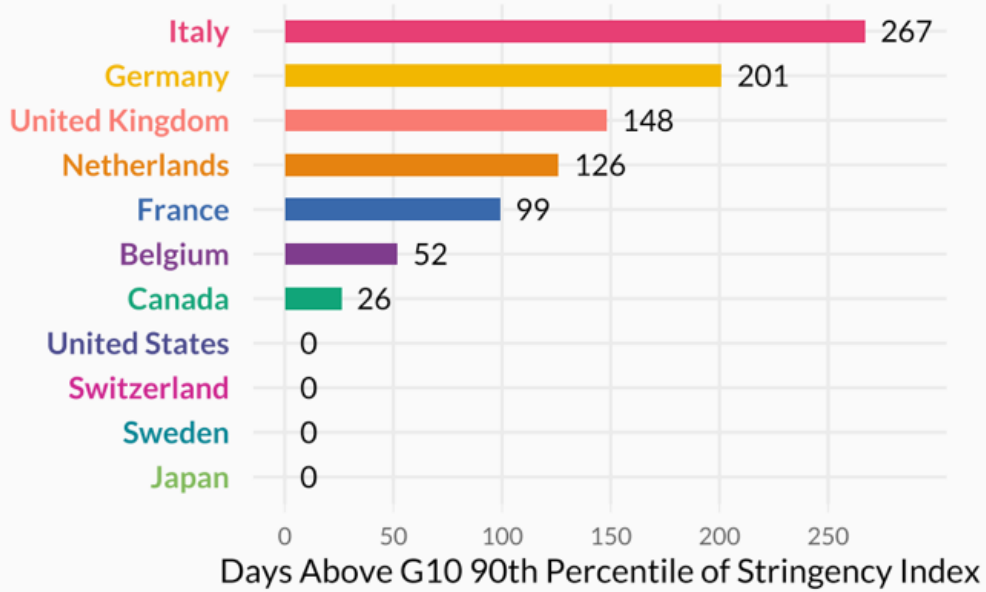


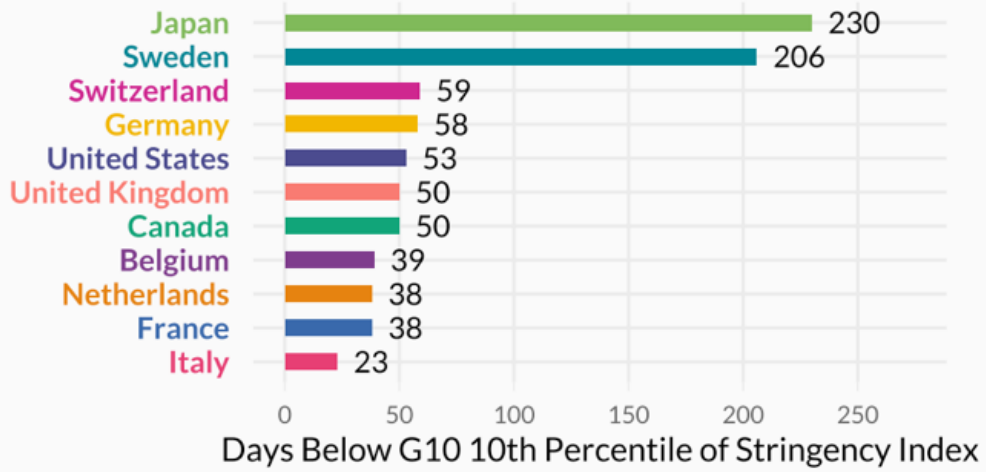
[C] Cumulative Confirmed COVID-19 Deaths



