

# CPSO COVID-19 FAQs for Physicians

Updated May 26, 2020

(\* indicates a newly added question)

We know physicians have questions and that those questions are evolving as the nature of this outbreak is evolving. Ideally, we would have clear answers on all aspects of this pandemic, the reality is that there will be decisions that require in the moment exercise of good professional judgement.

We know physicians are working hard to support each other and the public through this public health emergency. To help you continue this work, we're keeping an updated list of frequently asked questions and answers. If we haven't addressed your question, please [contact us](#).

## **\*Resumption of Non-Essential Health Care Services**

### **What does the recent announcement from the government about resuming non-essential care and the amended Directive #2 mean for physicians?**

The Chief Medical Officer of Health's directive limiting the provision of non-essential in-person care — known as Directive #2 — has been amended to support the gradual resumption of non-essential health care.

Importantly, this is not a return to a pre-pandemic environment and the updated direction is not intended to have you return to normal practice.

Rather, this is about moving towards a 'new normal' and physicians will need to be cautious, resuming their practice in a controlled and gradual manner while taking the necessary precautions to protect themselves, their staff, their patients, and the public more broadly.

### **What does the updated directive allow physicians to provide?**

The updated [Directive #2](#) allows deferred, and non-essential and elective services to be gradually restarted provided the conditions set out in the province's [COVID-19 Operational Requirements: Health Sector Restart](#) are met. This includes conducting a risk assessment in advance of resuming these services, implementing a hierarchy of hazard controls, and redesigning your practice structure to implement public health guidance regarding, for example, social/physical distancing and proper hand hygiene.

Provided these operational requirements are met, the directive enables health care providers to exercise their judgment regarding the appropriateness of providing in-person care within the same principled framework that helped inform the initial restriction of care. This means continuing to make decisions that are proportionate to system capacity, minimizing harm and prioritizing services that mitigate the greatest risk of harm, being equitable in facilitating access to care, and supporting those burdened the most as a result of the recent restriction in access to care.

### **Should I still be relying on virtual care as much as possible?**

Yes. When contemplating the provision of any care — essential or non-essential — Directive #2 is clear that virtual care should be the default modality. If you can do so safely and appropriately, it is important that you continue to use this modality as your default way of providing care during this time. Doing so helps to minimize the spread of the virus, conserve PPE, and save your in-person capacity for those instances where it is most needed. Of course, not all patients will be able or comfortable with virtual care, and consideration to the unique circumstances of your patients will be needed.

### **What specific factors should I be thinking about as I evaluate whether it would be appropriate at this time to provide in-person care?**

The updated Directive #2 allows for the gradual resumption of non-essential care, this is not an invitation or recommendation to provide any and all care in-person. As noted above, virtual care should be your primary approach to providing care where it is safe and appropriate to do so. There are also risks and resource costs associated with providing in-person care that need to be carefully considered before resuming the delivery of this care.

While we appreciate that physicians would like clear-cut guidance about what in-person care should be resumed at this time, the reality is that there are many factors that influence this decision and many are unique to your circumstances, the needs of your patients, your local resources, and the nature of the outbreak in your area. Your decision may also change over time and so you'll need to monitor the environment and adjust as appropriate.

In determining whether to provide care in-person, consider the following factors:

- Your patient's needs and how they have changed or will change over time;
- Any negative patient outcomes that could arise from further delays;
- The medical benefit and/or patient perceived benefit of providing the care;
- The appropriateness of using resources to provide this care (e.g., PPE, medication in short supply, the risk of acute/critical care needs, etc.);
- Whether other health care services with limited availability will be needed;
- The risk of exposure/transmission, including the nature of the outbreak in your community;
- Whether, for example, a caregiver will also have to attend the appointment and the additional associated risks to that individual; and

- Your ability to provide the care safely with appropriate precautions that protect you, your staff, the patient, your other patients, and the public more broadly (for example the operational requirements set out by the Ministry and the safety precautions highlighted below).

