**Assessment and screening**

**Acute Care**
- The acute care testing and additional precautions strategy is summarized in [AHS Acute Care COVID-19 Expanded Testing Algorithm](https://www.ahs.ca).
- 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, Form# 21615](https://www.ahs.ca).
- The [AHS Acute Care COVID-19 Expanded Testing Frequently Asked Questions](https://www.ahs.ca) is available as a guide to the algorithm and assessment tools.
- Ongoing assessment of admitted patients is to be completed using [COVID-19 Symptom Identification and Monitoring, Form# 21616](https://www.ahs.ca).

**Ambulatory Care (stand alone or part of an Acute Care site)**
- The ambulatory care testing and additional precautions strategy is summarized in [AHS COVID-19 Expanded Testing Algorithm For All Ambulatory Care/OPD](https://www.ahs.ca).
- Patients in Ambulatory Care and Outpatient Department [OPD], are to be assessed using the [Ambulatory Communicable Disease Screening, Form# 21666](https://www.ahs.ca).

**Continuing Care**
- COVID-19 Continuing Care Health Assessment Screening Tool is available on Continuing Care Connections for Continuing Care residents.
- Patients transferred to Continuing Care are to be assessed using [Client Admission Screening Tool, Form# 21722](https://www.ahs.ca).
- See active [Chief Medical Officer of Health Orders](https://www.ahs.ca) for further direction about the COVID-19 response in licensed supportive living, long term care and hospice settings.

**Primary Care**
- Patients in Primary Care are to be assessed using the [Community Physician COVID-19 Screening and Testing Algorithm](https://www.ahs.ca).
- See [PPE Table for Community Providers/Clinics during COVID-19 (Non-virtual appointments)](https://www.ahs.ca) 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.)

Discontinuation of Modified Respiratory Precautions for Suspected or Confirmed COVID-19 in Acute Care
• For all patients on Modified Respiratory Precautions for suspected or confirmed COVID-19 in Acute Care, use Discontinuation of Modified Respiratory 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 the Omicron variant, repeat COVID-19 testing may be warranted for resolved (cleared) patients within 90 days of the initial positive test result if new symptoms develop.
  o This is because previous recent infection with other COVID-19 variants confers minimal protective immunity to the Omicron variant.
  o 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 will be guided by AHS Zone Public Health. In acute care facilities, this is in collaboration with IPC.

• AHS Updates.

Laboratory testing for COVID-19
Nasopharyngeal (NP) swab or throat swab
• Asymptomatic individual
  o If asymptomatic testing is being done in a centralized location, follow IPC Recommendations PPE Table for Assessment Centres during COVID-19.
  o If decentralized swabbing (i.e., going into individual’s room or bedspace), then all PPE is to be changed between each patient encounter.

• Symptomatic individual
  o Fit tested N95 respirator (may use procedure/surgical mask based on PCRA*), eye/face protection, gown, and gloves are to be worn (i.e. symptomatic patients should be on Modified Respiratory Precautions).
  
  *PCRA = Point-of-Care Risk Assessment
  
  See updated Joint Statement.

  There may be situations where a healthcare worker, based upon their Point-of-Care Risk Assessment (PCRA) 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 each individual. (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 (HCWs) in a centralized location.
- Use continuous masking and eye protection as per the [Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)](https://www.ahs.ca/healthcare-professionals/ppe-faq). Change mask/respirator and eye protection if contaminated or visibly soiled.
- Refer to [lab bulletins](https://www.ahs.ca/laboratory-services/lab-bulletins) for specimen handling, testing and notification for updates. APL will coordinate testing requests.

### Accommodation

#### Acute Care and Other Non-Continuing Care Settings
- When determined by [AHS Acute Care COVID-19 Expanded Testing Algorithm](https://www.ahs.ca/healthcare-professionals/covid-19-expanded-testing-algorithm) or other assessment form, place patient in a single room and implement Modified Respiratory Precautions. Use fit tested N95 respirator or procedure/surgical mask based on [Joint Statement](https://www.ahs.ca/healthcare-professionals/joint-statement) and [PCRA](https://www.ahs.ca/healthcare-professionals/point-of-care-risk-assessment).
  - There may be situations where a healthcare worker, based upon their Point-of-Care Risk Assessment (PCRA) or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.
- **Modified Respiratory Precautions sign** visible on entry to room or bedscape.
  - Single room with hard walls and door - if cohorting is necessary, follow [IPC Cohorting Recommendations for COVID-19 in Acute Care](https://www.ahs.ca/healthcare-professionals/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](https://www.ahs.ca/healthcare-professionals/IPC-Cohorting-Recommendations-for-COVID-19-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 Modified Respiratory Precautions.
- **Cohorting recommendations** will evolve as new scientific evidence emerges.

