U-BREATHE
Division of Tourin Professional

U-Breathe Respirology Clinic &
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U-Breathe Re Launch of the Clinical Services in the Setting of COVID-19

Pandemic

In light of the recent Public Health announcements and actions in response to COVID-19, U-Breathe is closely monitoring the situation on pandemic. The safety of staff and patients is of utmost importance. To ensure we maintain adequate resources adequate for the requirements for COVID-19 pandemic, we will conduct weekly assessments of the service resumption plans and adapt as required.
We are following all current COVID-19 public health orders and infection prevention and control standards and processes, including physical distancing and visitor guidelines.

COVID-19 SCREENING:
As per Health Canada and AHS guidelines, any patients who develop respiratory symptoms (ex. dry cough, fever, fatigue/tiredness, difficulty breathing) are asked to stay at home, and contact Health Link at 811 or use the AHS online assessment COVID-19 screening tool. Patients undergoing screening are recommended to self-isolate at home and practice social distancing procedures.
Any patients who have recently traveled should follow self-isolation at home for 14 days immediately upon return.
Any patients to have known exposure/contact to another person with COVID-19, are asked to not to come to the clinic and self-isolate for 14 days.
All patients are prescreened with the questionnaire to ensure it would be safe to come to clinic

PULMONARY FUNCTION TESTING:
Effective May 11 the pulmonary function laboratory re-opens to provide pulmonary function testing to the patients who require assessment, passed prescreening for COVID-19 and considered to be low risk for this infection
At this time methacholine challenge test is postponed

CLINICAL ACTIVITIES
Patients who require assessment, passed pre-screening for COVID-19 and are considered to be low risk for this infection
The patients who are new to the clinic will be invited for assessment
About 80% of follow-up patients will have virtual care appointments and if they require physical examination and/or pulmonary function they would be invited to the clinic for further assessment

The following measures are implemented:

HAND HYGIENE AND RESPIRATORY ETIQUETTE
We implement enhanced hand hygiene protocols including:
- When hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub.

- Staff are expected to practice routine hand hygiene consistent with the World Health Organization's "5 Moments for Hand Hygiene":
    - o Before touching a patient
    - o Before clean/aseptic procedures
    - o After body fluid exposure or risk
    - o After touching a patient
    - o After touching patient surroundings
- Staff and patients must avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately.
- Patients are asked to complete hand hygiene using soap and water or alcohol-based hand rub. Patients are asked to perform hand hygiene at the following times:
    - o Upon arrival at the practice setting
    - o Before and after use of shared equipment
    - o Prior to processing payment (if applicable)
    - o Prior to departure from the practice

We ensure facility respiratory etiquette processes are aligned with CMOH/AHS/AH directives

PERSONAL PROTECTIVE EQUIPMENT

Ensure sufficient and appropriate PPE are readily stocked and available to facilitate safe resumption of services.
Health professionals engage in continuous masking using surgical/procedure masks in all patient care environments.
Ensure PPE (i.e. N95 masks) are appropriately fit-tested.
Implement enhanced PPE protocols that include requirements at beginning and end of shifts and lunchtimes.
Ensure used PPE is appropriately disposed of

CLINIC PRACTICES:

When booking, inform patients about public health measures and screen them for possible COVID symptoms prior to them attending the office. Patients with COVID symptoms will be referred to the self-assessment tool on the AH website.
The treatment spaces, offices and waiting areas are reconfigured to ensure physical distancing is maintained among patients, between patients and staff when not engaged in direct patient care, and among staff.
A barrier with Plexiglas has been installed to protect reception staff.
The in-person appointment times are organized to limit the number of people in the facility at one time.
Prioritize appointments based on urgency.
Arrange queuing and traffic flow to maximize physical distancing.
We ask patients to attend alone without family members, friends or caregivers, unless necessary
We limit patients in the waiting area and set up seating so that public health orders can be adhered to both in terms of numbers of people and spacing between them.
We adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles and text messaging or calling when appointments are ready.
Measures are in place to limit exchange of paper with patients where possible implementing secure methods of electronic information and resource sharing.

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Post information on the following topics in areas where it is likely to be seen by staff and patients:

- physical distancing;
- hand hygiene (hand washing and hand sanitizer use);
- help limiting the spread of infection.

The signs can be found at the entrances, in all public/shared washrooms, and treatment areas.

The patient escorts are instructed to wait in their cars or off-site until the examination is completed and patient is ready to leave.
Ensure single-use items are safely disposed of.
Enhanced equipment cleaning protocols must be strictly adhered to.