It's important to remember that your decision to resume non-essential in-person care is not just about what is appropriate or possible within your practice, but is also about what is appropriate within the broader health care system.

While the system has slowly begun to build capacity and improve access to some resources, there are hospitals that are still struggling to keep their capacity low, some segments of the system providing front-line care are having difficulty accessing PPE, and some medication needed to support our response to the pandemic are already in short supply without non-essential care requiring those same medications being available to provide. So it will be important to keep these considerations in mind as you restart these aspects of your practice.

### **What safety precautions should I take?**

The Ministry of Health has set out various safety precaution requirements that must be met as part of your gradual resumption of care (see the [COVID-19 Operational Requirements](#) document). It is important to follow any guidance provided by the province or public health officials. In general, it will be important to adopt safety precautions that protect you, other health care providers, your staff, your patients, and the public more broadly.

*Social/Physical Distancing:* Set up your physical workspace and manage your practice in a way that enables staff and patients to observe social/physical distancing (e.g., barriers at screening points, limited/separated seating in waiting rooms, assigning in/out routes with signs and/or visual markings, limiting the use of some examination rooms, having patients wait in their cars (if possible), reducing appointment availability, staggering shifts within group practices, etc.).

*Hygiene:* Have systems in place to support hand hygiene among staff (e.g., before/after every patient), make hand sanitizing stations available to patients, and follow appropriate infection prevention and control practices.

*Screening:* Screen all patients in advance (when possible, through video or telephone consultation), and at the point of care. If you are unable to safely isolate and/or provide care to symptomatic patients, redirect them to appropriate access points (e.g., emergency room if care is urgently needed). Also know where to direct patients who require testing and know when to report cases of COVID-19 to your local public health unit.

*PPE:* Follow public health guidelines regarding the appropriate PPE to use for the care you are providing and avoid using more or higher levels of PPE than are required for the care being provided (e.g., airborne precautions if droplet precautions are recommended). The government has created a [PPE Supplier Directory](#) to assist with obtaining PPE.

*Patient Safety:* Tell patients in advance to bring and wear their own mask for their own safety and the safety of others, especially in instances where social/physical distancing cannot be maintained. If patients do not have a mask, provide them with one or keep them isolated from other patients, and/or reschedule their appointment if necessary. Be aware that some patients may have health conditions that make it difficult or unsafe to wear a mask.

### **What and how should I tell my patients about all these new office practices?**

Tell patients in advance about your office practices, the safety precautions you are taking, and how keeping each other safe requires that we all work together. Remind them at the office as well through, for example, signs and other visual aids. You can also engage your patients in the decision-making process to help determine if they are comfortable with receiving care in-person and to help assure them that you have the right safety measures in place if they are concerned but need to be seen in-person.

### **What if a patient doesn't have or refuses to wear a mask?**

Patients may have different perspectives on the risks associated with COVID-19 and may take different approaches to protecting themselves and others. If you encounter a situation where a patient declines to wear a mask (or another face covering), sensitively explain the expectation that they wear a mask and the importance of protecting all involved by following the recommendations of public health organizations. Depending on your patient's needs, and your ability to safely isolate and provide care, you may need to defer or reschedule their appointment or redirect them to a setting that can safely provide care to them.

Be aware that some patients may have a health condition that makes it difficult or uncomfortable to wear a mask.

### **Can I charge for any masks I provide to patients or for the increased costs associated with managing my practice during this time?**

It is not appropriate to charge patients for any masks you provide or for any other increase in costs associated with managing your practice at this time.

### **Should I limit the number of issues I address during in-person appointments?**

It is generally not appropriate to arbitrarily limit the number of issues that can be addressed in an appointment (e.g., one issue per visit). Doing so leads patients to self-triage, which introduces risks as patients are not trained to identify what is or is not most pressing or concerning. Instead, it's best that you identify their issues and then prioritize accordingly given that appointments have set times and other patients are likely to be waiting to access care.