#### Continuing Care
- **Modified Respiratory Precautions sign- Continuing Care** visible on entry to room or bedscape.
  - For Aerosol Generating Medical Procedures (AGMP), see below.
- **Cohorting recommendations** will evolve as new scientific evidence emerges.
  - [Congregate Living Settings - Recommendations for Cohorting Clients](https://www.ahs.ca/healthcare-professionals/Congregate-Living-Settings) for more specific guidance.
  - [Congregate Living Settings - Recommendations for Staff Cohorting](https://www.ahs.ca/healthcare-professionals/Congregate-Living-Settings-Recommendations-for-Staff-Cohorting).
**Asymptomatic patients with risk factors**

**Emergency and Inpatient Areas** (includes residents admitted from congregate living sites with COVID-19 outbreak).

- As quickly as possible – place patient in a single room and implement Modified Respiratory Precautions in addition to Routine Practices.
  - Use fit tested N95 respirator or procedure/surgical mask based on Joint Statement and PCRA.
  - There may be situations where a healthcare worker, based upon their Point-of-Care Risk Assessment (PCRA) or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

- All other recommendations apply.

**Outpatient / Ambulatory Care Departments**

- Follow IPC Resources for Resuming Ambulatory Care Clinics during COVID-19 Pandemic.
- Use AHS COVID-19 Expanded Testing Algorithm For All Ambulatory Care/OPD and Ambulatory Communicable Disease Screening, Form# 21666.

**Hand hygiene**

- Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices.
- Updates on ABHR products, substitutions and supply management are available here.
- Educate patients and designated support persons (DSPs)/visitors about how and when to use hand hygiene products.

**Continuous facial PPE (procedure/surgical mask or N95 respirator PLUS eye protection)**

- Healthcare workers (HCWs) are required to wear a surgical/procedure mask continuously if they are involved in direct patient contact or cannot maintain a physical distance (of two metres) from patients or co-workers.
- As per the Joint Statement:
  - In some areas, fit tested N95 respirators are to be used as the default for continuous 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-designated units.
  - There may be situations where a healthcare worker, based upon their Point-of-Care Risk Assessment (PCRA) 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 for continuous masking, 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.
- Continuous eye protection will continue to be required:
  - when providing care or services within two meters of a patient with confirmed or suspected COVID-19 or a patient experiencing symptoms consistent with a respiratory tract infection/respiratory illness;
  - on COVID-19 units; and
  - in settings experiencing COVID-19 outbreaks.
- Some sites/zones may use a site-wide approach to continuous eye protection.
- Eye protection remains part of PPE for all HCWs interacting with patients on Modified Respiratory Precautions.
- 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.
    - When fit tested N95 respirators are worn for continuous masking, they must be changed following continuous masking recommendations.
    - When using an N95 respirator for continuous masking, there is no need to don a new one prior to entering the AGMP room.
- Eye protection may be removed when leaving units (unless accompanying patients) and in non-clinical spaces such as breakrooms, cafeterias and office or administrative spaces. Masks/respirators are to be worn continuously except for eating and drinking in spaces 2m apart from patients, coworkers or DSPs/visitors. Refer to [Staff COVID-19 Tips: Eating and Drinking at Work, Personal Clothing, Cleaning Devices and Accessories](#).

### Continuous masking

- Follow [Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)](#) or [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#) for use of N95 respirator/procedure or surgical masks by all HCWs who work in patient care areas in AHS and community settings.

**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.
- Avoid eating or drinking while continuously wearing a mask/respirator. Use a new mask/respirator after breaks.
- Discard mask/respirator if it becomes wet/moist or soiled and replace with a new one.
- Replace mask/respirator after using the toilet or after assisting a patient to use the toilet.
- Masks/respirators are single-use; do not re-use or store in uniform/scrubs or clothing pockets.
- Use a single mask or respirator; do not double mask in any combination.

