

IPC Resources for Ambulatory Care Clinics (including Lab Collection sites) during COVID-19 Pandemic

Note: This document is intended to support AHS ambulatory clinics operations during the COVID-19 pandemic. Refer to the appropriate AHS websites for a comprehensive listing of all [Infection Prevention and Control \(IPC\)](#) or [COVID-19](#) specific resources. All AHS facilities must maintain compliance with all applicable [Public Health Orders](#) issued by the Government of Alberta. If you have any questions or comments, contact jpcsurvstdadmin@ahs.ca

1. Environmental and equipment cleaning

- 1.1 Remove all non-essential or non-cleanable items from clinic rooms. