

Interim Recommendations for Frequency of changing Privacy Curtains during COVID-19 Pandemic

Environmental Services (ES) policies and practices are available on AHS Insite: Home > Teams > Nutrition Food Linen & Environmental Services > Policy & Practice Documents.
If you have any questions or comments, contact IPC at ipcsurvstdadmin@ahs.ca.

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Best practice recommendations

Purpose

- To outline the interim frequency for changing privacy curtains (cloth/fabric divider used to provide separation/privacy from other patients) in Alberta Health Services (AHS) and Covenant Health healthcare settings during the pandemic.
- To describe audit requirements, e.g., Chief Medical Officer of Health (CMOH) Orders. Refer to Alberta Health [COVID-19 Orders and Legislation](#) for details about **continuing care** expectations.

Application

Applies to changing privacy curtains in various healthcare settings during the COVID-19 pandemic.

This document does not apply to window curtains. Change window curtains according to the established Environmental Services (ES) [Cleaning Frequency Expectations Table](#).

1. General recommendations

- [Hand hygiene](#) is the single most important step in preventing infections. Staff must follow the AHS Hand Hygiene [policy](#) and the 4-Moments for hand hygiene. Perform hand hygiene before and after contacting items in the patient environment, including privacy curtains.
- Review privacy curtain usage in the setting.
 - Remove privacy curtains if possible, e.g., in single rooms, tub rooms and showers where a door or facility layout protects patient privacy.
 - Identify **patients**, e.g., patients with uncontrolled secretions that may require more frequent privacy curtain changes.
- Inspect privacy curtains regularly during routine cleaning activities.
- Change privacy curtains when visibly soiled, contaminated with body fluids and at routine intervals.
- Follow established frequencies for changing privacy curtains, i.e., bi-annually, per the ES Cleaning Frequency Standard and [Cleaning Frequency Expectations Table](#). Refer to [Principles of Environmental Cleaning and Disinfection](#) for more details.
- Expectations for continuing care audits:
 - a scheduled process for changing privacy curtains is in place;
 - curtains are visibly clean;

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Version	Date (YYYY-MM-DD)
Created	2021-03-15
Updated	
Revised	
ECC Approved	2021-03-16

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- curtains are changed after discharge/transfer from an additional precautions/isolation room;
- there is evidence the scheduled process is followed, e.g., documentation.

2. Patients on additional precautions, e.g., contact, contact and droplet

2.1 Change privacy curtains:

- After patient discharge or transfer;
- Upon discontinuation of **additional precautions**, i.e., taking the patient off precautions/isolation, but the patient is not discharged from the room.

2.2 Exceptions to 2.1:

- 2.2.1 Privacy curtains do not require changing if precautions were in place for a patient suspected of having an infectious organism and the patient is confirmed non-infectious.
- 2.2.2 Follow general recommendations in Section 1 for patients on additional precautions in emergency departments (ED), urgent care center (UCC), designated COVID-19 units, and other ambulatory care settings such as dialysis during the pandemic.

Refer to [Enhanced environmental cleaning during COVID-19 in Emergency Departments, UCC, and Designated COVID-19 Units](#) for more details.

Definitions

Additional precautions means extra measures put in place when routine practices alone may not interrupt transmission of an infectious agent. They are used in addition to routine practices (not in place of), and are initiated both on presentation of symptoms and on specific diagnosis.

Continuing care means licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) and facilities offering or providing residential hospice.

Patient means any person receiving healthcare within any healthcare setting. For readability, this best practice recommendation uses the term “patient” to represent client/patient/resident.

References

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