STAFF SAFETY
Implemented management plan for staff COVID screening, including those who have been laboratory confirmed/suspected COVID but are now symptom free and returning to work.
Ensure staff availability/needs are consistent with re-opening service levels.
Implement a process for management of staff:
 working at multiple facilities
 travel (not carpooling – maintaining physical distancing)

Staff training is provided and documented on use PPE, revised procedures and new COVID-19 protocols and directives as applicable.

We appointed a dedicated person to ensure compliance/keep abreast of CMOH/AHS/CPSA current COVID guidelines.

We communicate implemented protocols for patient selection and scheduling limits to all physicians/patients.
Implement a mechanism to communicate any changes to facility services or operations/processes

FUTURE PLANNING

Implement frequent facility management review of operations as the situation regarding COVID changes (adjust, tighten, relax).
Conduct facility risk assessments on workload, backlog and new elective procedural rebooking strategies.
Posters regarding respiratory symptoms and COVID-19 have been placed on the door to the clinic, for patients to self-screen prior to entering the clinic.

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Appendix A: CPSA for Clinician Checklist

Consider the following questions when deciding to bring a patient into office	
1	Is the patient visit urgent/crucial to the patient's health?
2	Does the patient feel the benefit of therapy exceeds the risk of leaving their home?
3	Is the medical benefit to the individual patient worth the risk to you and your office staff by having them travel to a community office or health facility?
4	Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
5	Will offering care in a community setting lessen the burden on hospital facilities?
6	Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated? What impact might that have on limited resources?
7	Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
8	Would a group of peers support the decision of the care being important? Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first? For example, if there was an outbreak related to your clinic or facility, could you justify your decision making?
9	Can you mitigate any risk and keep yourself and your staff safe?
10	Do you have adequate PPE for you and your staff? Will you be using scarce supplies, contributing to a shortage?
11	Can you put the following measures in place to optimize patient protection?
12	Organize in-person appointments times to limit the number of people in the office at one time and prioritize based on urgency
13	Arrange queuing and traffic flow to maximize physical distancing using visual cues like directional arrows and waiting spots, if possible Remove toys, magazines, brochures, remote controls and other shared items from waiting and exam rooms

14	Unless necessary, ask patients to attend alone (i.e., not to bring family members, friends or caregivers)
15	Limit patients in the waiting area and set up seating so that public health orders can be adhered to both in terms of numbers of people and physical distance between them
16	Adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles, if possible, and text or calling when appointments are ready
17	Staff booking appointments should inform patients about public health measures and screen them for possible COVID symptoms prior to attending the office
18	Patients with COVID symptoms should be referred to the self assessment tool on the AHS website
19	If it is necessary to see a symptomatic patient, the patient should be asked to wear a mask
20	Once a decision has been made on the best mode of care, in person or virtually, the rationale should be documented in the patient record.
21	Determining whether a service is important can be complex: there is no one single answer. As a self-regulating profession, physicians must work closely together to determine what is best for their patients and recognize the need to be flexible in our thinking as we adjust to the evolving situation. CPSA trusts physicians will make decisions in the best interest of the public good.

Appendix B – Facility Checklist

Facilities, equipment, consumables & supplies

HVAC system assessment ☐
Patient service medical equipment re-testing ☐
Review of exhalation filters ☐
Minimize unnecessary equipment and supplies in the testing room ☐
Enhanced supply chain management processes ☐
Enhanced Supply/consumable inventory control ☐
Optimal operation status of all equipment ☐

Pre-examination

Reorganization of testing schedules to include extra time ☐
Implementation of patient PPE and physical distancing requirements ☐
Revision of Pre-examination Checklist for confirmation of asymptomatic patient ☐

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status

Documentation of temperature and a symptoms on all asymptomatic patients	☐
Informed Consent - Inclusion of potential risks of completing procedure during pandemic COVID-19	☐

Examination

Ensure adequate PPE and hand hygiene based on testing	☐
Protocols for use of high specification disposable in-line bacterial and viral filters	☐
Protocol for use of negative pressure room for highest risk patients	☐
Policy for postponement of exercise testing, nebulization, & bronchial challenge tests	☐
Protocol for use and disposal of single-use consumables	☐

Post-examination

Ensure single-use items are safely disposed of.	☐
Provision of direction to patient escorts	☐
Recalibrate the lung function equipment after decontamination.	☐

Facility safety & emergency planning

Review medical emergency management response supplies	☐
Perform mock drills for donning and doffing PPE	☐
Complete performance checks on portable fire extinguishers	☐
Update processes/training on any new WHMIS controlled materials	☐
Revise facility emergency evacuation plan/staff training based on COVID guidelines	☐

Medical device reprocessing (MDR)

Enhanced equipment cleaning protocols must be strictly adhered to.	☐
Optimal operation status of all cleaning and sterilization equipment	☐