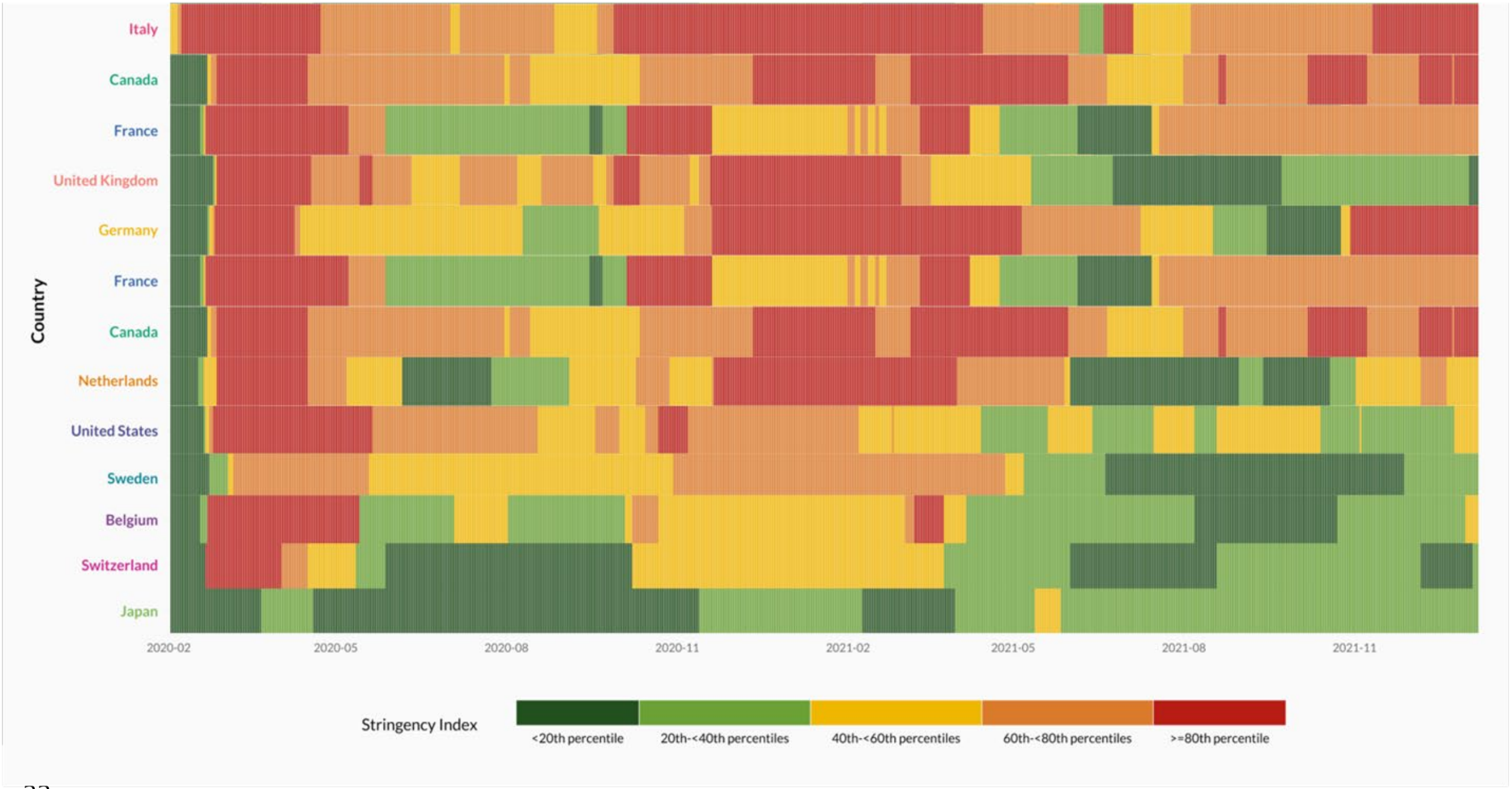
[D] Cumulative Excess Mortality

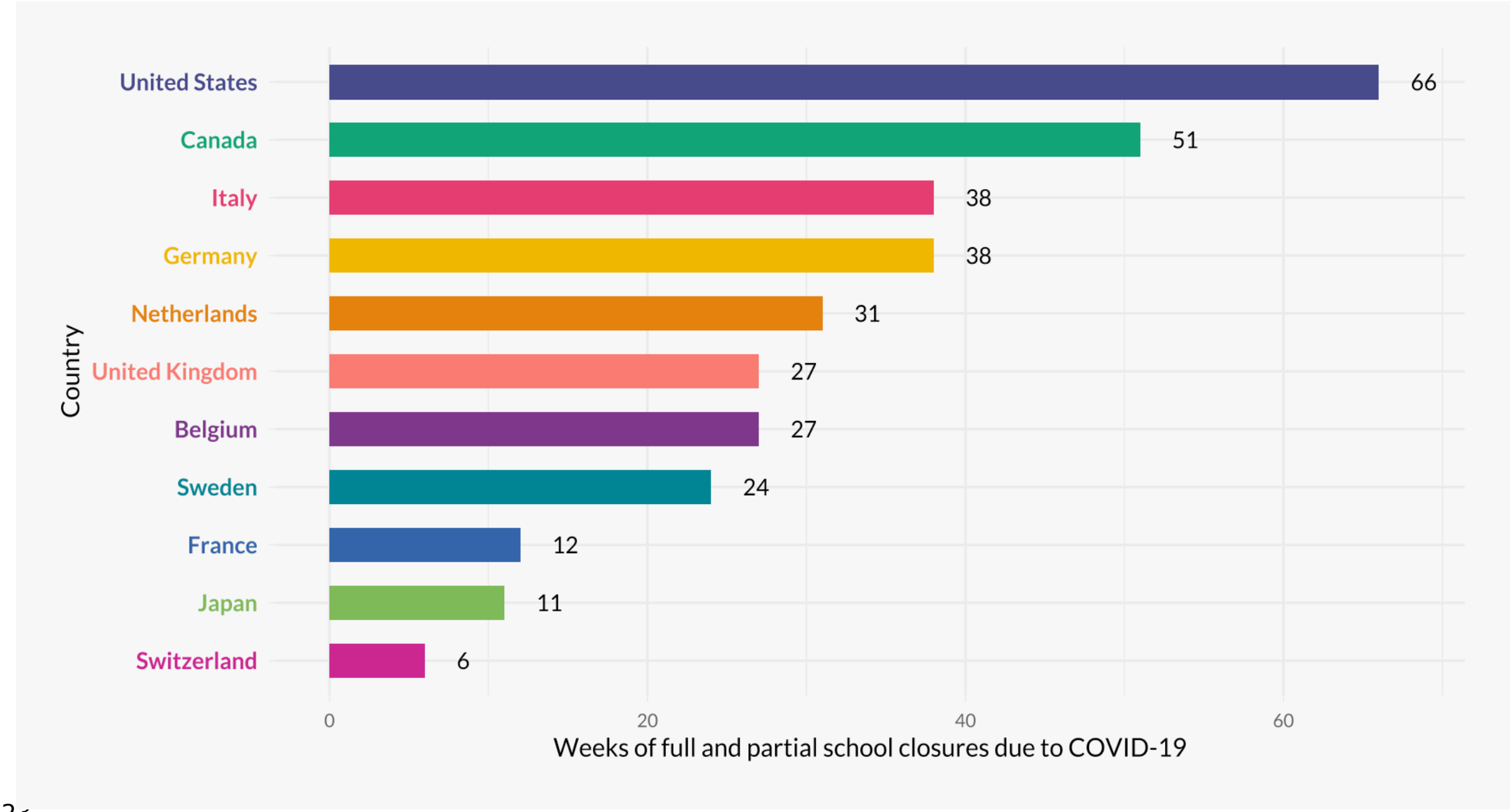






Between January 22, 2020 and February 8, 2022 (748 days)


Country
Italy
Canada
France
United Kingdom
Germany
France
Canada
Netherlands
United States
Sweden
Belgium
Switzerland
Japan
2020-02
2020-05
2020-08
2020-11
2021-02
2021-05
2021-08
2021-11
Stringency Index
<20th percentile
20th-<40th percentiles
40th-<60th percentiles
60th-<80th percentiles
>=80th percentile


United States
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11
6
Country
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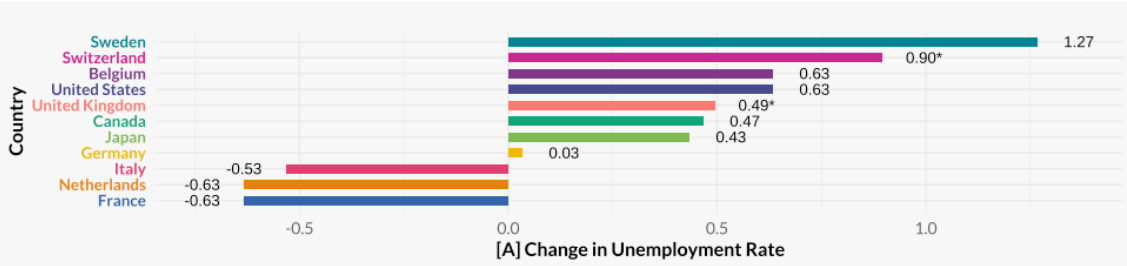
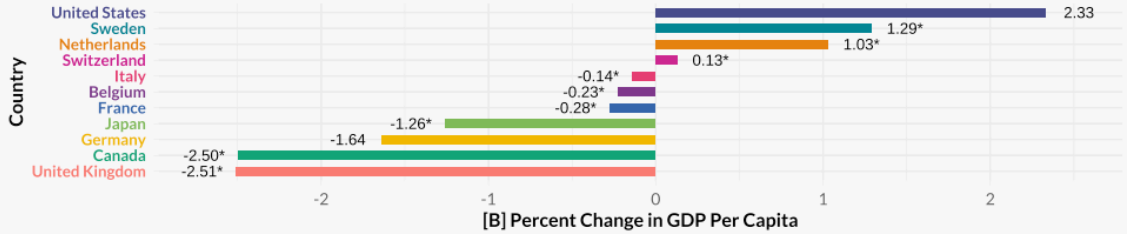
40
60
Weeks of full and partial school closures due to COVID-19



*Compares Q4 2021, or latest available data (*Q3 2021), with Q4 2019*



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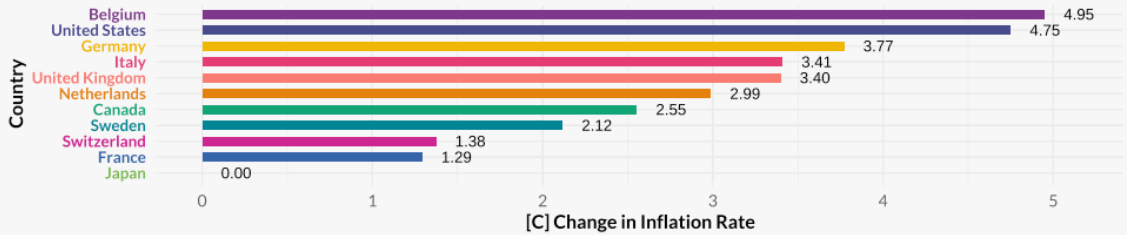
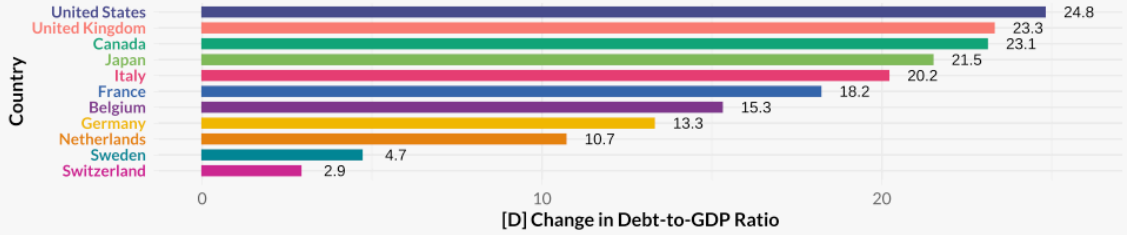


Compares Q4 2021 with Q4 2019



Compares year 2021 with year 2019

Summary

- Japan had much lower COVID-19 burden, but for unclear reasons (not because of vaccination or public health measures)
- Among remaining countries, Canada had the lowest COVID-19 burden
- The Canadian public experienced among the strictest and most sustained public health restrictions, including school closures.
- Most countries are at pre-pandemic employment levels, inflation has risen, and government debt rose for all countries
  - Canada at approximate middle of the pack for economic measures

So where do we go from here?

Monitoring

- Knowing what variants are circulating
- Improving completeness and reducing data lags

Maintaining public trust through smart policies

- Celebrating successes
- Precision public health measures
- Prioritizing next steps
- Transparency

COVID-19 vaccination for young children

8 July 2022

J Pernica

What is going to happen next with vaccination of infants and preschoolers in Canada?

Rationale for infant/preschooler vaccination

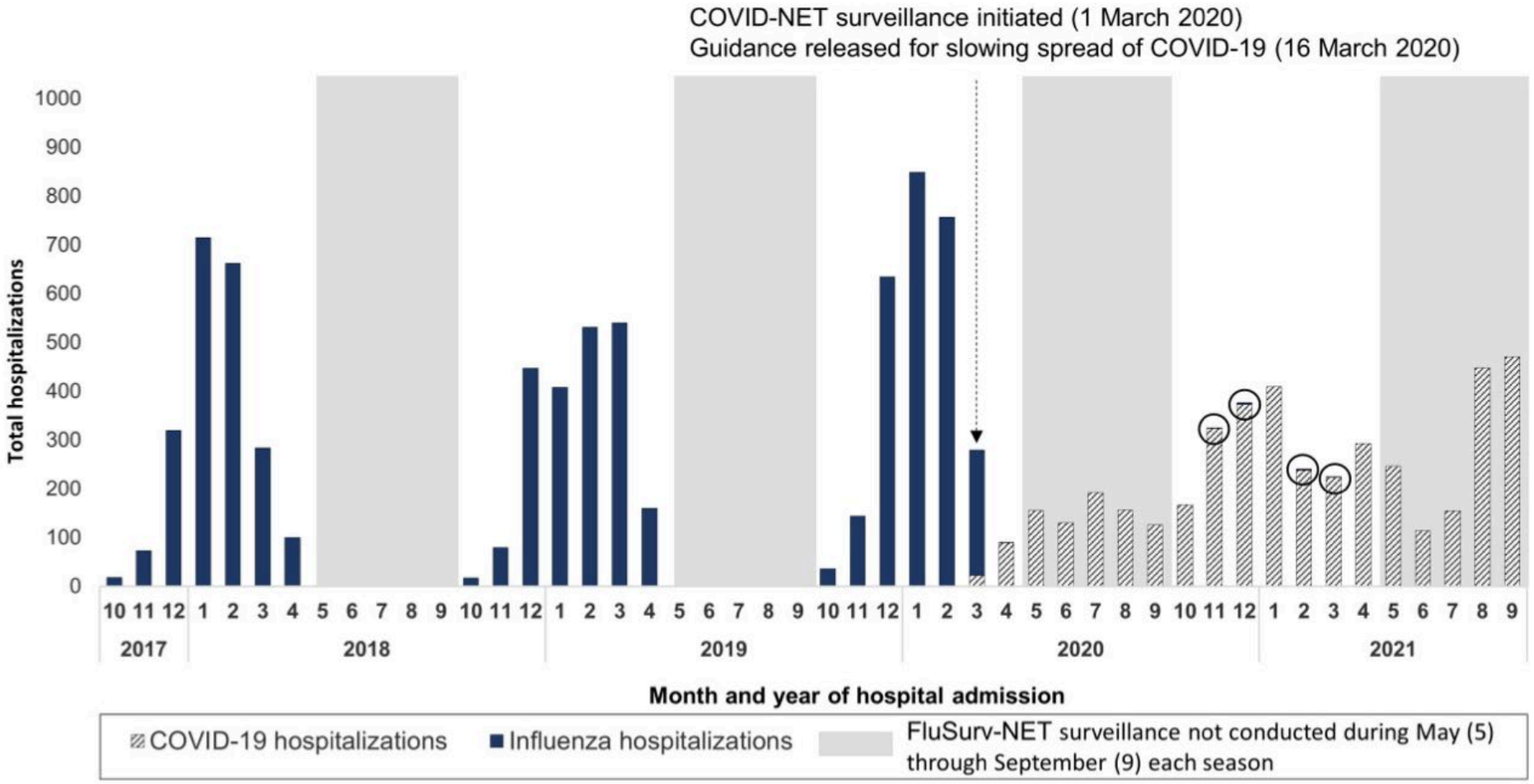
- prevention of severe disease in individual children!