In our 'new normal', you can collect relevant information in advance and virtually to determine which issues can be prioritized and which issues need to be addressed in person. Be mindful as well that patients may have been waiting for some time to see you for multiple issues and may

have anxiety about making sure all these issues are managed in a timely way. Working with them to find the best modality to provide care safely will be helpful.

## Registration and Licensure

### **I'm a resident that wants to provide as much support as I can — what are my options?**

We're doing everything we can to support residents and enable those who are prepared and able to practice in support of the pandemic response. Your option depends on your specific circumstance.

*Final year resident who has completed the necessary exams:* If you have your RCPSC or CFPC certification, have completed your necessary exams (MCCQE 1 & 2), and your program will confirm you've completed your training, we can fast-track your registration for independent practice.

*Final year Canadian resident who has not completed the necessary exams:* We've developed a modified approach to ensure residents can continue to practice medicine and that patients can receive care from otherwise qualified physicians while we wait for the various examination bodies to hold their exams. Eligible residents can apply for a 6-month provisional license (to align with estimates regarding when the exams will take place) that enables them to practice immediately with minimal restrictions. The supervision required for this license has been tailored to the unique situation we find ourselves in (e.g., single supervisor can oversee multiple physicians, no "on-site" requirement) and you will be considered independent practitioners on July 1<sup>st</sup> or whenever you complete your training.

*Exam eligible Canadian resident continuing with postgraduate education:* Please contact us at [inquiries@cpsy.on.ca](mailto:inquiries@cpsy.on.ca) if you'd like to discuss your situation and options.

We're working hard to support residents. If you have any questions or are eligible for a fast-tracked or provisional license, please contact us at [inquiries@cpsy.on.ca](mailto:inquiries@cpsy.on.ca)

### **I retired from practice, but am interested in returning to practice to assist my colleagues and patients. Do I need to re-apply to resume my practice?**

We've heard from a number of retired practitioners who have decided that they'd like to return to practice in light of the current pandemic.

If a physician has maintained their license, there's no need to re-apply with the CPSO. However, it's important that they ensure that they reactivate or have maintained their coverage with the CMPA before returning to practice.

Physicians who have not maintained their license will need to re-apply for licensure, though the CPSO is expediting those applications in order to help them return to practice as quickly as possible. Reach out to [inquiries@cpso.on.ca](mailto:inquiries@cpso.on.ca) and we'll help you assess your situation.

### **I'm an International Medical Graduate (IMG) but I have not yet secured a Canadian residency position. Is there a way that I can support Ontarians during this pandemic?**

In extraordinary situations such as this, the CPSO is permitted by the Government of Ontario to extend Supervised Short-Duration Certificates for 30 days to candidates who have not yet completed their residency. Under this program, candidates must have:

- Completed a medical degree of an accredited medical school;
- Have practiced medicine full-time within the previous two years (including medical school); and
- Confirmation of employment from one of the approved categories of facilities laid out in the Medicine Act, including public hospitals, and have an identified supervisor.

### **I'm an out-of-province physician – how can I help?**

You can provide virtual care to Ontario patients in line with our [Telemedicine policy](#). This means being licensed in the province where you are located, complying with the requirements of licensure in your province, and practising within that standard of care.

We are also offering Short Duration certificates for 30 days to eligible out-of-province physicians provided they have confirmation of employment from one of the approved categories of facilities laid out in the Medicine Act, including public hospitals, and an identified supervisor.

### **What conditions should I be aware of before applying for a Short Duration certificate?**

*Currently we are only accepting applications for Short Duration certificates from those with confirmation of employment from public hospitals or other approved categories laid out in the Medicine Act and an identified supervisor.*

Additionally, under the terms of the *Medicine Act* these Supervised Short-Duration Certificates are only permitted to last 30 days. They can, however, be renewed by the College.

Finally, any future application for any other type of certification of registration will be considered in the usual course and independent of whether any Short Duration certificates were granted. Eligible applicants for the Short Duration certificates may not have the qualifications needed for any other type of certification.

