



Frequently Asked Questions about IPAC and PPE

Updated: October 2022

As the pandemic evolves and we face expected trends in respiratory illnesses, PPE continues to be an important layer of infection prevention and control in community practices.

Here are answers to some of the most common questions about PPE and infection prevention and control in our offices.

1. What PPE do I need/what are the IPAC requirements when seeing patients in-person given emerging COVID-19 variants, new evidence and surges in respiratory illness?

Use PPE according to guidelines:

- For patients who **screen positive/have symptoms**, wear a gown, N95 or medical mask, eye protection and gloves.
- For those who **screen negative/do not have symptoms**, a surgical mask is required. If patient is unmasked or is likely to remove their mask during the consult, eye protection is also required.

See the OCFP's summary of [IPAC and PPE for community practices](#) based on current guidance.

2. Do surfaces in my office have to be cleaned after each patient visit?

Clean based on patient screen status:

- For patients who **screen negative/do not have symptoms**, use [standard cleaning processes](#) (i.e., as would normally be done pre-pandemic for IPAC).
- For patients who **screen positive/have symptoms**, disinfect patient-contact surfaces (i.e., areas within 2 metres of the patient) as soon as possible, and clean and disinfect treatment areas, including all horizontal surfaces and any equipment used on the patient (e.g., exam table, thermometer, BP cuff) before another patient is brought into the treatment area or used on another patient.

3. Do I need to wear a gown when seeing patients?

For patients who **screen negative for COVID-19, i.e., do not have symptoms, an isolation gown is not required.**

For **patients who screen positive, i.e., have symptoms**, a gown is required as part of Droplet and Contact Precautions. If you choose to wear a gown when seeing patients in general, change the gown when moving from a patient who is COVID-positive or has symptoms to a patient who has screened negative for COVID-19.



4. Should healthcare staff routinely wear eye protection while in the workplace?

According to guidance, for all interactions within two metres of patients **who screen negative**, eye protection (goggles or a face shield) is **required if the patient is unmasked**, if there is a risk of spray or splash, or if it is likely the patient will remove their mask. If the patient is masked for the entirety of the visit, eye protection may be used based on clinical discretion.

5. Do I need to change my mask regularly if seeing non-COVID patients?

We can't be certain that a patient does not have COVID, even if they have no symptoms, so it's prudent to wear [a mask that is functioning effectively](#). That means you should change your mask if it's crushed, crumpled or wet – all of which affect the electrostatic filter; if it no longer fits properly; or if it becomes contaminated.

6. What can I do when a patient refuses to wear a mask?

With mask mandates lifted, family physicians can implement policies for continued masking by staff, patients and other visitors in our offices.

Patients with health conditions that make it difficult for them to wear a mask require accommodation, such as scheduling virtually, at the end of the day or separating from other patients as soon as possible.

For others, [from the CPSO](#): “consider that in most cases in-person care can be safely provided with appropriate precautions (e.g., donning appropriate PPE, isolating patients, providing care during set times), that physicians have a duty of care where care is urgently needed, that virtual care may be an appropriate alternative, and that redirecting patients to other parts of the system may exacerbate existing and significant resource challenges.

Physicians are not expected to tolerate verbal abuse or threats of physical violence and can take appropriate steps in these instances to defer or delay non-emergent care.”

More information about masking also in this [OCFP President's Message](#)

7. With ongoing concerns about transmission, how do I know which patients to see in person and which virtually?

In-person care is needed to meet the standard of care in many cases and can be provided safely and appropriately given high vaccination rates and wide access to PPE. As CPSO's [Virtual Care](#) policy states, “physicians must use their professional judgment to determine whether virtual care is appropriate and only provide virtual care if it is in the patient's best interest to do so.”

A reminder that PPE allocations are still available from the provincial pandemic stockpile – [order form here](#).

8. What is the isolation period for a patient who tests positive for COVID-19 or has symptoms?

Individuals who do not belong to a high-risk group and have symptoms must isolate until they have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and have no fever.
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For 10 days after symptom onset or positive specimen, they should wear a well-fitted mask in all public settings and avoid non-essential activities where mask must be removed, not visit seniors and others who are immunocompromised or at higher risk of illness, and avoid non-essential visits to highest risk settings such as hospitals and long-term care homes.

Someone who tests positive on a PCR or rapid antigen test and is asymptomatic does not need to self-isolate unless symptoms develop. If symptoms develop, they should self-isolate immediately.

9. How can I improve ventilation for better air quality and to help mitigate the risk of aerosol transmission in my clinic?

Air quality improvement through ventilation and filtration is a known mitigation strategy for COVID-19 transmission. This is an emerging area for study, and we will continue to monitor. Tips and steps you might take now to improve office air quality include:

- Ensure the ventilation system is functioning and optimized by having it inspected or requesting a report from the building owner/landlord.
- Improve outdoor air exchange by **keeping doors and windows open if possible and using fans** to circulate air, ensuring that fans are positioned to avoid blowing air from one person to another.
- Consider using a cleaner with a **HEPA (high-efficiency particulate absorbing) filter** if HVAC is very poor or non-existent, or there is no outdoor air exchange. If using, ensure HEPA exhaust is pointed away from people.
- For more information, see this [Public Health Ontario guide](#) (not specific to health care) and these [FAQs on portable air cleaners](#); the [CDC](#) outlines additional strategies and tools for improving building ventilation in the context of virus transmission.

10. How can I set up the flow of my office to help with seeing patients safely?

Practical ways to improve flow in your office include minimizing the time patients spend in the waiting room and considering the flow of staff and patients within the space. Also consider removing non-essential items from your office to reduce transmission risk. See the OCFP's [Practice Tips for In-office Assessment](#).