

May 5, 2020

### **Post Covid-19 clinical assessment protocol.**

The COVID-19 outbreak of the spring of 2020 highlighted the need for further steps in organizing clinical assessment and treatment through White Rock Orthopaedic Surgery Centre to safeguard the health of clinic staff and patients alike. The overall strategy is to eliminate unnecessary physical contact and proximity, and to use a combination of pre-assessment screening, active waiting room management and physical barriers as feasible when in-office assessment is required. The Medical Services Commission of BC ('MSP') may consider making available the necessary resources to optimize this process; in the interim and until further notice surcharge(s) may apply to allow the appropriate safeguards to be implemented.

In order to reduce the risk of transmission of airborne diseases such as influenza, common cold, tuberculosis, fungal disease, COVID-19 and other future pathogens, as well as other transmissible illnesses such as gastro-enteritis and other, the clinical assessment and treatment process at WROSC is organized as follows:

-1/ telephone.

Assessments NOT requiring in-office presence or visual assessment via video conferencing are preferentially done by telephone. This would eliminate the risk of transmission of illness with minimal additional resources required. Examples could include initial consultation based on referral by family physician, emergency physician or other, assessment of effectiveness of treatment, discussion of the results of investigation(s), planning of further treatment strategy and so on. Typically, telephone appointment date and time would be co-ordinated by my office staff, with a conveniently scheduled telephone call. During the COVID-19 pandemic of the spring and summer of 2020, MSP has taken steps sufficient to consider assessment by telephone fully covered, with no additional surcharge required. It is uncertain if this coverage will remain in place indefinitely. It is expected that the vast majority of assessments can be done by telephone.

-2/ video-conference.

Assessments NOT requiring in-office presence but benefiting from or requiring visual assessment can be done via secure video-chat, using 'doxy.me', a Doctors of BC approved and endorsed medically oriented video-chat platform. This would eliminate the risk of transmission of illness, whilst allowing some assessment of physical findings by video observation; additional resources are required. Examples could include initial consultation based on referral by family physician, emergency physician or other, assessment of effectiveness of treatment, particularly if demonstration of function or observation of appearance is required. At times, this may be the patient-preferred method

of communication/ assessment. Typically, video-conference appointment date and time would be co-ordinated by my office staff, with a text message sent as an invitation to start the video session. Depending on MSP provisions in place at the time, a surcharge may apply. It is expected that the vast majority of assessments can be done either by telephone or video-conference.

-3/ in-office.

Assessments requiring in-office presence inevitably are associated with the risk of transmission of illness. Depending on MSP provisions in place at the time, a surcharge may apply. It is expected that only a minority of assessments will require in-office presence. Certain aspects of clinical assessment will require in-person physical examination. Physical treatment, such as cast application/ removal, dressing application/ removal and other aspects of wound care, injections, surgery etc. cannot be offered by telephone or video-conference.

If in-office presence is required, the following procedures are in place to minimize the risk of transmission of illness:

- Screening. In the vast majority of cases a pre-visit screening phone call will take place to ascertain patient/ companion health and to exclude recent exposure to transmissible illness. In office assessment would ordinarily be delayed in instances of increased risk of transmission OR scheduled in such a way that the risk of transmission is further minimized, if assessment cannot be reasonably postponed, e.g. to the end of the day or similar.
- Waiting room management. Physical distancing will apply during presence in the office; waiting room crowding is not conducive to this and will be prevented as much as feasible. Each patient can be accompanied by ONE CAPABLE ADULT, no exceptions can be made. The accompanying adult needs to be identified during the screening interview and will need to be confirmed to be healthy and of low risk of being exposed.

The waiting room can only be entered after permission has been granted by the front desk staff by telephone. It is expected that patients will wait nearby, outside of the office, in the car or in another suitable location, maintaining appropriate physical distance.

Upon entering the office, the patient proceeds, with the accompanying adult if applicable, to the screening desk, to have body temperature taken and recorded with a touchless thermometer. If body temperature is normal, the oxygen saturation will be determined via alcohol-cleansed pulse oximeter. Of note, in case of known underlying lung disease, WROSC needs to be notified in advance with appropriate clinical information provided by the relevant physician(s).

If clinical appearance, temperature and blood oxygen saturation do not raise concerns, patient identification and preparation for assessment can proceed.

The patient and companion are to cleanse hands with the provided hand sanitizer. A surgical mask or equivalent is provided to patient, and companion if applicable, as well as a pair of disposable gloves. Mask and gloves are to be worn during the stay in the facility. Upon leaving, the mask and gloves are discarded into the provided touchless waste receptacle near the exit door.

- Barrier separation. In order to allow staff to work safely, barrier separation is installed on the front desk. This barrier is to be respected by patients and accompanying adults at all times. Separation is further enhanced by careful orchestration of patient traffic flow. Directions for seating etc., as provided by staff are to be followed without deviation.

Of note:

- Facility staff (receptionists, nurses, physicians) are subject to similar screening. Protective equipment will be used as needed, recognizing the need for any such protective practices to be practical and sustainable. .

Based on current understanding, it is my belief that following these procedures offers the best chance to be able to provide safe and effective orthopaedic care.

Sincerely,

Arno Smit, MD, FRCSC  
Medical Director