Determinants of individual-level benefit

1. Likelihood of morbidity associated with infection
2. Vaccine effectiveness
3. Likelihood of significant adverse events following immunization (AEFIs)

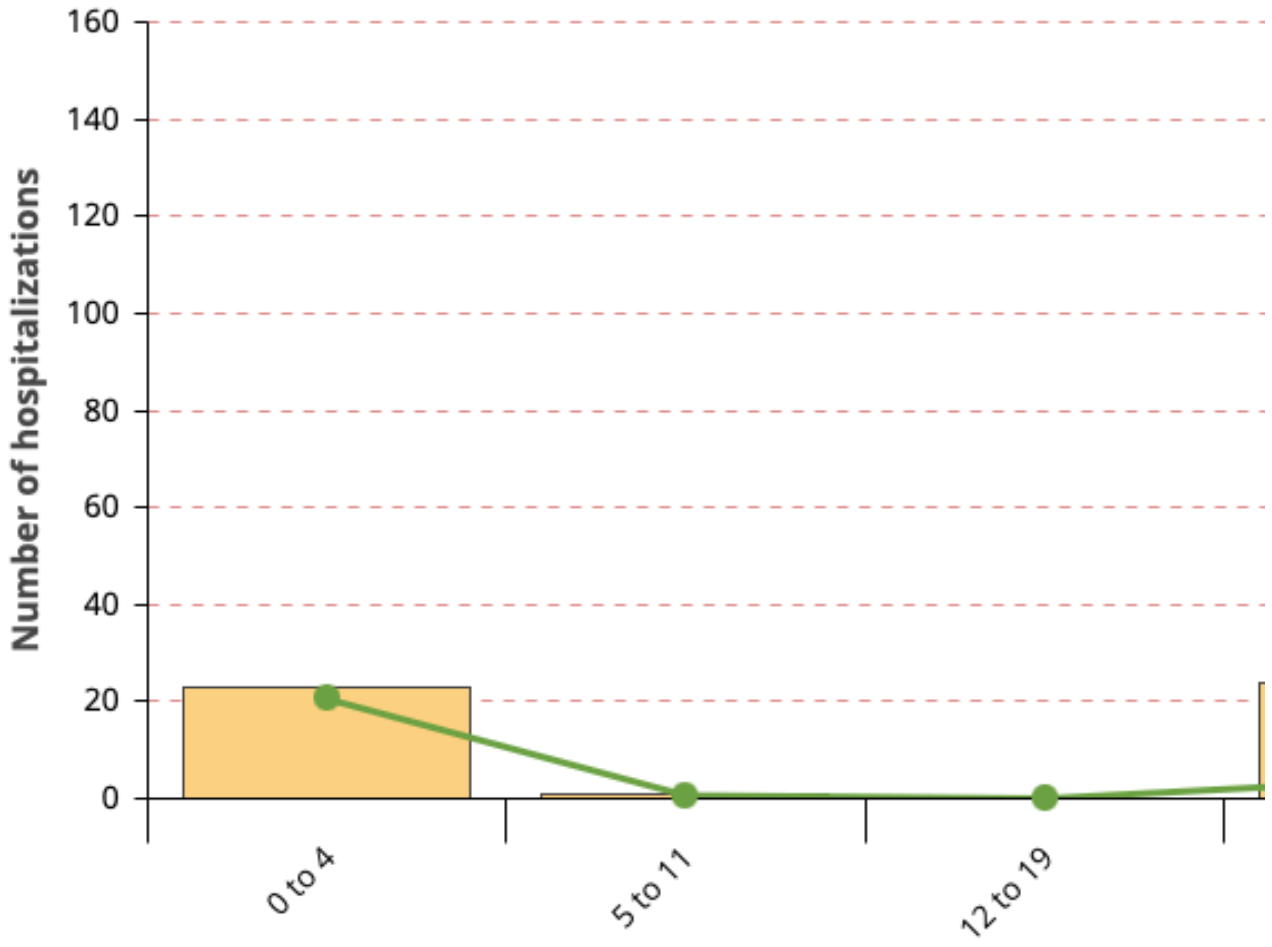
Clinical COVID-19 disease in young children

COVID-19 is not ‘just a cold’, even in children.



Delahoy MJ *Clin Infect Dis* 2022

Young children are hospitalized more.



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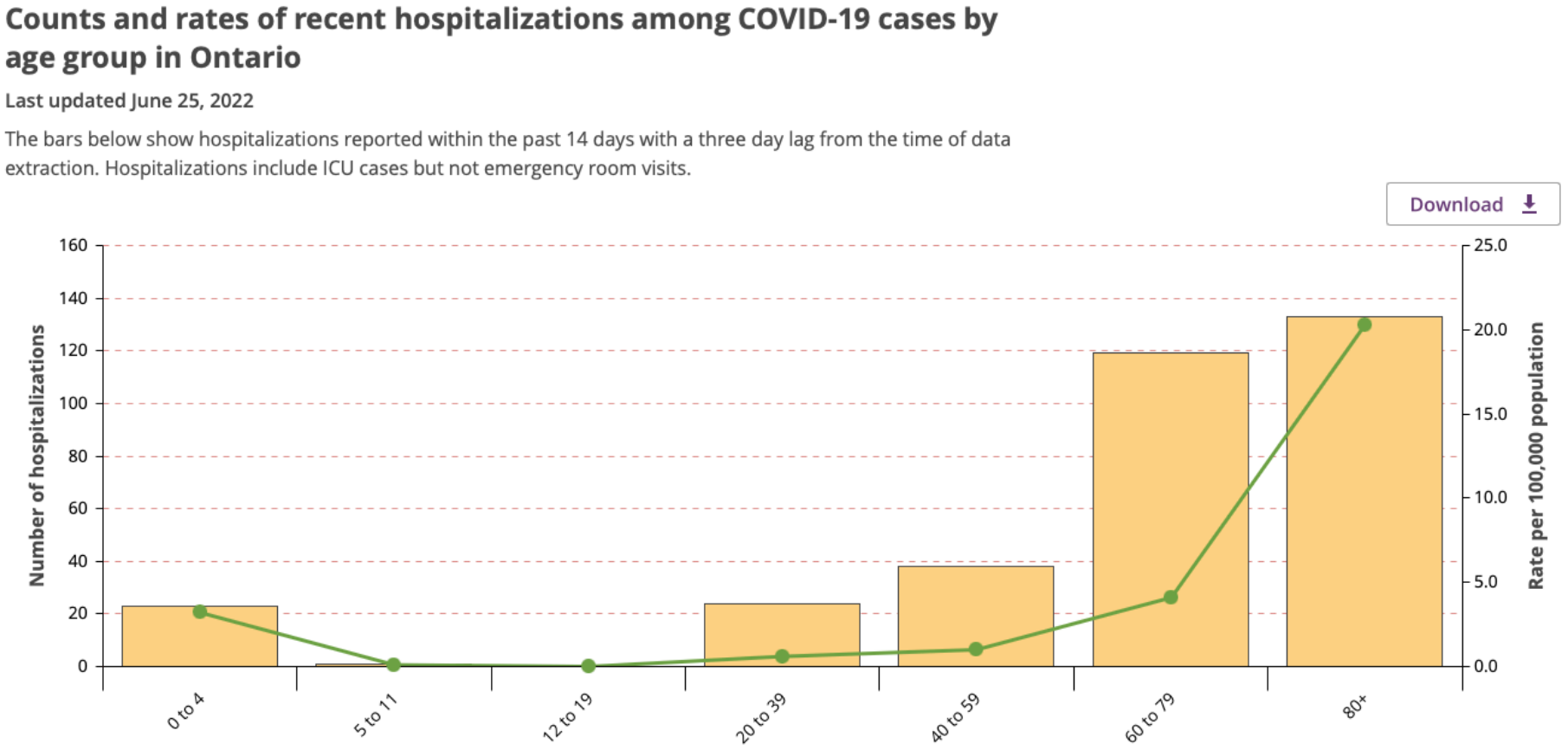
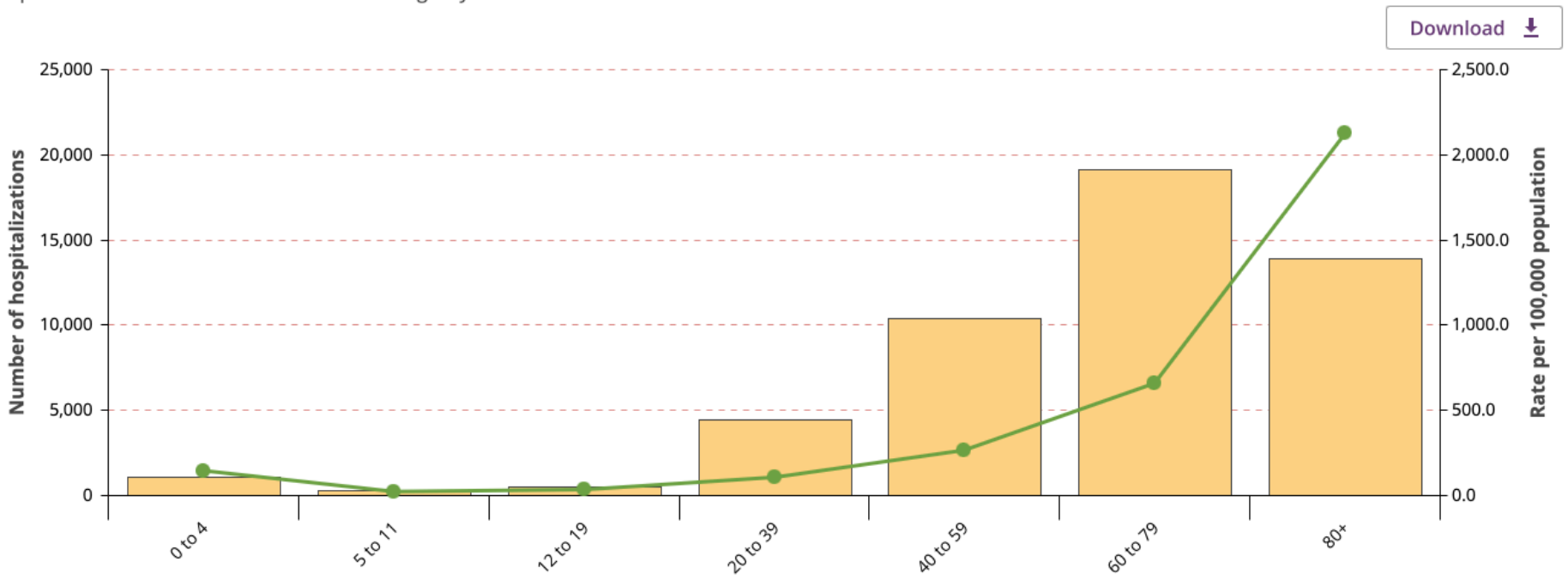


