Interim IPC Recommendations during COVID-19

In addition to **Routine Practices**

Assessment and screening

Acute Care

- Follow AHS Directive Communicable Disease (Respiratory Including COVID-19 and ILI) Screening, Assessment, and Monitoring In Acute Care and Implementation Strategy: Patient Screening and Symptom Assessment & Monitoring Recommendations for COVID-19.
- All patients (Admitted Inpatients, Emergency Department [ED], Surgery, Obstetrics, Inter-Facility Transfers, Direct Admissions) except neonates are to be assessed initially for symptoms and risk factors associated with respiratory communicable disease using Communicable Disease (Respiratory) Initial Screening in Connect Care.
- Ongoing assessment of admitted patients is to be completed using COVID-19 Symptom Identification and Monitoring in Connect Care.

Ambulatory Care (stand alone or part of an Acute Care site)

- Patients in Ambulatory Care and Outpatient Department [OPD], are to be assessed using the Ambulatory Communicable Disease Screening in Connect Care.
- For further information see IPC Resources for Ambulatory Care Clinics (including Laboratory Collection sites)

Continuing Care

- See Protecting Residents at Congregate Care Facilities (Government of Alberta).

Primary Care

- Guidance document: Viral Respiratory Illness Guidance for Community Providers
- See Infection Prevention and Control Risk Assessment (IPC RA) for personal protective equipment recommendations.

Severely Immunocompromised Patients

- For the purposes of COVID-19 IPC-related patient management, special consideration is given to a subset of immunocompromised patients who are considered "severely immunocompromised."
- Severely immunocompromised patients may produce replication-competent SARS-CoV-2 virus for prolonged periods beyond 21 days after COVID-19 symptom onset (or after first positive COVID-19 test if asymptomatic throughout).
- This list is considered current to the date provided and helps to identify which patients need further discussion with IPC regarding COVID-19 management, e.g., clearing of COVID-positive status, cohorting when recovered, re-testing within 90 days of initial infection, etc.
- See IPC Management of Severely Immunocompromised COVID-19 Patients.

Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19 in Acute Care

For more information contact
ipcsurvstdadmin@ahs.ca

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- For all patients on Contact and Droplet Precautions for suspected or confirmed COVID-19 in Acute Care, use Discontinuation of Precautions for Suspected or Confirmed COVID-19 Form # 21624.
- For patients in critical care, see also Discontinuation of Precautions for Suspected and Confirmed COVID-19 Patients in Critical Care.
- For severely immunocompromised patients, see also IPC Management of Severely Immunocompromised COVID-19 Patients.

Reinfection and Repeat Positive COVID-19 Test Results

- Repeat positive COVID-19 tests after a confirmed patient's symptoms have resolved may represent ongoing shedding of non-viable virus that does not pose a transmission risk. If patient is presenting with positive test after resolution of symptoms, consult with IPC regarding requirements for ongoing additional precautions.
- However, with the emergence of new variants of concern, repeat COVID-19 testing may be warranted for resolved (cleared) patients within 90 days of the initial positive test result if new symptoms develop.
  - Previous recent infection with an older COVID-19 variant may confer minimal protective immunity to a newer variant or sub-variant.
  - Testing/investigations for other pathogens/etiologies should also be performed based on clinical/symptom and risk factor assessment and setting.
- Contact IPC for more information.

Medical Officer of Health (MOH) notification

- MOH will be notified by Alberta Precision Lab (APL) of presumptive and confirmed positive results. Contact tracing and follow-up (where needed) will be guided by AHS Public Health. In acute care facilities, this is in collaboration with IPC.