## **Providing Care**

**Should I remind my patients that I am available to provide care by phone, by video, and in-person where it is needed?**

It's essential that patients continue to seek out care that they need. Whether it's an unexpected issue that pops up, a chronic condition that requires ongoing care, or providing general support during these uncertain times, now more than ever it is important for your patients to look after their health and receive care from you as their physician. Your ongoing relationship with your patient means you know them well and can help them remain healthy.

Consider letting your patients know that you are available by telephone or video, and that there is a variety of care you can provide this way, and that if it's needed you can provide some in-person care provided the right precautions are taken. You might notify patients through your outgoing office voicemail, on your website, or perhaps through email.

**Ontario Health has created an online portal that enables all patients being tested for COVID-19 to access their test results. I'm normally required to follow-up with patients about their test results even if they access them through a portal. Does that expectation apply in this context?**

The Ontario Health COVID-19 [test results portal](#) can help get information to patients as quickly as possible, which will allow patients with a positive result to isolate promptly or allows patients with a negative test result to be reassured quickly. If the system ensures that the ordering physician or those communicating the results on their behalf (e.g., public health staff) will know that patients have accessed or otherwise been notified of their results, given the circumstances of the pandemic, the physician's obligation to notify the patient could be satisfied by confirming that the patient has accessed their result. Otherwise, it is essential that positive patients be notified directly as quickly as possible. Given the significance of the test result and the imperative that the patient isolate themselves, it is not appropriate to rely on patients to check the portal on their own accord. The College recognizes that portal access may help enable those communicating results to prioritize communicating positive results first.

**I want to provide care or write a prescription for myself, my family, or someone else close to me to help relieve some pressure on the system. What do I need to know?**

The College's [Physician Treatment of Self, Family Members, or Others to Close Them](#) policy sets out when it would be acceptable for physicians to provide care, including prescriptions, for themselves, their family, or others close to them. Generally speaking, physicians are permitted to provide care for minor conditions or in an emergency, *but only if* another qualified health-care provider is not readily available.

Given the pressure on the system to deal with the pandemic, patients may be finding it difficult to access care in a timely manner as many health care providers may not be readily available at this time. Physicians providing care to themselves, their family, or others close to them as permitted above may be able to relieve some pressure on the system and indirectly help other patients access the care they need. In so doing, physicians must always act within the limits of

the knowledge, skill, and judgment and remain mindful of the risks of compromised objectivity when treating those close to them.

While the policy does not allow physicians to provide recurring care for minor conditions, the College recognizes that if the pandemic persists, having physicians provide recurring care in this way would also help to relieve pressure on the system and support access to care more generally. However, physicians must limit the care they provide to anyone with whom they are sexually or romantically involved with in order to avoid being subject to the sexual abuse provisions of the *RHPA*. In these instances, they must not provide recurring care.

Notwithstanding the above, physicians are reminded that they are not permitted to prescribe narcotics, controlled drugs or substances, monitored drugs, cannabis, or any drugs/substances that are addicting or habituating in these instances. Physicians are also directed to the restrictions set out below regarding the precautionary prescribing of anti-malarial, anti-biotic, HIV and other anti-virals that might prove beneficial for treating COVID-19.

**I have capacity to help but don't know where or how to get involved. Is someone coordinating the system response?**

Yes. Both the Ministry of Health and the Ontario Medical Association are working to get providers where they are needed the most.

The Ministry of Health has launched a [website](#) where current and former members of regulated health professions can indicate that they are interested in getting involved and for institutions to register and identify a need for health human resources. Specifically, the Ministry is looking for health care providers who have the capacity to get involved or former health care providers (e.g., retired or currently inactive) who want to get involved. The aim is to then coordinate the deployment of health human resources throughout the system.

The Ontario Medical Association is utilizing a custom-designed app called BookJane that matches doctors with hospitals and community-care facilities that are in need. You can download the BookJane app to your phone ([Apple](#) or [Android](#)), sign-up using the access code OMA, and create a profile outlining your primary and secondary specialties and location preferences.