https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=ageSex

Cumulative counts and rates of hospitalizations among COVID-19 cases by age group in Ontario

January 15, 2020 to June 25, 2022

The bars below show the total confirmed hospitalizations reported since the beginning of the pandemic. Hospitalizations include ICU cases but not emergency room visits.



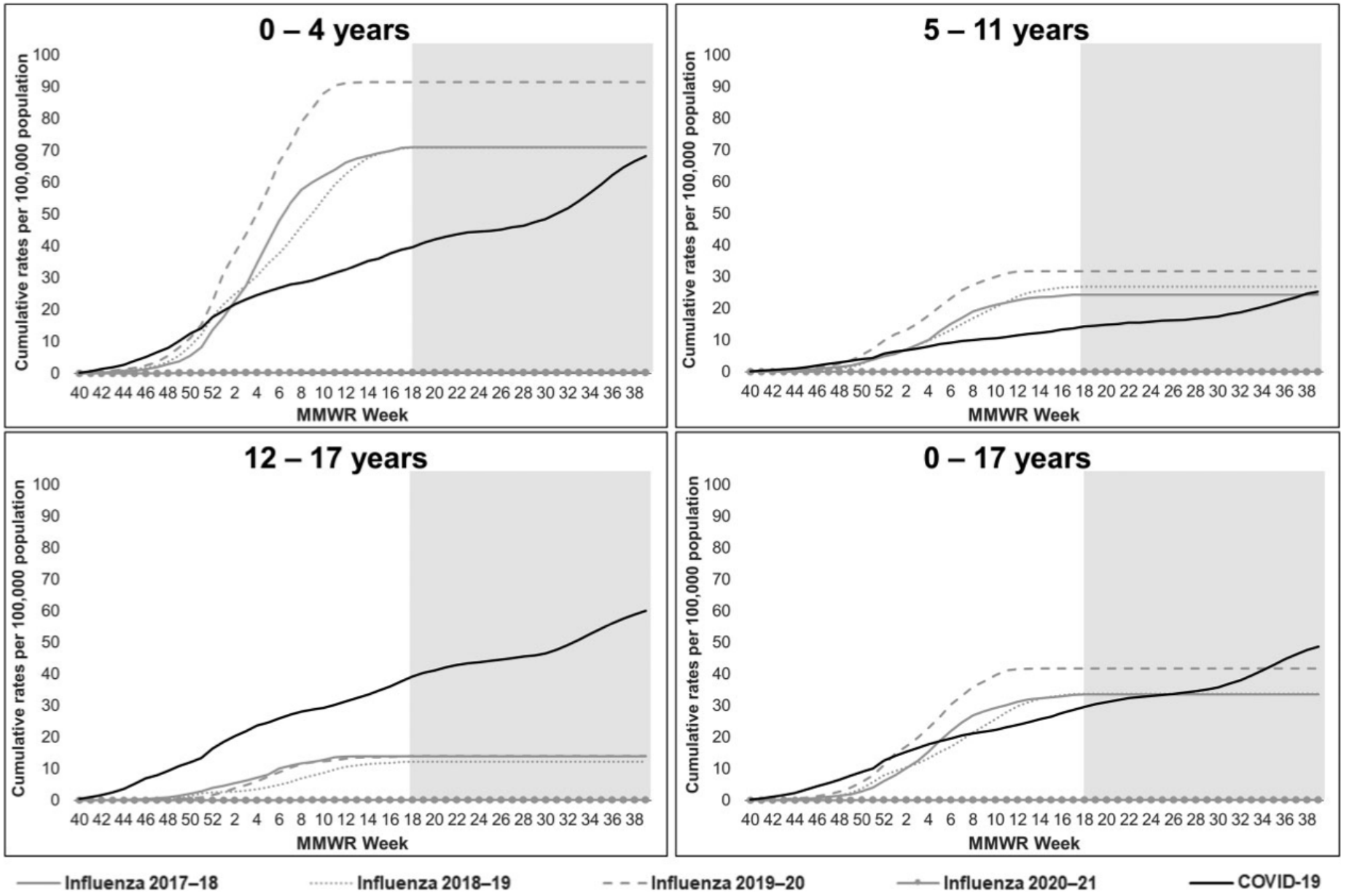

0 – 4 years
5 – 11 years
12 – 17 years
0 – 17 years
Cumulative rates per 100,000 population
0 10 20 30 40 50 60 70 80 90 100
40 42 44 46 48 50 52 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38
MMWR Week
Influenza 2017–18
Influenza 2018–19
Influenza 2019–20
Influenza 2020–21
COVID-19

FIGURE. Weekly COVID-19–associated hospitalization rates* among children and adolescents aged 0–17 years, by age group — COVID-NET, 14 states,† July 3, 2021–January 22, 2022

