Interim IPC Recommendations
COVID-19

In addition to Routine Practices

### Recommendations

**Contact and Droplet Precautions**
For current case definitions of COVID-19
- [https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf](https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf)
- Refer to [Public Health Agency of Canada](https://www.canada.ca) for ongoing updates.

### Medical Officer of Health Notification
- MOH will be notified by APL of presumptive and confirmed positive results.
- Contact tracing and follow-up will be guided by AHS Zone Public Health.

### Accommodation
- As quickly as possible – place patient in a single room and implement **Contact and Droplet Precautions**
  - Single room with hard walls and door– contact Infection Prevention and Control if not available.
  - Follow [IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities](https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf) after admission.
  - For Aerosol Generating Medical Procedures (AGMP), see below.
- **Contact and Droplet Precautions sign** visible on entry to room or bedspace.

### Asymptomatic Patients
- (self-isolating prior to admission or residents admitted from congregate living sites with COVID-19 outbreak).

**For Emergency and Inpatients:**
- As quickly as possible – place patient in a single room and implement **Contact and Droplet Precautions** + **Routine Practices**
- All other recommendations apply

**Outpatient/Ambulatory Care Departments**

**Patients**
- Don new healthcare facility provided mask at entrance & wear throughout entire time in healthcare facility.
  - Change mask if it becomes moist.
  - Do not wear same mask that was worn from home to healthcare facility.
- Perform hand hygiene (at minimum)
  - Entrance to healthcare facility, clinic, and clinic room.
  - Exit clinic room, clinic, healthcare facility

**Healthcare providers**
- Use **Routine Practices**

### Hand Hygiene
- Perform **hand hygiene** using alcohol-based hand rub (ABHR) or soap and water as described in **Routine Practices**.
- Educate patients and visitors about how and when to use **hand hygiene** products.
Continuous Masking

- Follow Continuous Masking in Healthcare Settings for use of procedure masks by all healthcare workers (HCW) who work in patient care areas in AHS and community settings.
  - Do
    - open mask fully to cover from nose to below chin;
    - replace mask after using the toilet or assisting a patient to use the toilet;
    - discard mask if it becomes wet or soiled and replace with a new one.
  - Do not
    - eat or drink while wearing a mask – replace with new mask as required;
    - touch the mask front of your face under the mask – replace with new mask as required;
    - wear mask below nose, below chin, on forehead or to the side;
    - reuse masks;
    - store in uniform, scrub or clothing pockets.

Personal Protective Equipment (PPE): Gowns, Gloves and Facial Protection

- Wear new PPE to enter patient room or bedspace. Healthcare workers are to wear contact and droplet PPE even if the patient is wearing a mask.
- Do not wear PPE outside a patient room or bedspace unless transporting contaminated items.
- Remove soiled PPE as soon as possible.
- Gloves are single-use. Use only once, then dispose of immediately after use.
- 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: IPC Best Practice Guidelines or Proper Glove Use as part of Personal Protective Equipment.
- Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.
- New guidance released for continuous masking. Proper wearing of masks includes:
  - ensuring a snug fit over the nose and under the chin;
  - discard mask when it becomes wet/moist or soiled and replace with a new one.
- 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 staff uniforms and clothing clean. Staff may change before leaving healthcare facility, and take soiled clothing home in a bag. Soiled uniforms/clothing do not need any special handling in the laundry. Refer to Staff Tips: COVID-19 Personal Clothing and Cleaning Surfaces.

- Further information and resources on PPE can be found here.
Aerosol Generating Medical Procedures
- See the Respiratory (ILI) Algorithm for a list of AGMP.
- Place patient in a private room with hard walls and a door; ensure the door is closed.
- If available within the care unit, place patient in airborne isolation room (AIR); transport of patient to access AIR is not advisable.
- Ask visitors and non-essential staff to leave the room.
- Replace the surgical/procedure mask with a fit-tested N95 respirator during the AGMP.
- There is no settle time required after AGMP is complete.

N95 Respirators & Eye Protection use ONLY when Aerosol Generating Medical Procedures are performed. See the Respiratory (ILI) Algorithm for a list of AGMP.
- All staff and physicians require fit-testing for N95 respirator.
- Perform hand hygiene before putting on and immediately after taking off N95 respirator.
- Proper wearing of an N95 respirator includes:
  - putting on the respirator before entering the patient’s room;
  - moulding the metal bar over the nose;
  - ensuring an airtight seal on the face, over top of the nose and under the chin;
  - donning eye protection after N95 for AGMP;
  - leaving the room and changing the respirator when it becomes moist;
  - removing the respirator after leaving the patient’s room by touching elastic only;
  - not wearing 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 (launer gowns, disinfect eye protection).

Laboratory Testing
- Refer to lab bulletin for testing, specimen handling and notification for laboratory testing.
- Alberta Precision Laboratories will coordinate testing requests.
- Only one swab needs to be collected for both routine respiratory panel testing and COVID-19 investigation. Point-of-care COVID-19 and influenza testing may require separate swabs.

Handling Patient Care Items and Equipment
- Use disposable patient equipment when possible.
- Dedicate reusable equipment for a single patient use only, until discharge.
- If reusable equipment cannot be dedicated for a single patient use, clean and disinfect between patients.
- Do not share items that cannot be cleaned and disinfected.
- For shared computers, laptops and tablets, follow Cleaning and Disinfection of Computers and Electronic Devices Guidance Poster.
- Used meal trays and dishes do not require special handling. Disposable dishes and utensils are not required.
- Additional precaution rooms should contain a dedicated linen bag; double bag only if leaking.
- Special handling of linen or waste is not required; general waste from patients on additional precautions is not biomedical waste.
**Patient Ambulation Outside Room, Bedspace or Transfer**
- Patients should leave the room or bedspace for **essential purposes only**, exceptions require IPC consultation.
- Use predetermined transport routes to minimize exposure for staff, other patients and visitors.
- Before patients leave their room, educate or assist them to:
  - perform [hand hygiene](#);
  - put on clean clothing or hospital gown/housecoat;
  - ensure dressings and incontinence products contain drainage;
  - put on a procedure/surgical mask.
- for pediatric patients who do not tolerate a mask, cover them with a blanket or have them cuddle with care provider.

Notify the receiving area, before departure, of the need for [Contact and Droplet Precautions](#).

**Environmental Cleaning**
- Routine practices, which include cleaning and disinfection of surfaces, is important to control the spread of COVID-19.
- Cleaning & disinfection is a shared responsibility by both healthcare workers and Environmental Services. Consider assigning designated staff to complete enhanced environmental cleaning.
- The “Enhanced Environmental Cleaning during COVID-19” document is available on Insite.
- AHS provided disinfectant products are effective against COVID-19. High-touch surfaces, 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 curtains that are not necessary from patient areas.
- Inpatient areas for COVID-19 patients, apply discharge/transfer isolation cleaning protocol including changing curtains on discharge/transfer.
- In the ED, UCC and designated COVID-19 units apply “Enhanced Environmental Cleaning during COVID-19”- document available on Insite.
- Additional precaution signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed.

**Visitors**
- AHS has a strict “no visitor” policy. Further information can be found [here](#).

**ALL VISITORS TO CONGREGATE LIVING SITES**
- Please follow [Visitation in Congregate Living Sites](#) to minimize risk to the residents.

**Signs, Posters and Videos**
- List of all COVID-19 related [Posters](#)
- [Contact and Droplet Precautions](#)
- [Cover Your Cough Poster](#)
- [Contact and Droplet Visual Checklist](#)
- [Learning module](#) on Contact and Droplet precautions