



Sport & Exercise Medicine Clinic Re-Opening Strategy during COVID-19

Introduction:

The COVID-19 Pandemic has affected all health care facilities and patients in Ontario. Sport & Exercise Medicine clinics across the province have contributed to flattening the curve and minimizing strain on the health care system by remaining closed to non-essential services. These closures however have left many patients without the important care and services that members of the Section of Sport and Exercise Medicine provide. With the anticipation of easing of restrictions by the Ministry of Health, it will be essential for the health and well-being of our patients that Sport & Exercise medicine services be available. Keeping our patients physically active will help to further decrease the burden of injury and chronic disease on the health care system. However, the risk of further surges in the community is possible thus we must take the necessary precautions to prevent any spread.

This document outlines the procedures, strategies and equipment recommended to be in place for reopening a sports medicine clinic during the 2020 COVID 19 Pandemic.

A two-phase approach to reopening:

- Phase 1 - for patients requiring physical examination, imaging, or a procedure for pain management
- Phase 2 - all patients
- *Suggest the continuation of virtual care models for any visits that can be reasonably performed *completely* through these platforms

1. Facilities Recommendations

a) Clinic set-up:

- Have a check in area 10 feet from check out area.
- If clinic set up allows, consider having patients navigate clinic in a cyclical fashion so as not to cross paths.
- Have plastic/plexiglass/glass barrier to separate admin staff from patients.
- Reorganize waiting areas to keep patients 6 feet away from each other by blocking off or removing some chairs and remove any extra objects.
- Remove all unnecessary equipment from patient rooms to reduce items to be cleaned and potential for contamination.
- If possible, use only largest clinical encounter rooms to allow for social distancing as required during encounter.
- Dedicate one exam room as 'infection room' to take patients that present ill and may need to await emergency services personnel

b) Cleaning:

- Hand sanitizer should be accessible in all high traffic areas (entrance/exit, check in, examination rooms).
- Disinfectant wipes OR combination of bleach with water should be used for all sitting, patient contact surfaces & shared equipment **between** each patient. Ensure disinfectant has had enough contact time before next patient visit.
- Ensure no touch waste containers with disposable bags/liners in all rooms
- Frequently touched surfaces should be cleaned at least **twice a day** (door knobs, light switches, keyboards, mice, pens, desks, floors).

c) Personal Protection Equipment (PPE) – Staff:

- Wear ATSM level 1 mask at all times during clinic. *This includes during non-patient encounters.*
- Wear eye-wear (goggles/ glasses/ face shields).
- Clinicians to wear non-latex gloves for procedures.
- Consider gowns
- Wash hands prior to contact with patient and directly afterwards.
- Ensure all staff are aware of donning and doffing procedures (<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>) AND (<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>)

d) Personal Protection Equipment (PPE) - Patients:

- All patients should wear face protection at all times while in the office
- If PPE shortages are of concern in your area or clinic, instruct patients upon booking to wear a non-medical mask to their visit. Patients may inform you at that time if they are unable to secure a personal mask so arrangements can be made prior to the visit to supply this upon arrival.

2. Staff Recommendations

a) Patient Volume / Clinical Staffing:

- Consider 1 patient per 30 minutes to start in order to limit patient - patient encounter probability.
- Minimize the number of physicians working at one time to decrease the volume of patients in clinic. Consider a 3:1 ratio of exam rooms per physician.
- Minimize additional staff to those that are essential for the safe delivery of care which may include reducing numbers of physician assistants, RN's/RPNs, procedure aids, students/residents.

b) Non-Clinical Staffing:

- Identify essential staff that would be required to be present (administrative, greeting/screening staff, cleaning staff).
- Identify staff that could work remotely.
- Cross-train staff wherever possible to consolidate number of staff needed in-house and to account for absences.

- Plan for having reduced staff availability to allow for sick leave, self-isolation.
- Follow Public Health recommendations for Return to Work for symptomatic or exposed staff - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

c) Staff Screening:

- Screening daily before entry to clinic: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf
 - (1) Are you experiencing any of these symptoms?:
 - (a) Fever
 - (b) **NEW** or worsening cough
 - (c) Difficulty breathing / shortness of breath
 - (2) Are you experiencing any of these **unexplained** symptoms?
 - (a) Fatigue/malaise, chills, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, digestive symptoms (including nausea, vomiting, diarrhea), flare up of chronic conditions, loss of taste/smell
 - (3) Have you been in close contact **without PPE** at home or in the community with someone who has been confirmed to have COVID-19 within the last 14 days or who is being tested or awaiting results of COVID-19
 - (4) Have you travelled within the past 14 days?
- If screen positive, recommend referral to closest testing center AND begin self-isolation