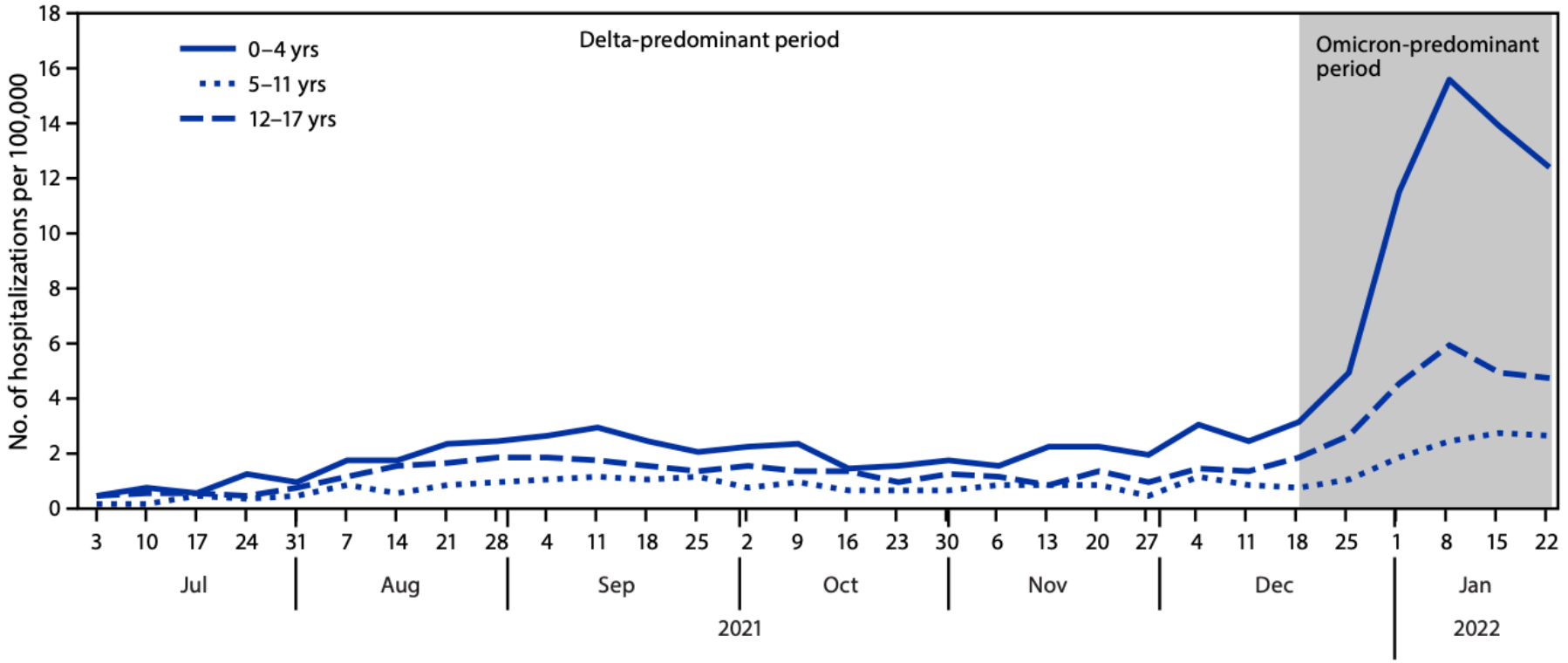
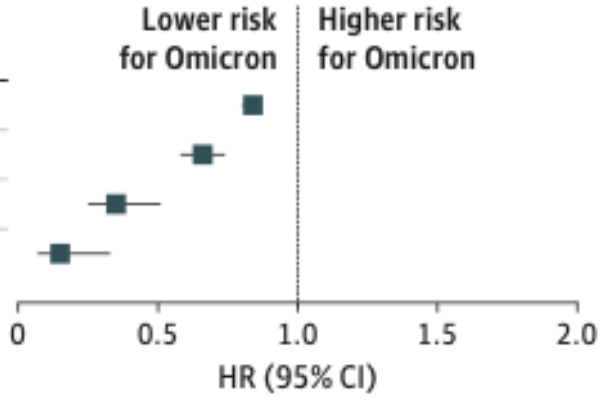


Figure. Comparison of Risks of Clinical Outcomes of SARS-CoV-2 Infection in Children Younger Than 5 Years

A Omicron vs Delta cohorts

Outcome	Matched Omicron cohort, No. (%)	Matched Delta cohort, No. (%)	HR (95% CI)
ED visits	4637 (20.36)	5602 (24.60)	0.84 (0.80-0.87)
Hospitalizations	401 (1.76)	741 (3.25)	0.66 (0.58-0.74)
ICU admissions	38 (0.17)	115 (0.51)	0.35 (0.25-0.51)
Mechanical ventilation	10 (0.04)	51 (0.22)	0.15 (0.07-0.33)



JAMA Pediatr. Published online April 1, 2022. doi:10.1001/jamapediatrics.2022.0945

Moderna mRNA-1273 vaccine effectiveness and safety in young children

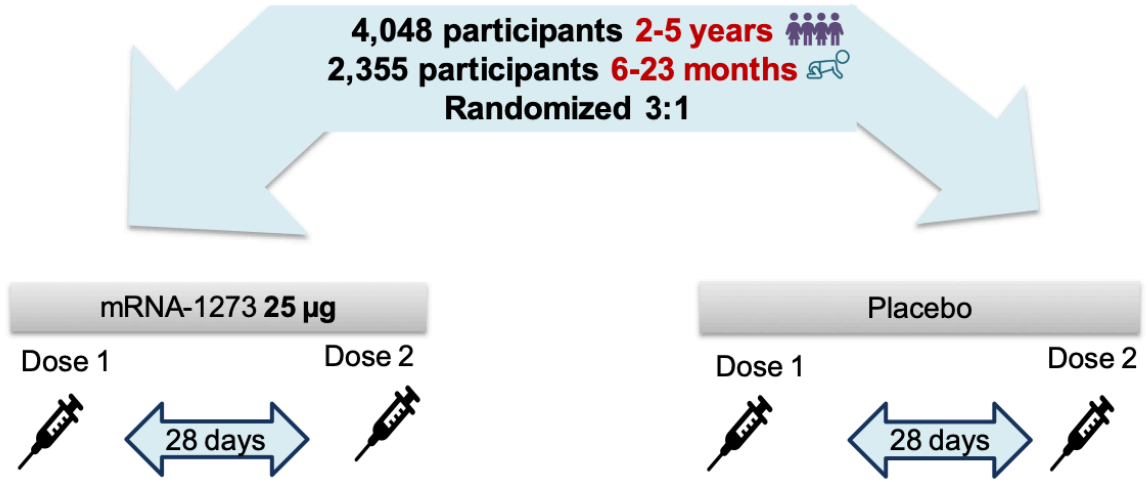
Moderna mRNA-1273 vaccine trials

Pediatric Studies

	6-23 months	2-5 years	6-11 years	12-17 years
Dose/regimen:	25 µg Two doses (0, 28 days)	25 µg Two doses (0, 28 days)	50 µg Two doses (0, 28 days)	100 µg Two doses (0, 28 days)
Pediatric Study	P204	P204	P204	P203
mRNA-1273 recipients	1,761	3,031	3,007	2,486
Immunobridging to 18-25-year-old participants in P301 (GMC and seroresponse)	✓	✓	✓	✓
Descriptive efficacy	✓	✓	✓	✓

P204 Study Design

Part 2: Randomized, placebo-controlled, observer-blind evaluation of the selected dose for each age cohort



Trial results were positive, if underwhelming.

- immunobridging endpoints met (antibody levels in young children noninferior to those in young adults)
- efficacy against symptomatic infection mediocre (30-50%, depending on definition)
- no particular safety concerns (note total n ~ 4K)

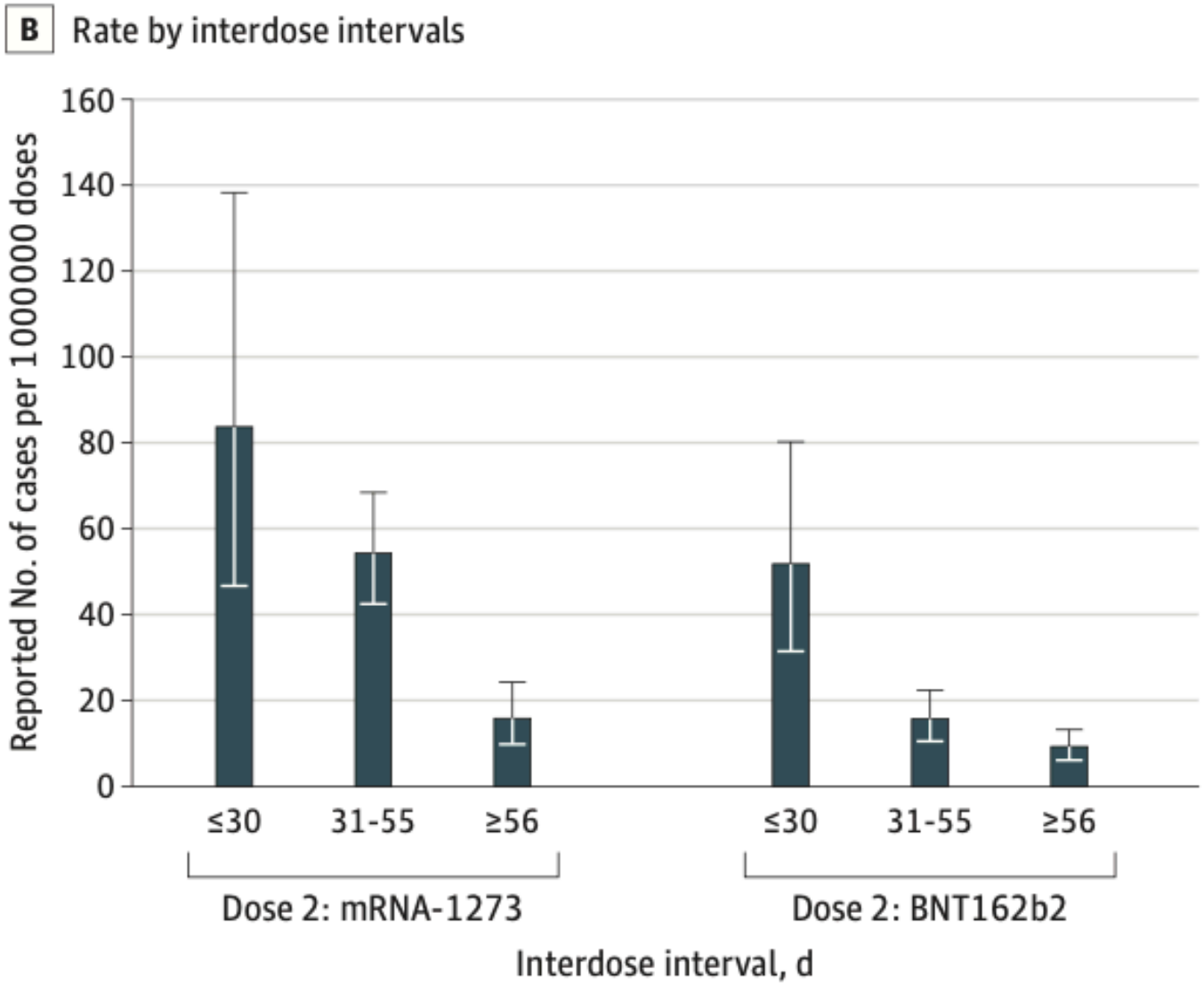
Other safety considerations

Cardiac AEFI rates established for Ontario.

