

## New temporary risk factor for COVID-19 high prevalence areas

*Effective May 3, 2021, AHS ECC Acute Care Node announced a new temporary COVID-19 risk factor for high prevalence areas in the province. This has been introduced as part of the initial patient COVID-19 symptom and risk factor assessment. **Patients who require any health care services will not be turned away due to exposure to a COVID-19 high prevalence area.***

### **Q: What is the new risk factor?**

A: Any individual seeking hospital care who resides in or has returned from an area with identified high prevalence of COVID-19 in the previous 14 days is considered to be at additional risk and will require additional precautions if admitted to hospital. This risk factor does not apply to staff fitness for work or visitation assessment. Patients who require any health care services will not be turned away due to exposure to a COVID-19 high pressure area.

### **Q: What are the additional precautions required when admitted?**

A: Any patient admitted to a hospital either for a scheduled procedure or surgery, through an emergency department visit or for urgent care, will be placed on contact and droplet precautions for 14 days since their last exposure to the high prevalence geographic area. These precautions include additional steps related to patient interaction, use of personal protective equipment, environmental services, handling of equipment and patient care items as well as additional precautions when moving or transferring a patient throughout the hospital.

### **Q: What is a high prevalence area?**

A: Alberta Health has defined a “high prevalence COVID-19 area” as a municipality with an active case rate greater than 1,000 cases per 100,000 population in the last 14 days (i.e. extremely high burden of active COVID-19 cases). Additional areas may be added as required. This is based on Alberta Health geospatial COVID-19 data: <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#geospatial>.

There are currently four areas in the province that qualify as high prevalence areas: The Regional Municipality of Wood Buffalo (including Fort McMurray), Banff, the County of Barrhead and Northern Sunrise County. This also includes community, work camps, hospitals, continuing care, and other congregate facilities or settings.

### **Q: How are the boundaries of these areas determined?**

A: High prevalence areas are determined based on Government of Alberta municipality boundaries. Data to determine COVID-19 activity is only available based on these boundaries. Clinicians are encouraged to use their judgement in considering patients from adjacent communities who may move frequently across municipal boundaries (e.g., between Canmore and Banff). This is based on Alberta Health COVID-19 data: <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#geospatial>

**Q: Why has this temporary risk factor been implemented?**

A: The purpose of this temporary change is to prevent hospital transmission and outbreaks related to transmission from pre-symptomatic patients who are not aware they are incubating COVID-19 and to keep patients, families, and staff safe in our facilities.

**Q: If a municipality drops below 1,000 cases per 100,000 population, why does the risk factor continue for 14 days?**

A: The purpose of identifying this risk factor is to prevent hospital transmission of COVID-19 from a patient who is in the asymptomatic or pre-symptomatic phase of their COVID-19 infection but still communicable. If the patient is exposed to COVID-19 in a high prevalence area (or any other risk factor) it could take up to 14 days for symptoms to develop. In addition, active case rates in Alberta are determined by the case counts over the previous 14 days.

**Q: Will these high prevalence areas be monitored and amended as the situation changes?**

A: High prevalence areas will remain as a COVID-19 risk factor for at least 14 days, and will be reassessed regularly by the Acute Care Node in collaboration with Infection Prevention and Control. The high prevalence area designation will be removed when an area has a sustained decrease to fewer than 1,000 active cases per 100,000 population for seven or more consecutive days. Areas involved may change as guided by the local epidemiology.

**Q: How will this affect how front-line staff assess patients across the province?**

A: Patient assessment is affected in several ways:

1. Any patient being admitted to hospital via the Emergency Department, Day Surgery, or Obstetrical Assessment, or being transferred in from an impacted area should be asked this question as part of the COVID-19 risk factor assessment. Zones and/or sites may include Ambulatory Care for simplicity and consistency at site entrance screening.
2. Impacted patients are to be placed on Contact and Droplet precautions for 14 days since their last exposure to the impacted geographic area, like other COVID-19 risk factors.
3. As with all acute care patients, COVID-19 testing is based on symptoms unless directed otherwise by Infection Prevention and Control or Public Health.

**Q: How should this risk factor be implemented in acute care facilities within the high prevalence areas?**

A: This risk new risk factor will not apply to facilities within high prevalence areas because all patients will have similar exposures to COVID-19 based on community exposure. Therefore, Contact and Droplet precautions should be implemented based on the presence of any **additional** risk factors in the previous 14 days (i.e., international travel, close contact, known exposure to an outbreak, etc.). Consult with Infection Prevention and Control as needed.

**Q: Will scheduled clinic appointments or specialty consultations be affected for those patients living in identified high prevalence areas?**

A: No, a patient who requires health care services will not be turned away due to exposure to a COVID-19 high pressure area. The purpose of this temporary change is to prevent hospital transmission and outbreaks related to pre-symptomatic COVID-19 infection. All other COVID-19 preventative measures should also be observed for these patients and should be sufficient to prevent transmission for interactions of a relatively short duration.

**Q: Will scheduled or elective surgeries be affected for those patients living in identified high prevalence areas?**

A: No, patients who reside in these areas will be able to proceed with scheduled or elective surgeries and procedures. The careful evaluation for COVID-19 symptoms and risk factors prior to any surgery continues to be in place.

**Q: Will this affect urgent, emergent and oncologic surgeries?**

A: No, all urgent, emergent and oncologic surgeries will proceed as planned utilizing any additional measures as indicated by COVID-19 symptom and risk factor screening.

**Q: Does this new risk factor assessment affect Fitness for Work determinations for healthcare workers?**

A: No, the geographic risk factor does not apply to fitness for work screening for Health Care Workers (HCWs). However, with the general increase of COVID-19 activity in the community, HCWs should have heightened vigilance regarding adherence to public health measures both at work and outside of work. Fit for Work screening is required before going to work, and HCWs should be cognizant of their personal COVID-19 risk factors.

**Q: Does this new risk factor assessment affect eligibility for visitation to acute care patients?**

A: No, the geographic risk factor does not apply to eligibility for visitation. Designated support persons (DSP)/visitors should be carefully screened at the time of entry into the facility according to existing practices and must adhere to public health measures including handwashing and continuous masking (plus any additional PPE that may be required if visiting a patient on Contact and Droplet precautions). With these steps in place, the risk of hospital transmission during a relatively brief visit is low.

**Q: Are patient-related forms and tools being updated to reflect this change?**

A: No. Patient-related forms and tools that contain the COVID-19 risk factor assessment will not be updated as the geographical risk factor will be temporary for high prevalence areas.

**Q: Where can I get more information?**

A: Please contact your local Site Command Post or Zone Emergency Operations Centre.

**Q: What does this mean for a community medical practice or medical home which isn't part of AHS?**

A: Most medical practices and medical homes have been using the same symptom & risk factor algorithm as in acute care. The duration of interaction is generally less in these areas so provided that all appropriate measures are done – symptom & risk factor screening, continuous masking & eye protection by HCWs, continuous masking by patients, hand hygiene by everyone, additional PPE when indicated - the risk of transmission during a relatively brief visit is low.