The College is fully supportive of these efforts to help match physicians where the need is greatest, and we appreciate the willingness to get involved among those who have already registered with these platforms. Where needed, we will continue to work with the Ministry to help enable registration of individuals where it makes sense to do so. See as well our FAQ on temporarily practising outside of scope (below) and those under the “Registration and Licensure” heading.

**I want to help patients and my colleagues during this public health emergency, but getting involved might mean practising outside of my scope of practice. What can I do to help?**

While physicians are typically required to only practice within their scope of practice, the CPSO's [Public Health Emergencies policy](#) enables physicians to depart from this expectation



during times like this. To do this safely, physicians will need to use their professional judgment and work with their colleagues to determine the right medical care to provide.

Given these exceptional circumstances, the CPSO supports physicians temporarily practising outside their scope of practice where urgent medical care is needed, another physician is not available to provide the care, and patients are not put at greater risk. For example, a paediatrician might help to cover a colleague by seeing some of their adult patients. Hospitals too may be able to grant temporary privileges and the CPSO would be supportive of, for example, a family physician who does not normally practice in an emergency department, providing support in this capacity. While we encourage physicians to get involved and assist in any way they can, physicians must always be mindful of the limits of their training and experience. Where a physician's training or experience does not allow them to treat patients directly, they may wish to perform more administrative or indirect activities that support the response effort or temporarily expand the capacity of their practice to help alleviate strain on the system.

### **I want to use virtual care — what do I need to know?**

Use of virtual care has rapidly been rolled-out across the province. The provincial government has introduced a temporary [fee code](#) change that allows physicians to more flexibly bill for virtual visits.

There is a lot of information online to help physicians understand their virtual care options from both the [OMA](#) and [OntarioMD](#). The Quality Division of Ontario Health and OTN have also released a [guidance resource](#) for physicians looking to integrate virtual care into their practice.

While utilizing OTN virtual care services or another PHIPA-compliant system that physicians may have built into their EMR systems is beneficial from a technical, security, and privacy standpoint, given the circumstances of the pandemic, some physicians may also be turning to non-clinical virtual tools to help them deliver the care they need. While it is important to obtain consent from patients when using unencrypted modes of virtual care, given the current circumstances, this consent can be obtained immediately *after* the virtual visit has been initiated.

### **How do I decide if virtual care is an appropriate way to provide patient care?**

The College encourages physicians to consider adopting virtual care into their practice during the pandemic to help ensure access to care, to support the conservation of PPE, and to avoid increasing the risk of exposure to COVID-19. Physicians should, wherever possible, provide care virtually that they would have otherwise provided in person.

Physicians providing care virtually must continue to meet the same standard of care that would apply to an in-person visit (see our [Telemedicine](#) policy). While there will still be some types of care that cannot be provided virtually, supporting access and minimizing risk of exposure to the virus are important factors to consider as physicians decide what care to provide virtually. As with all instances of using virtual care, physicians must exercise their judgment to ensure it is appropriate in the circumstances and that they are able to provide care that is in the best interests of their patients and public safety.

## **I'm unable to see patients who require regular and ongoing care — what do I do?**

If you are unable to see patients who require regular and ongoing care unrelated to whether they have - or are suspected to have - COVID-19, there are a number of steps you can take to help your patients.

- First, try implementing virtual care (more information below) to provide that care directly and ensure they get the care they need or to help triage patients, help them problem solve their issue, and re-direct them as needed.
- Second, try coordinating with colleagues to provide coverage. This may include colleagues whose scope of practice is different than yours, but who are able to provide assistance either virtually or in-person (more information on scope of practice below).
- Third, while pharmacists are also currently experiencing the pressure of delivering care during the pandemic, they may be able to assist in some instances, like extending of renewing prescriptions.
- Finally, avoid as much as possible simply redirecting patients to the Emergency Department of your local hospital. Hospitals are also being overwhelmed and finding means for providing care in the community as much as possible helps the entire system respond to this public health emergency. Instead, do your best to help patients navigate the system to find the care they need while you're unavailable to them.