Table 2. Crude Rate of Reported Myocarditis or Pericarditis per Million Vaccine Doses Administered by Vaccine Product, Dose Number, Age, and Sex With Series Initiation on or After June 1, 2021

	Reported No. of cases per 1 000 000 doses, No. (95% CI)[a]					
	All individuals		Female individuals		Male individuals	
Vaccine	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2
BNT162b2						
Age group, y						
12-17	27.3 (14.9-45.8)	54.4 (34.5-81.7)	20.1 (6.5-47.0)	9.7 (1.2-35.1)	34.2 (15.6-64.9)	97.3 (60.3-148.8)
18-24	17.9 (5.8-41.7)	44.3 (17.8-91.3)	7.9 (0.2-44.1)	27.4 (3.3-99.0)	26.2 (7.1-67.0)	59.2 (19.2-138.1)
25-39	13.0 (5.2-26.8)	16.0 (5.2-37.4)	3.9 (0.1-21.6)	19.7 (4.1-57.6)	21.5 (7.9-46.7)	12.6 (1.5-45.4)
≥40	5.9 (1.2-17.3)	NR	4.0 (0.1-22.3)	NR	7.8 (0.9-28.3)	NR
Total	15.6 (10.4-22.4)	29.0 (20.2-40.3)	8.9 (3.9-17.6)	11.9 (4.8-24.5)	21.8 (13.5-33.3)	45.3 (30.1-65.5)
mRNA-1273						
Age group, y						
12-17[b]	NA	NA	NA	NA	NA	NA
18-24	21.6 (2.6-77.9)	195.5 (117.7-305.3)	NR	69.1 (14.2-201.9)	37.2 (4.5-134.6)	299.5 (171.2-486.4)
25-39	16.2 (3.3-47.3)	58.7 (30.3-102.6)	NR	21.5 (2.6-77.7)	28.8 (5.9-84.3)	90.1 (43.2-165.7)
≥40	30.0 (11.0-65.2)	NR	22.0 (2.7-79.4)	NR	36.7 (10.0-93.9)	NR
Total	23.0 (11.5-41.1)	62.5 (42.4-88.6)	9.5 (1.1-34.2)	22.0 (7.1-51.4)	33.7 (15.4-64.0)	96.8 (63.2-141.9)

JAMA Network Open. 2022;5(6):e2218505. doi:10.1001/jamanetworkopen.2022.18505


B
Rate by interdose intervals
Reported No. of cases per 1000000 doses
160
140
120
100
80
60
40
20
0
≤30
31-55
≥56
≤30
31-55
≥56
Dose 2: mRNA-1273
Dose 2: BNT162b2
Interdose interval, d

Cardiac complications rare in children 5-11 y

- Danish surveillance found one probable myocarditis case in 200K vaccinated

Nygaard U *Pediatrics* 2022 epub

- US surveillance found that AEFIs less common in children aged 5-11 compared with adolescents
  - 8 cases myocarditis in boys after dose 2 (reporting rate 2.2 cases per million)

Hause AM *Pediatrics* 2022 epub

Safety of COVID-19 Vaccine in 5-11 Year Olds

Public Health Ontario | Santé publique Ontario

In Ontario, almost 1 million doses of pediatric Pfizer-BioNTech Comirnaty COVID-19 vaccine (approximately 600,000 first doses and 355,000 second doses) have been administered to 5-11 year olds.

More than 50 countries, including Canada, have expanded their COVID-19 immunization programs to include 5-11 year olds with a pediatric formulation of the Pfizer-BioNTech Comirnaty COVID-19 vaccine.

Of the almost 1 million doses of pediatric COVID-19 vaccine administered in Ontario:

0.02%
Of all doses were associated with an adverse event following immunization (AEFI).

98.4%
Of AEFIs were non-serious. Half occurred on the same day as vaccination.

Most commonly reported specific adverse events:

45.1%
Allergic skin reaction

13.7%
Rash

8.8%
Syncope (fainting) with injury

0.0003%
Of all doses were associated with an AEFI involving hospitalization.

1
Case of myocarditis / pericarditis has been reported following immunization.

Data current as of February 27, 2022.

Overall take-home messages

- infants/toddlers more at risk for severe COVID-19 than school-aged children
- 2-dose Moderna vaccine series likely have comparable effectiveness in infants/toddlers (as compared to older children)
- mRNA vaccination unlikely to be associated with significant cardiac risk in infants/toddlers
- stay tuned for NACI statement and HC opinion on Moderna mRNA-1273 submission!

Thank you!!

J Pernica
Associate Professor
pernica@mcmaster.ca

Early polling indicates ~50% of parents will get their child <5yrs vaccinated

- **Strategic Council (February 2022)**
- **(n = 167 parents of children < 5 years in Ontario)[1]**
  - **53% of parents report they will get their children vaccinated for COVID-19** once approved
  - **58% indicated their preferred location is their child's family doctor's/pediatrician's office**
  - 86% of parents would feel most comfortable having a doctor (86%) or nurse (65%) give the vaccination.
    - 38% indicated they would feel comfortable with a pharmacist providing the vaccination.

- **Angus Reid (Summer 2021)**

(n = 812 Canadian parents of children 5-11 years)[2]

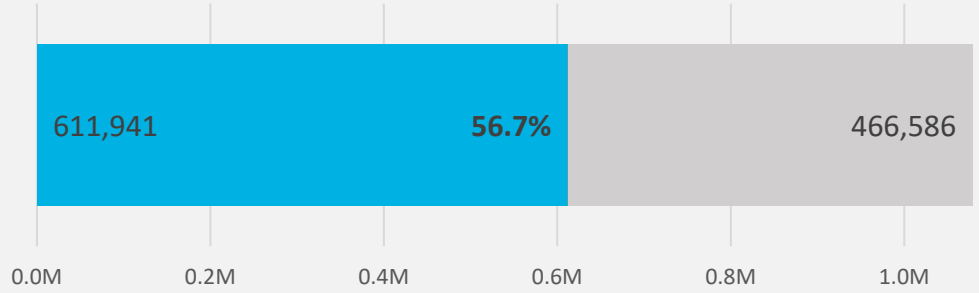
- **51% of parents of children 5-11 said they would get their child vaccinated**
- 23% said they would not get their child vaccinated

1. Data Source: Provincial Health Behaviours Polling Results for Under 5 (March 2022 – The Strategic Council)
2. Data Source: Angus Reid Institute (October 2021)

Children 5 to 11 | First & Second dose progress

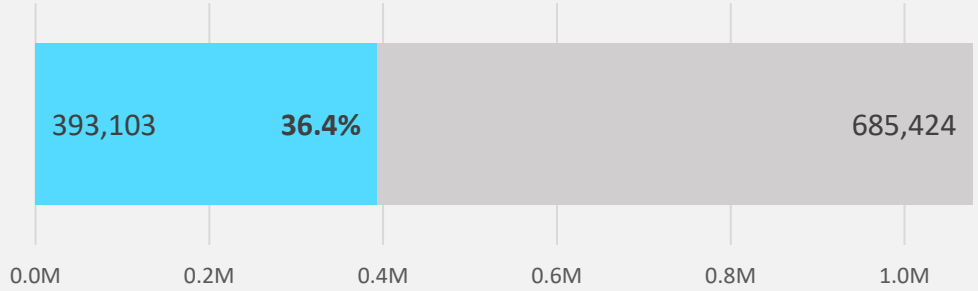
As of June 5, 2022

Provincial 1st Dose Progress age 5-11



% people 5 to 11 with at least 1 dose	New Dose 1 last 7 days	People 5 to 11 with at least one dose
56.7%	945	611,941
Percentage point Increase last 7 days	**Daily Dose 1 (7-day avg)**	**People 5 to 11 remaining**
0.1%	135	466,586

Provincial 2nd Dose Progress age 5-11



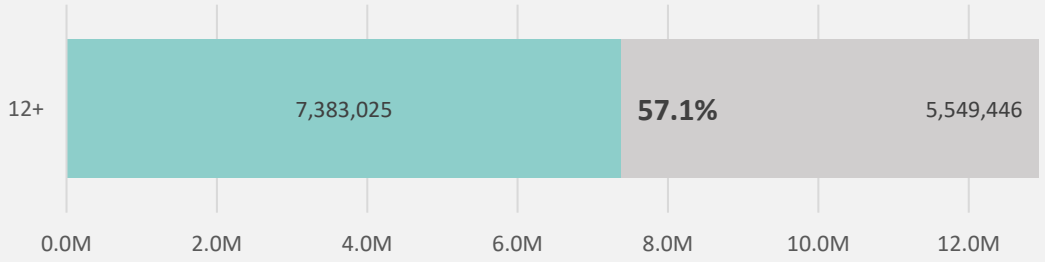
% people 5 to 11 fully vaccinated	New Dose 2 last 7 days	People 5 to 11 fully vaccinated
36.4%	2,119	393,103
Percentage point Increase last 7 days	**Daily Dose a (7-day avg)**	**People 5 to 11 remaining**
0.2%	303	685,424