Laboratory Testing for COVID-19

Nasopharyngeal (NP) swab or throat swab

- **Asymptomatic** individual
  - All PPE is to be changed between each patient encounter.
- **Symptomatic** individual
  - Fit tested N95 respirator (may use procedure/surgical mask based on Infection Prevention and Control Risk Assessment (IPC RA)*), eye/face protection, gown, and gloves are to be worn, i.e., symptomatic patients should be on Contact and Droplet Precautions.
    - *IPC RA = Infection Prevention and Control Risk Assessment
    - See updated Joint Statement.
    - There may be situations where a healthcare worker, based upon their Infection Prevention and Control Risk Assessment (IPC RA) or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.
  - Change all PPE after swabbing everyone. (**Exception**: At assessment centre **and** from same family/household.)

Nasal swabs (for point-of-care testing)

- When indicated, nasal swabs are typically collected from asymptomatic healthcare workers in a centralized location.
- Use facial protection (mask and eye protection) as per the Personal Protective Equipment – Frequently Asked Questions (PPE FAQ). Change mask/respirator **and** eye protection if contaminated or visibly soiled.
- Refer to lab bulletins for specimen handling, testing and notification for updates. APL will coordinate testing requests.

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Accommodation

Acute Care and Other Non-Continuing Care Settings

- When determined by Communicable Disease (Respiratory) Initial Screening in Connect Care, COVID-19 Symptom Identification and Monitoring in Connect Care or other assessments, place patient in a single room and implement Contact and Droplet Precautions. Use fit tested N95 respirator or procedure/surgical mask based on Joint Statement and IPC RA.
  - There may be situations where a healthcare worker, based upon their IPC RA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.
- Contact and Droplet Precautions sign visible on entry to room or bedspace.
  - Single room with hard walls and door - if cohorting is necessary, follow IPC Cohorting Recommendations for COVID-19 in Acute Care. Contact IPC if single or cohorted space is **not** available.
  - Follow IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities after admission, if cohorting is required.
  - For Aerosol Generating Medical Procedures (AGMP), see below.
  - In ambulatory care/outpatient areas (including the Emergency Department), bathrooms may need to be shared regardless of whether patients are on Contact and Droplet Precautions.
- **Cohorting recommendations** will evolve as new scientific evidence emerges.
  - See IPC Cohorting Recommendations for COVID-19 in Acute Care memo for more detailed guidance.

Continuing Care

- Droplet and Contact Precautions sign - Continuing Care visible on entry to room or bedspace of a symptomatic or COVID-19-positive resident.
  - For Aerosol Generating Medical Procedures (AGMP), see below.
- **Cohorting recommendations** will evolve as new scientific evidence emerges.
- Outbreak Management Guide – use guide appropriate to the specific Continuing Care setting.

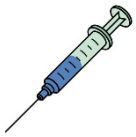
Asymptomatic patients with risk factors

Emergency and Inpatient Areas (includes any patient admitted from a site with a COVID-19 outbreak).

- Place patient in a single room and implement Contact and Droplet Precautions in addition to Routine Practices.
- Use fit tested N95 respirator or procedure/surgical mask based on Joint Statement and IPC RA.
- There may be situations where a healthcare worker, based upon their IPC RA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

Outpatient / Ambulatory Care Departments

- Follow IPC Resources for Ambulatory Care Clinics (including Laboratory Collection sites).
- Use Ambulatory Communicable Disease Screening in Connect Care.



COVID-19 vaccination

- Regardless of patient or HCW COVID-19 vaccination status, all initial and ongoing symptom and risk factor assessments should be performed.
- Vaccinate eligible patients as soon as possible based on Alberta Health eligibility criteria.
- Many common post-vaccine symptoms are the same as COVID-19 symptoms.
  - Less than 10% of vaccinated individuals develop respiratory/core or GI symptoms post-vaccine. [See NACI Recommendations on the Use of COVID-19 Vaccines.]

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- Continue to monitor patients for new symptoms using COVID-19 Inpatient Symptom Identification and Monitoring in Connect Care.
- If patient develops post-vaccine symptoms that are the same as COVID-19 symptoms:
  - **Core respiratory or GI symptoms**
    - Place patient/resident on Contact and Droplet Precautions
    - Test for COVID-19
    - Use Form #21624 to discontinue Contact and Droplet Precautions
  - **Expanded symptoms**
    - Use routine practices
    - Test for COVID-19

Hand hygiene

- Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices.
- Educate patients and DFSPs/visitors about how and when to use hand hygiene products.