## **Prescribing**

**As a precautionary measure, should I keep an office supply of anti-malarial, anti-biotic, HIV and other anti-virals that might prove beneficial for treating COVID-19? Can I prescribe these drugs for myself or my family?**

No. These drugs have an intended use and prescribing these drugs as a precautionary measure has led to drug shortages and is compromising care for other patients. Additionally, should these or other drugs prove useful in combating COVID-19 their use will need to be carefully managed and preserved for those who need them the most.

At a time where resources are liable to become scarce, actions like those mentioned above dramatically depart from the core values of medical professionalism, may be in contravention of the College's [Physician Treatment of Self, Family Members, or Others Close to Them](#) policy, and undermine the trust the public has in the profession at a time when they are most vulnerable.

**My patient is in self-isolation or isolation due to a confirmed or potential positive COVID-19 test. How should I help patients access their regular medication?**

Tell the patient not to go to the pharmacy as it's important for these patients to stay home and not put patients and pharmacy professionals at risk, especially as pharmacy professionals do not have access to any personal protective equipment. Send the prescription to the patient's pharmacy of choice and explain the situation to the pharmacist. Physicians are permitted to share information

about the patient's COVID-19 status with the pharmacist, as the pharmacist is a member of the circle of care and the information being shared is pertinent to the provision of care. Sharing this information enables the pharmacist and patient to coordinate for delivery of the medication or alternative pick-up by a family member, friend, etc. This protects the pharmacist and others at the pharmacy, including other patients, from the immediate risk of harm associated with a patient positive for COVID-19 going to the pharmacy themselves.

**I prescribe opioids for chronic pain/provide addictions treatment which requires regular contact with and/or observation of patients. How do I support social distancing and provide ongoing care during the pandemic?**

The pandemic has created unique challenges for physicians prescribing opioids for chronic pain patients or within the context of addictions treatment. The need for social distancing and potentially self-isolation dramatically alter these relationships and prescribing practices.

It is essential that all decisions be made in the best interests of the patient, but the pandemic requires a balancing of the risks inherent in prescribing opioids along with those associated with the pandemic and using your professional and clinical judgment given the specific circumstances of each patient and the evolving nature of the pandemic.

There are changes happening that will support you in providing this care.

First, virtual care is being widely adopted across the system and may greatly assist you in terms of counselling, assessing, and generally treating patients.

Second, Health Canada has made the following temporary changes to the *Controlled Drugs and Substances Act* to enable providers and patients to comply with social distancing and self-isolation requirements without compromising access to medication. These temporary changes will enable:

- Pharmacists to extend prescriptions;
- Pharmacists to transfer prescriptions to other pharmacists (helping to distribute resources);
- Prescribers to issue verbal orders (i.e. over the phone) to extend or refill a prescription; and
- Pharmacy employees to deliver prescriptions of controlled substances to a patient's home or other location (e.g., if they are self-isolating).

The regulatory changes that were needed in Ontario have now been made to allow pharmacists to practice to the [full scope of this exemption](#). Importantly, the Ontario College of Pharmacists also expects pharmacists to work closely and collaboratively with prescribers as they implement these changes. Health Canada has also answered some [frequently asked questions](#) about these temporary changes.

Be mindful that your pharmacy colleagues are also over-extended at the moment, but we would encourage you to proactively coordinate with them to help implement these changes in

preparation for when they are in effect as these changes give both prescribers and pharmacists some flexibility in managing this otherwise heavily-regulated space.

The Centre for Addiction and Mental Health along with others have developed a [set of guidelines](#) to help with the management of opioid agonist therapy with methadone and buprenorphine during the pandemic. The intention of these guidelines is to help prescribers make appropriate decisions to support social distancing, self-isolation, and quarantine where there is community transmission of COVID-19. It does not replace good professional and clinical judgment, but will help prescribers during this exceptional time where departing from the norm is needed in order to best protect all patients. We expect these guidelines to continue to evolve as the nature of the pandemic evolves so please check back regularly for updates.