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU File

Third Doses | Overall progress

As of June 5, 2022

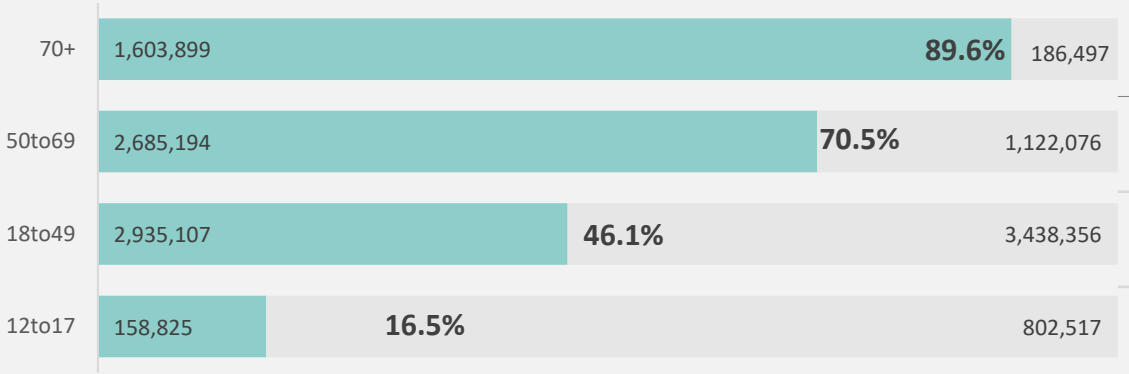
Third doses to people 12+



% people 12+ with dose 3	New Dose 3 last 7 days	People 12+ with 3 doses
57.1%	10,463	7,383,025

Percentage point Increase last 7 days	Daily Dose 3 (7-day avg)	People 12+ remaining
0.1%	1,495	5,549,446

Third doses | by age group

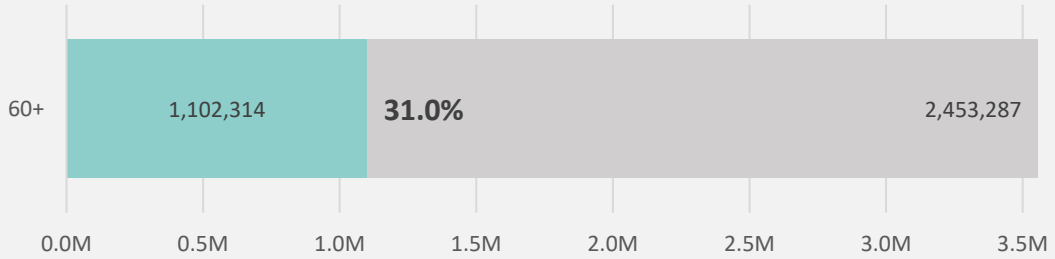


	% Dose 3	Percentage point Increase last 7 days	New Dose 3 last 7 days	Daily Dose 3 (7-day avg)	People remaining
70+	89.6%	0.1	1,444	206	186,497
50to69	70.5%	0.1	2,486	355	1,122,076
18to49	46.1%	0.1	5,134	733	3,438,356
12to17	16.5%	0.1	1,399	200	802,517

Fourth Doses | Overall progress

As of June 5, 2022

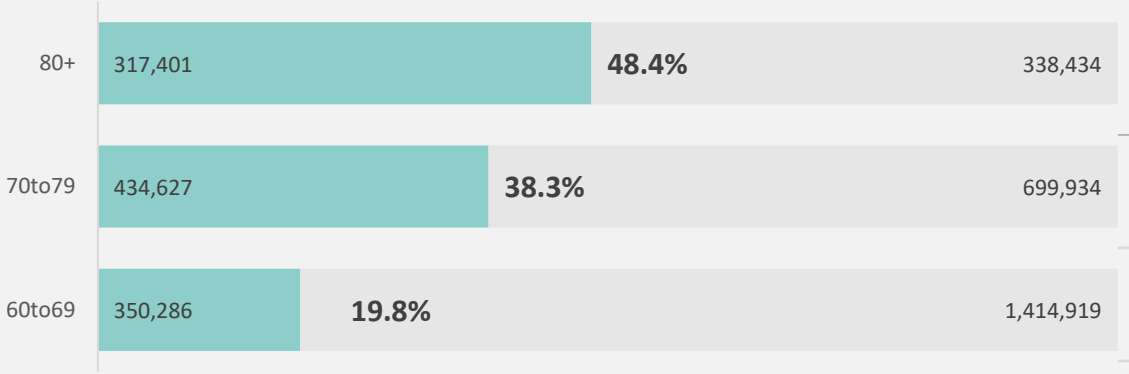
Fourth doses to people 60+



% people 60+ with dose 4	New Dose 4 last 7 days	People 60+ with 4 doses
31.0%	61,061	1,102,314

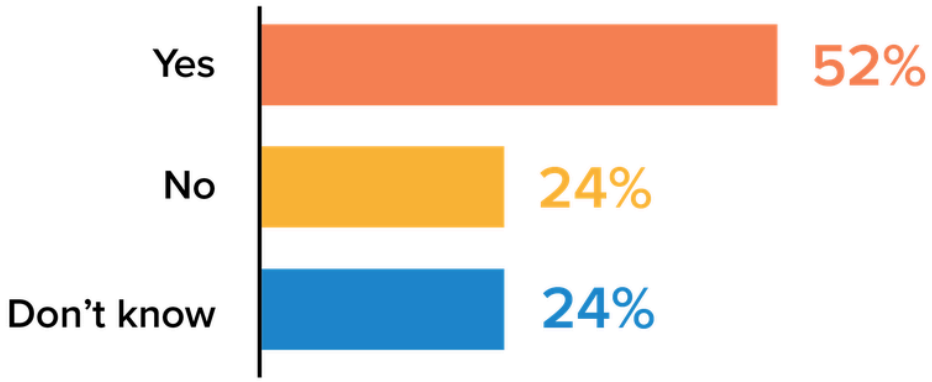
Percentage point Increase last 7 days	Daily Dose 4 (7-day avg)	People 60+ remaining
1.7%	8,723	2,453,287