Facial PPE (procedure/surgical mask or N95 respirator PLUS eye protection)

As per the Joint Statement:

- In some areas, fit tested N95 respirators are to be used as the default if staff choose continuous or enhanced masking, e.g., Emergency Department, open space critical care areas, i.e., bedspaces without doors or walls, other open space care areas with a high frequency of AGMPs, COVID-19-designated units.
- There may be situations where a healthcare worker, based upon their IPC RA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.
- See area-specific PPE Tables, as applicable.
- When using an N95 respirator, ensure model/size is chosen based on current, valid fit-testing (i.e., within the past 2 years).
- Use a well-fitting procedure/surgical mask if a fit tested N95 respirator is not available.
- A seal check alone is not adequate for an N95 respirator.
- Use eye protection as part of Contact and Droplet Precautions, or as directed by an IPC RA.
- Eye protection can be face shield, goggles, mask and visor combination, or personal safety glasses. **Prescription eyeglasses alone are not adequate.** See Use and Reuse of Eye Protection during the COVID-19 Pandemic for more information.
- Don facial PPE using clean hands, putting mask/respirator on first.
- **Consider facial PPE to be a single unit of protection; always don/doff both at the same time**.
- Change/discard facial PPE if it becomes contaminated, wet or soiled, as directed by additional precaution signs or unit/area specific PPE recommendations.
- Eye protection will be changed/discarded or disinfected.
- When discarding or disinfecting eye protection, mask/respirator will be discarded/changed at the same time.
  - If wearing reusable eye protection, clean and disinfect every time mask/respirator is changed, replaced or removed.
  - Review Use and Reuse of Eye Protection during the COVID-19 Pandemic for how to clean and disinfect reusable eye protection.
  - For AGMP, remove procedure/surgical mask and eye protection, perform hand hygiene then don fit tested N95 respirator and new or clean eye protection.
  - N95 respirators and eye protection must be removed when leaving the room.
    - If fit tested N95 respirators are worn for continuous or enhanced masking, they must be changed

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	following routine masking recommendations, in addition to when soiled or contaminated. ▪ If using an N95 respirator for continuous or enhanced masking, there is no need to don a new one prior to entering the AGMP room.
	**Masking** • All AHS staff and physicians are to continue to use the Routine Practices and Additional Precautions as required by the IPC Risk Assessment to make personal protective equipment (PPE) decisions. • Facilities, sites, or units on respiratory illness outbreak are required to follow site-specific guidance, which may include continuous masking for workers, visitors and patients. • Masking is required in patient care areas if patients and/or their DFSPS ask healthcare workers to do so when providing care. • Follow COVID-19 Resources for AHS Staff & Health Professionals for enhanced masking recommendations in addition to Routine Practices, Additional Precautions and IPC RA. **General principles** • For procedure/surgical mask: fully open mask to cover from nose to below chin, ensure snug fit • For N95 respirator: choose correct model/size based on fit testing. • Wear mask/respirator so that it covers the nose, mouth and chin; do not wear below nose, below chin, on forehead or to the side. • Avoid touching the mask/respirator or the front of your face under the mask/respirator. If this happens, doff the mask/respirator, perform hand hygiene, and replace with a new one. • Discard mask/respirator if it becomes wet/moist or soiled and replace with a new one. • Masks/respirators are single use; do not reuse or store in uniform/scrubs or clothing pockets. • Use a single mask or respirator; **do not double mask in any combination**.

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Personal protective equipment (PPE): Gowns, gloves and facial protection

PPE considerations

- Wear new PPE to enter patient room or bedspace.
- HCWs are to wear fit tested N95 respirator, eye/face protection, gown, gloves even if the patient on Contact and Droplet Precautions is wearing a mask.
  - A procedure/surgical mask may be used instead of an N95 respirator based on the IPC RA performed by the healthcare worker.
  - See Joint Statement for more information.