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

**PPE Considerations**

- Wear new PPE to enter patient room or bedspace.
- However, if wearing continuous facial protection, same facial protection can be worn into the patient’s room or bedspace.
- HCWs are to wear fit tested N95 respirator, eye/face protection, gown, gloves even if the patient on
**Modified Respiratory Precautions** is wearing a mask.
- A procedure/surgical mask may be used instead of an N95 respirator based on the [PCRA](#) performed by the HCW.
- 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 (laundry gowns, disinfect eye protection).
- Effective and appropriate use of PPE keep **HCW uniforms and clothing** clean. If HCWs 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 re-used 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 Modified Respiratory 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 HCWs 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).
    - 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 HCWs to leave the room.
- For DSP/visitors:
  - Episodic/non-continuous AGMP: ask DSP/visitor to leave the room.
  - Continuous AGMP: AHS Provincial Guidance for Designated Support Person Access for Suspected or Confirmed COVID-19 Patients on a Continuous AGMP
- Currently there is no recommended 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
  - 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.

Handling patient care items and equipment (including charts and electronics)

- Use disposable patient equipment when possible.
- Dedicate re-usable 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 Modified Respiratory Precautions and Stethoscope and eye-protection goggles cleaning visual procedure.
- 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
  - Tip Sheet for Acute Care Patients and Designated Family/Supports during COVID-19 Pandemic
- 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.

**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 Modified Respiratory Precautions.
- Follow Intra-Facility Patient Transport Checklist for Patients on Additional Precautions, Form# 21648 to determine PPE required during transport
- Use pre-determined transport routes to minimize exposure for HCWs, other patients and DSP/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.
- Inter-facility transfers of patients to Continuing Care are required to follow current [Chief Medical Officer of Health Orders](#).

**Environmental cleaning**

- Routine Practices, which include cleaning and disinfection of surfaces, is important to control the spread of COVID-19.
- Cleaning & disinfection are a shared responsibility of all HCWs. 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 “Enhanced Environmental Cleaning in Emergency Departments, UCC and Designated COVID-19 Units” - document available on Insite.
- Additional Precautions signs should not be removed until both patient’s daily personal hygiene and environmental cleaning have been completed.
- See also Key Points for Ready-to-use (RTU) Pre-moistened Disinfectant Wipes.
COVID-19 vaccination

- Regardless of patient, HCW, or DSP/visitor 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.]
  - Continue to monitor patients for new symptoms using Form #21616 COVID-19 Inpatient Symptom Identification and Monitoring.
- If patient develops post-vaccine symptoms that are the same as COVID-19 symptoms:
  - Core respiratory or GI symptoms
    - Place patient/resident on Modified Respiratory Precautions
    - Test for COVID-19
    - Use Form #21624 to discontinue Modified Respiratory Precautions
  - Expanded symptoms
    - Use routine practices
    - Test for COVID-19

Designated support persons (DSP) and Visitors

- Visitation guidance (including definitions) can be found here.
  - DSPs are individuals identified by acute care patients as needed support and involved in their health matters.
  - Visitors are anyone not identified as a DSP.
  - AHS has restrictions on visitors in acute care facilities.
- When considering visiting congregate living sites, Information for People Visiting Residents & Patients will minimize risk to the residents.
- Facilities will have a site entrance screener greet each DSP/visitor to conduct symptom and risk factor screening and verify if the DSP/visitor is authorized to attend.
- DSPs are to be assessed for symptoms and risk factors associated with respiratory communicable diseases using Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities. Secondary screening of DSPs may occur at the point of care/unit entrance.
- For ED/UCC and ambulatory care, the usual site entrance screening is adequate.
- If the DSP 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.
- 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 DSP/visitors:
  - Episodic/non-continuous AGMP: ask DSP/visitor to leave the room.
  - Continuous AGMP: AHS Provincial Guidance for Designated 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
- Modified Respiratory Precautions
- Modified Respiratory Precautions - Continuing Care
- Modified Respiratory Visual PPE Checklist
- Learning module on Modified Respiratory precautions for COVID-19