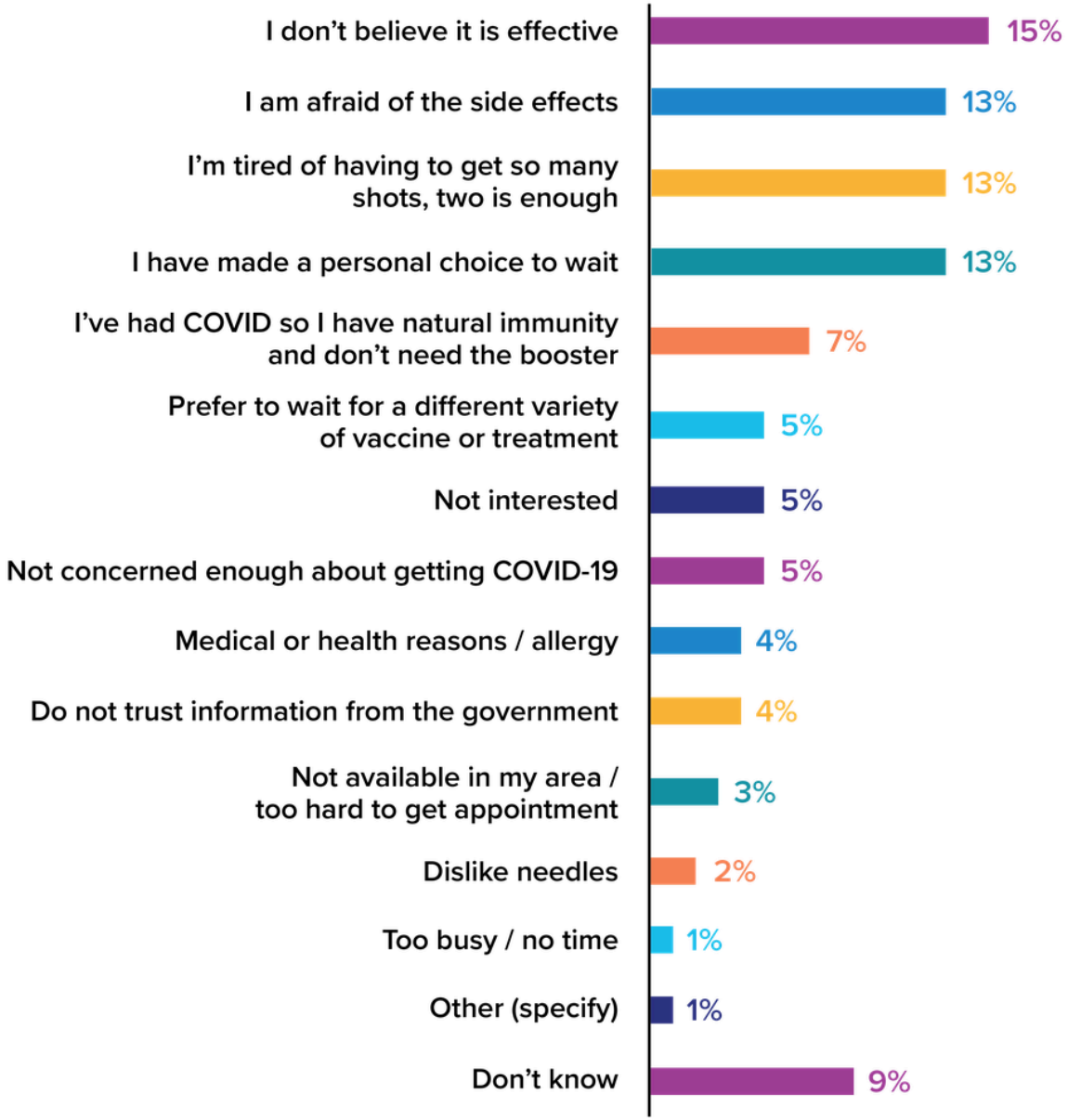
Fourth doses | by age group



	% Dose 4	Percentage point Increase last 7 days	New Dose 4 last 7 days	Daily Dose 4 (7-day avg)	People remaining
80+	48.4%	1.9	12,343	1,763	338,434
70to79	38.3%	2.1	23,562	3,366	699,934
60to69	19.8%	1.4	25,156	3,594	1,414,919

Do you plan to get another booster of the COVID-19 vaccine and why are you unlikely or unsure about getting another booster?





Via OMA

Updated CPSO Virtual Care Policy

When determining whether virtual care is appropriate and, in the patient's best interest, **physicians must consider** and ensure their decisions reflect the following factors:

- the nature of the presenting complaint and care required, including whether a physical examination is required in order to meet the standard of care;
- the patient's existing health status and specific health-care needs;
- the patient's specific circumstances and preferences (e.g., financial hardship, mobility limitations, distance required to travel to an in-person appointment, ability to take time off from work, or any language and/or communication barriers); and
- the technology available to the patient and their ability to effectively utilize the technology.

Where clinically appropriate and available, physicians must prioritize patient preference for in-person or virtual care.

CPSO "Advice to the Profession"

Is it appropriate to use a 'virtual-first' approach in all instances?

A blanket virtual-first approach (i.e., triaging every patient with an initial virtual appointment) **is not recommended** in **the absence of direction from the government** (e.g., in relation to pandemics/public health measures)…..

Can I exclusively provide virtual care to patients?

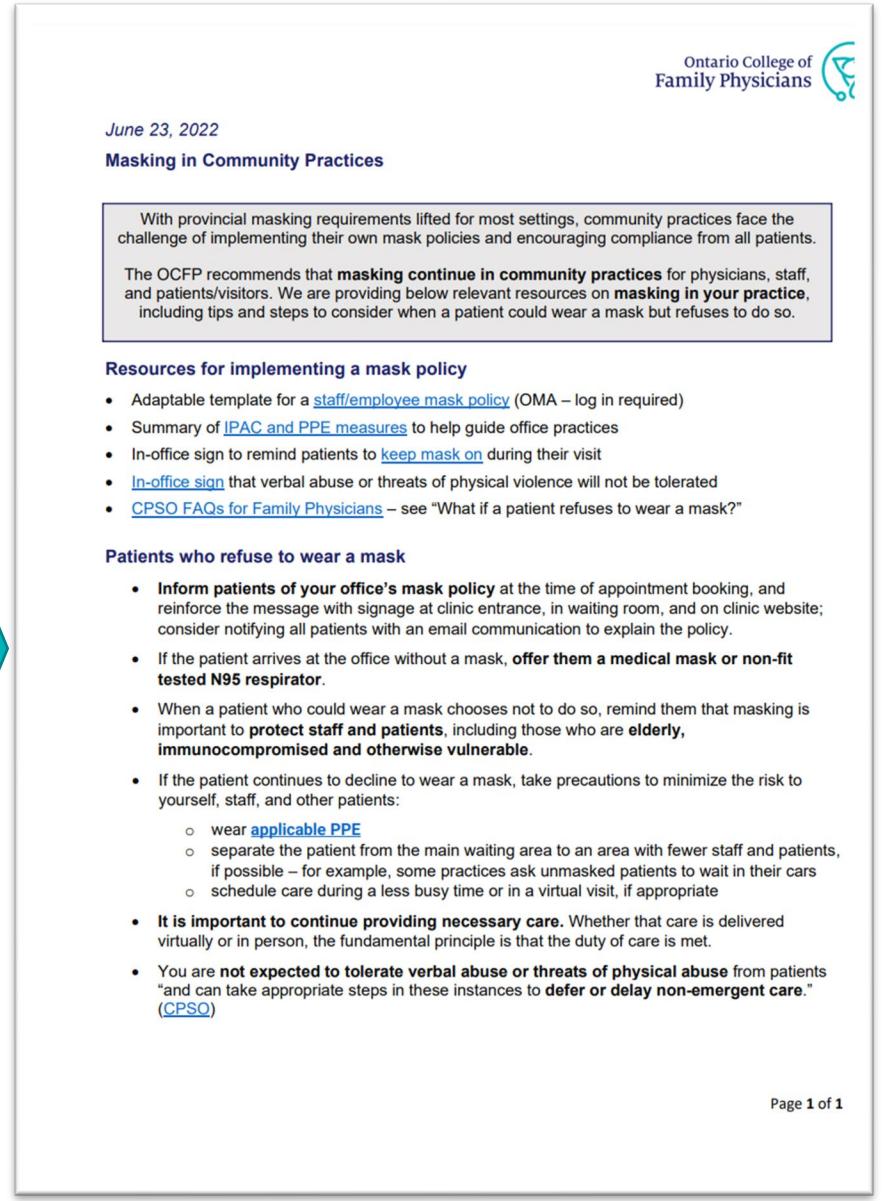
…. The standard of care is often difficult to meet in a completely virtual environment. For example, **an exclusively virtual comprehensive primary care practice would not be able to meet the standard of care**….. A fully virtual practice might be possible in some limited circumstances (e.g., radiology, psychotherapy, etc.).

https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Virtual-Care, Updated June 2022
https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Virtual-Care/Advice-to-the-Profession-Virtual-Care

Masking

OCFP recommends continued masking
in community practices

- **Set policies for staff and patients**
- Take **precautions to minimize risk** if patient refuses to wear a mask
- No tolerance for verbal abuse or threats of physical abuse – take appropriate steps to **defer or delay non-emergent care**



Ontario College of Family Physicians

June 23, 2022

Masking in Community Practices

With provincial masking requirements lifted for most settings, community practices face the challenge of implementing their own mask policies and encouraging compliance from all patients.

The OCFP recommends that **masking continue in community practices** for physicians, staff, and patients/visitors. We are providing below relevant resources on **masking in your practice**, including tips and steps to consider when a patient could wear a mask but refuses to do so.

Resources for implementing a mask policy

- Adaptable template for a staff/employee mask policy (OMA – log in required)
- Summary of IPAC and PPE measures to help guide office practices
- In-office sign to remind patients to keep mask on during their visit
- In-office sign that verbal abuse or threats of physical violence will not be tolerated
- CPSO FAQs for Family Physicians – see "What if a patient refuses to wear a mask?"

Patients who refuse to wear a mask

- **Inform patients of your office's mask policy** at the time of appointment booking, and reinforce the message with signage at clinic entrance, in waiting room, and on clinic website; consider notifying all patients with an email communication to explain the policy.
- If the patient arrives at the office without a mask, **offer them a medical mask or non-fit tested N95 respirator**.
- When a patient who could wear a mask chooses not to do so, remind them that masking is important to **protect staff and patients**, including those who are **elderly, immunocompromised and otherwise vulnerable**.
- If the patient continues to decline to wear a mask, take precautions to minimize the risk to yourself, staff, and other patients:
  - wear applicable PPE
  - separate the patient from the main waiting area to an area with fewer staff and patients, if possible – for example, some practices ask unmasked patients to wait in their cars
  - schedule care during a less busy time or in a virtual visit, if appropriate
- **It is important to continue providing necessary care.** Whether that care is delivered virtually or in person, the fundamental principle is that the duty of care is met.
- You are **not expected to tolerate verbal abuse or threats of physical abuse** from patients "and can take appropriate steps in these instances to **defer or delay non-emergent care**." (CPSO)

Page **1** of **1**

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-masking-policies.pdf

Masking resources

OCFP

- **Masking in community practices – tips and resources**: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-masking-policies.pdf
- **Masking poster** for clinics: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-mask-sign.pdf
- Summary **IPAC/PPE guidelines**: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf

OMA (log in to access)

- Adaptable template for **staff masking policy** : https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/patient-care/oma-vaccination-masking-policy-for-medical-practice-template.docx

Poll Questions

Are you seeing patients with COVID symptoms or influenza-like illness in person?

- Yes
- No

If no, why not?

- Assessment Centre is available and it's more prudent to send symptomatic patients there
- Don't have access to appropriate PPE
- Unclear about IPAC guidance
- Have small office/limited space so can't isolate symptomatic patients as needed for IPAC
- Am myself immunocompromised or otherwise vulnerable
- *If others, feel free to add in the chatbox*

Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: **August 19, 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.

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Leaders for a healthy Ontario