### **How do I send prescriptions if I'm working remotely?**

We understand the challenges you may face in practicing remotely, away from your regular premises and perhaps without access to your usual phone, fax, and EMR/e-prescribing system.

Even in these exceptional times, it's important to support your pharmacy colleagues by using established channels such as phone, fax, or e-prescribing systems when issuing a prescription. This helps to prevent fraud, avoid undue pressure on pharmacists to verify the authenticity of prescriptions, and to deliver safe and timely care to patients. Ideally, you should be able to use your EMR remotely or phone to continue sending prescriptions.

However, we understand that these exceptional circumstances may require you to sometimes work outside these established channels and work closely with your pharmacy colleagues to help deliver safe, timely, and appropriate care.

The Ontario College of Pharmacists also recognizes the exceptional nature of these circumstances and has recommended to their members that they dispense prescriptions received through non-traditional routes, provided they are able to validate the source and content as appropriate. Coordinating ahead of time will be helpful to streamline this process. Given the extra care required for narcotics (as defined in the Narcotic Control Regulations), you must continue to use traditional routes of communicating prescriptions for these drugs (see above for new protocols that allow for verbal authorization).

As always, ensure your prescriptions are complete, specific to your patient, and include both your and your patient's identifying information so pharmacists can validate the authenticity of the prescription. If using non-traditional routes of communications that are unencrypted to share prescriptions, it will be important to ensure you have patient consent to sharing the prescription through this route and pharmacists may confirm with you that you obtained consent prior to dispensing.

## **Professionalism and Complaints**

## **What is the standard of care during a pandemic? How will the College address complaints that arise during this time?**

The standard of care is always evaluated in context and the realities of providing care during a pandemic has the potential to dramatically alter how we understand the standard of care. This is not to say there is no standard, just that it can be dramatically altered by the current situation and will continue to evolve with the nature of the pandemic. This includes acknowledging that resources may become scarce or we may end up in a resource negative environment.

Working within a quickly evolving environment can be challenging and it will be important for physicians to be mindful of and practice in accordance with any direction from the Chief Medical Officer of Health and emerging policies and procedures pertaining to COVID-19 management being communicated at the hospital level.

While complaints may result during, and as a consequence of this pandemic, we can reassure physicians that the College will address these complaints with consideration to the circumstances in which physicians are practising.

## **I want to engage with my colleagues, patients, and the public through social media or email to draw attention to the pandemic, what do I need to be thinking about when I do so?**

Physicians are reminded to be aware of how their actions on social media or through other forms of communication may be viewed, especially during a pandemic. Your comments or actions can lead to harm if you are providing a medical opinion that does not align with information being provided by public health officials and all levels of government. It is essential that the public receive a consistent and clear message.

The College's statement on [\*Social Media – Appropriate Use by Physicians\*](#) also outlines general recommendations that support appropriate conduct in these forums. This includes acting in a manner that upholds their own reputation, the reputation of the profession, and maintains the public trust. It is important for physicians to be mindful of the important position they hold in society, which is magnified by the current pandemic, and the need to be thoughtful regarding the information they share on social media or through other means.

## **Responsibilities when Screening Patients and/or Self-Isolating**

### **I am worried about my safety or the safety of my family. What do I do? Can I redirect patients who may have COVID-19?**

We understand the challenges in balancing your commitment to patients and duty to care for yourself and your family. Each physician needs to consider how to best manage their practice for the benefit of their patients (especially those who are vulnerable) and their own personal health.

It is essential that you implement the appropriate precautions to screen patients, as directed by Public Health Ontario. That includes screening patients by phone before visiting your office, but can also include posting a note on your electronic booking system asking patients to call ahead, posting a [sign](#) in your office asking patients to call first, and encouraging patients to use the [province's self-assessment tool](#). These are critical steps to prevent the spread of the virus.

If a patient meets the criteria for potential infection, you should redirect them in accordance with the latest guidance from your local public health unit, your local hospitals, and/or the Ministry of Health.

