

# Advice for AHS Medical Staff

## Providing Clinical Services at Multiple Sites

Many physicians are required to work across multiple sites in the course of their day, by virtue of having call responsibilities at a zone level, scheduled specialized work at multiple sites, or acting as a resource to multiple facilities – particularly in rural areas. For these reasons, physicians are not currently required to restrict their activities to a single site.

No physicians should be providing care to patients if they have any new symptoms that may be consistent with an infectious disease.

However, all physicians working at multiple sites are asked to observe the following measures:

- *Acute Care Physicians* – May work at more than one acute care site in a day when required. To optimize workforce availability and support social distancing, departments should configure call schedules and coverage arrangements to minimize cross-site work where possible.
- *Community Physicians* – May work at more than one community site, including primary care offices and supported living, when necessary. Where possible, coverage arrangements should be designed to minimize cross-site work.
- *Rural Physicians and physicians who work across acute and community sectors* – May provide service in multiple areas (ED, hospital inpatients, Supported Living, primary care offices). Consolidation of coverage arrangements is desirable when feasible.
- *Community congregate care settings (such as LTC or supportive living)* – In cases where ILI/COVID-19 outbreaks are occurring, special consideration is required. Every possible effort should be made to support facilities with virtual care where available. When on-site care is required, only one physician should be assigned, and that physician should not work at any other site on the same day. This applies when a physician provides episodic patient care. Health care workers (including physicians) that are regularly providing care at a facility on outbreak must consult with public health regarding additional work restrictions.
- If a physician is determined to have been exposed to a case of COVID-19 while not wearing appropriate PPE, they are legally required to be under 14-day quarantine and should not be at work in any environment. Physicians determined to be essential to the delivery of non-elective critical patient care are asked to follow the guidance set out in the [Return to Work Conditions for Exposed Healthcare Workers](#).

If a physician is symptomatic (with fever, cough, runny nose, difficulty breathing, shortness of breath or sore throat) they should immediately self-isolate and complete the online screening tool available at [www.ahs.ca/COVID](http://www.ahs.ca/COVID). If tested, they should follow instructions at [www.ahs.ca/results](http://www.ahs.ca/results) and within the [AHS Return to Work Guide](#).