- Doubling up of any PPE, i.e., double masking with any combination of respirator and mask, double gloving, double gowning, and/or double eye protection is not required or recommended.
  - Doubling up of PPE increases the risk of PPE errors and of self-contamination.

- Remove soiled PPE as soon as possible.
- Do not wear gown and/or gloves outside a patient room or bedspace unless transporting contaminated items.
- Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

- Effective and appropriate use of PPE keep **healthcare worker uniforms and clothing** clean. If healthcare workers change clothing before leaving healthcare facility, take soiled clothing home in a bag. Soiled uniforms/clothing do not need any special handling in the laundry. Refer to Staff COVID-19 Tips: Eating and Drinking at Work, Personal Clothing, Cleaning Devices and Accessories.
- Further information and resources on PPE can be found here and Joint Statement.

Gloves

Note: Gloves do not replace the need for hand hygiene. Instead of wearing gloves continuously, perform hand hygiene frequently. Gloves cannot be cleaned and become contaminated very quickly.

- Gloves should be used when handling disinfectants or before contact with body fluids.
- Gloves are single use. Use only once, discard immediately after use.
- Gloves are used at the point-of-care; they should not be worn continuously.
- Gloves should not be reused or stored in uniform/scrubs or clothing pockets.
- Change gloves between care activities for the same patient, e.g., when moving from a contaminated body site to a clean body site. Sterile gloves are for sterile procedures.
- For more detailed information on glove use see Glove Use and Selection: Best Practice Recommendations or Proper Glove Use as part of Personal Protective Equipment.

Aerosol Generating Medical Procedures (AGMP)

- Use a fit tested N95 respirator if an Aerosol Generating Medical Procedure is under way or anticipated for a patient on Contact and Droplet Precautions.
- AGMPs are ideally performed in airborne isolation rooms (AIRs), if available; however, placement in AIRs is not mandatory. AIRs are limited, and there has not been well-documented transmission by AGMPs when healthcare workers are using appropriate PPE.
  - If it is anticipated that a patient may require an AGMP, the patient should be placed in a private room with the door closed.
  - Place patient in a private room with hard walls and a door if not already done.
    - Close the door to reduce traffic in the room; this may not be possible for some patients, e.g., continuous AGMP.

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If walled room is not available or possible, ensure patient is in a curtained area/bedspace and curtains are pulled closed.

Ensure AGMP sign is placed on the door or curtain.
Ask non-essential healthcare workers to leave the room.
For DFSP/visitors:

Episodic/non-continuous AGMP: ask DFSP/visitor to leave the room.
Continuous AGMP: AHS Provincial Guidance for Designated Family/Support Person Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP

Currently there is no recommended air clearance (settle) time post-AGMP.

Fit tested N95 respirators and eye protection are used when AGMPs are performed or when working with intubated patients. See the list of AGMP.

All staff and physicians require fit testing for an N95 respirator.
Perform hand hygiene before putting on and immediately after taking off N95 respirator.
When donning an N95 respirator:

put on the respirator before entering the patient's room;
mould the metal bar over the nose;
ensure an airtight seal on the face, over top of the nose and under the chin; and
don eye protection after N95 respirator.

If the N95 respirator becomes wet/moist or visibly soiled, leave the room, doff the N95 respirator currently being worn, perform hand hygiene, and don a new one.
Remove the N95 respirator after leaving the patient's room. Doffing an N95 respirator is a deliberate process and should be done carefully to prevent self-contamination.
Do not wear an N95 respirator around the neck.

Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).
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<h2>Handling Patient Care Items and Equipment (including charts and electronics)</h2>

Use disposable patient equipment when possible.
Dedicate reusable equipment for a single patient use only until discharge.
If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients. Handling, Cleaning & Disinfecting Mobile DI Devices and Stethoscope Use for Patients on Contact and Droplet Precautions .
All rooms should contain a dedicated linen bag; double bag only if leaking.
Do not share items that cannot be cleaned and disinfected.
For shared computers, laptops and tablets, follow recommendations for the Use of Mobile Electronic Devices when Patients are on Contact and Droplet Precautions including COVID-19.
Used meal trays and dishes do not require special handling. Disposable dishes and utensils are not required.
Special handling of linen or waste is not required; general waste from patients on Additional Precautions is not biomedical waste.

Tip Sheet for Continuing Care Residents Families and Visitors during COVID-19 Pandemic
Family/Visitors of Patients & Residents
Paper is not a means of transmission. Handle all paper with clean hands; clean any shared items (like chart binders, pens or binders) with a low-level disinfectant wipe.

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Patient Ambulation Outside Room, Bedspace or Transfer

- Patients should leave the room or bedspace for essential purposes only. Exceptions require IPC consultation.
- Before departure, notify the receiving area that the patient requires Contact and Droplet Precautions
- Follow IPC RA to determine PPE required during transport
- Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors.
- Before patients leave their room or bedspace, educate or assist them to:
  - perform hand hygiene;
  - put on clean clothing or hospital gown/housecoat;
  - ensure dressings and incontinence products contain any drainage;
  - put on a procedure/surgical mask;
  - consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers; cuddle with care provider;
  - for patients with tracheostomy, cover site with surgical mask (with ties);
  - discuss if an escort is needed for the patient.
- Patients who are transferred to Continuing Care do not require a COVID-19 test and are not required to be placed on isolation/additional precautions upon transfer. Some exceptions may apply for a specific outbreak situation; this will be determined by the acute care outbreak management team including Public Health.

Environmental Cleaning

- Routine Practices, which include cleaning and disinfection of surfaces, is important to control the spread of COVID-19.
- Cleaning and disinfection are a shared responsibility of all healthcare workers. Consider assigning designated staff to complete enhanced environmental cleaning.
- AHS-provided disinfectant products are effective against COVID-19. High-touch surfaces, i.e., those which are frequently touched are most likely to be contaminated.
- Any high-touch surfaces that are visibly soiled should be immediately cleaned and disinfected.
- Remove unnecessary curtains from patient areas.
- Inpatient areas for COVID-19 patients: apply discharge/transfer isolation cleaning protocol including changing curtains on discharge/transfer.
- Emergency Department (ED), Urgent Care Centres (UCC) and designated COVID-19 units: apply Environmental Services document available on Insite.
- Additional Precautions signs should not be removed until both patient's daily personal hygiene and environmental cleaning have been completed.

Designated Family/Support Persons (DFSP) and Visitors

- Visitation guidance for both acute care and continuing care (including definitions) can be found at Family/Visitors of Patients & Residents.
  - **DFSPs** are individuals identified by acute care patients as needed support and are involved in their health matters.
  - **Visitors** are anyone not identified as a DFSP.
- All DFSPs should self-monitor for symptoms (respiratory, gastrointestinal, expanded). If symptoms develop, delay any visits until symptoms have resolved.
- If the DFSP is attending to/staying with an admitted patient, they should self-monitor for development of any new symptoms (respiratory, gastrointestinal, expanded) and report any new onset to unit.
- DFSPs may use Provincial Designated Family/Support Person and Visitor Screening Questionnaire for all AHS Sites to assist with identifying symptoms. There is no longer a requirement to complete this form.

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	• Personal Protective Equipment for Family / Support Person(s), Visitors and Patients is available in multiple languages to assist with correct PPE use.
	• AGMP guidance for DFSP/visitors:
	  ○ Episodic/non-continuous AGMP: ask DFSP/visitor to leave the room.
	  ○ Continuous AGMP: AHS Provincial Guidance for Designated Family/Support Person Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP

	**Signs, posters and videos** • List of all COVID-19 related Posters • Contact and Droplet Precautions sign • Droplet and Contact Precautions sign - Continuing Care

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