Every physician's situation is unique. Immunocompromised physicians, or others potentially more susceptible to contracting COVID-19 or being significantly impacted should they contract the virus must make a decision that reflects their unique situation and with consideration to the advice of public health officials and the best evidence available at the time.

### **I'm self-isolated as I've just returned from out-of-country/ due to an unprotected interaction with a positive COVID-19 patient. What are my professional responsibilities?**

Given new directives from the federal government regarding travel restrictions, Ontario Health has been clear that all healthcare workers returning from out-of-country must self-isolate for 14 days. Unprotected exposure similarly requires all individuals to self-isolate.

We know that you may have a strong desire to continue practising to combat this outbreak and to support patients and your colleagues. But if you meet the criteria for self-isolation set out by [Public Health](#), the hospital system and the [Ministry of Health](#), self-isolation is the right decision to make for you, your colleagues, and your patients.

Given that you are unavailable to your patients, take reasonable steps to help make coverage arrangements for their ongoing care needs where you can (recognizing the stresses on the system) and help patients navigate the system and find the right care for them.

To the extent that you can, take advantage of virtual care options (as outlined above) to provide care remotely even while in self-isolation where it would be appropriate in the circumstances to do so.

## **Physician Safety**

### **I don't have the necessary personal protective equipment (PPE) to provide care safely — what do I do?**

We have heard concerns from a number of physicians about the unavailability of PPE. There are coordinated efforts at all levels throughout the system to find and distribute PPE to where it is needed most. This even includes physicians and other health care providers voluntarily donating

their PPE to other colleagues. Unfortunately, the supply of PPE is outside the CPSO's jurisdiction, but we are sharing your concerns with the OMA and government regularly.

The [guidelines](#) for appropriate PPE are changing as our understanding of the virus and risks associated with it change. It will be important to follow the guidance of Public Health, the hospital system and the Ministry of Health and apply it to your practice situation and the particular circumstances of the patient before you.

For community-based physicians, it's important that you only conduct assessments of, or engage with, at-risk patients if you are able to take the appropriate precautions. If you are unable to protect yourself appropriately, shift as much of your work to virtual as possible, re-direct patients appropriately and in accordance with guidance from Public Health and the Ministry of Health, and support your patients as much as you can to access care you cannot provide (see above).

We know that many front-line physicians, especially those in hospitals, may be faced with difficult decisions if access to PPE continues to be a challenge, while the need to care for at-risk or positive patients continues to increase.

If you are no longer legitimately able to practice safely, it will be important to protect your health as much as possible to ensure you are available to support patients throughout the pandemic. You'll need to exercise your judgment as to whether to provide care in a particular situation, considering:

- the need to support not just the patient in front of you, but future patients as well
- the potential for harm, both to yourself and the patient given the specific circumstances of the situation; and
- whether the patient is known to have COVID-19 or not and the likelihood of you being exposed.

### **What about where the care that is needed is potentially life-saving or life-sustaining — what do I do if I don't have access to PPE?**

Providing potentially life-saving or life-sustaining care will likely involve performing high-risk aerosol-generating procedures and your protection in these instances is essential. As with above, if you are concerned about your ability to practice safely you will need to exercise judgment as to whether to provide care given the specific situation you are in. This involves considering:

- Whether the patient's COVID-19 status is known, suspected, or unknown
- The risk of exposure based on the specific procedures you would perform and the specific PPE that is currently unavailable to you
- The risk of harm to the patient of not performing the procedure and the likelihood that the intervention would be successful at saving or prolonging the patient's life.

The College recognizes how difficult these decisions will be for physicians who are not normally put in a position where they have to consider their own protection when serving their patients. It is important that physicians not only consider their patients but stay committed to protecting

themselves and their future patients throughout this crisis. Should the College receive a complaint regarding a physician's decision in these circumstances, we can reassure physicians that the College will address these complaints with consideration to the circumstances in which physicians are practising.