2) Patient Recommendations

a) Patient Entering Clinic Strategy:

- Screen patients ahead of time on phone at the time of appointment booking (see below 'Screening' for questions)
- If screens negative on phone, inform of clinic procedures. If screens positive on phone, patient is directed to self-isolate and follow the guidelines outlined here on whether to present for testing <https://covid-19.ontario.ca/self-assessment/>
- Consider taking patient history ahead of visit to minimize time spent in clinic
- Develop procedures to minimize or eliminate waiting in waiting room (i.e text or phone check-in upon arrival)
- Screen patients again upon arrival to clinic
- Allow only patient into clinic (family members, friends, athlete entourage wait in car/elsewhere); accommodations to be made for children, patients with a disability, language barriers, the elderly or other as per physician discretion
- Ensure patients use hand sanitizer upon entry to clinic
- Doors /elevator/panels to be wiped down after patient has entered clinic
- Patient to check-in with admin staff at distance of 2m or behind barrier
- Patient to wear PPE as outlined above throughout time in office
- Patient brought directly into examination room and onto examination table
- Avoid using clipboards and paper / pen intake assessment forms

b) Patient Leaving Clinic Strategy:

- Clinician communicates with admin staff to inform patient is exiting in order to clear front area for exiting patient
- Settle any incurred fees with admin staff with contact less payment if possible
- If clinic set up allows, consider one-way patient flow (i.e separate entrance and exit)
- Leave clinic by most efficient means possible
 - (1) Directly if on ground floor
 - (2) Via empty elevator if on higher floor
- Doors/elevator panels to be wiped down upon exiting

c) Patient Screening

- Questionnaire to be asked on phone prior to booking appointment and then again upon arrival - <https://covid-19.ontario.ca/self-assessment/>
 - (1) Are you experiencing any of these symptoms?:
 - (a) Fever
 - (b) **NEW** or worsening cough
 - (c) Difficulty breathing / shortness of breath
 - (2) Are you experiencing any of these **unexplained** symptoms?
 - (a) Fatigue/malaise, headaches, chills, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, digestive symptoms (including difficulty swallowing, nausea, vomiting, diarrhea), flare up of chronic conditions, loss of taste/smell, conjunctivitis
 - (3) Have you been in close contact **without PPE** at home or in the community with someone who has been confirmed to have COVID-19 within the last 14 days or who is being tested or awaiting results of COVID-19
 - (4) Have you travelled within the past 14 days?
- If patient screens positive, direct them to the nearest self-assessment center (with mask and avoid public transportation)
- If patient screens positive and appears ill, redirect patient to dedicated exam room (see 1.a.i above)

3. Equipment List:

- Hand sanitizer (at least 60-70% alcohol based by volume)
- ATSM Level 1 masks
- Eye protection (safety glasses, protective face shield and/or safety goggles)
- Non-latex gloves
- Gowns
- Disinfectant Wipes (alternative 1/3 cup bleach in 4L of water) - http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf
- No touch waste containers with disposable liners
- Screening questionnaires / signage
- Screening area
- Barriers for admin staff

** This Document was created by Dr. Neil Dilworth & Dr. Lindsay Bradley in collaboration with Dr. Ivy Cheng, Dr. Alessandro Francella, Dr. Sari Kraft, Dr. Lisa Liang, Dr. Howard Chen, Dr. David Lawrence, Dr. Ryan Eardley, Dr. Jim Niu, Dr. Lee Schofield, Dr. Darren Edelist, Dr. Carol Aiken, Dr. Chris Woollam, Dr. Kevin Asem, Dr. Wes Clayden, Dr. Mukh Aheer, Dr. Dave Zeldin, Dr. Jacqueline Stoller, Dr. Doug Richards, Dr. Laura Cruz and Dr. David Wasserstein and members of the OMA Sport and Exercise Medicine Section Executive

Resources and References:

1. Ontario Medical Association COVID-19:
<https://www.oma.org/member/section/practice-&-professional-support/covid-19-homepage?type=topics>
2. Ontario Ministry of Health COVID-19 Patient Screening Guidance Document:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf
3. Ontario Ministry of Health COVID-19 Guidance: Primary Care Providers in a Community Setting:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf
4. Ontario Government Choosing Masks for Staff
5. Ontario family physicians COVID 19 help page:
<https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/novel-coronavirus-2019-ncov/novel-coronavirus:-tips-for-family-doctors>
6. Ontario Family Physicians guide to in-person Visits:
<https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/novel-coronavirus-2019-ncov/considerations-for-in-person-visits.pdf>
7. Health Canada – Infection Prevention and Control for COVID-19:
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.2>
8. CDC reopening guidance for cleaning and disinfecting public workplaces:
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>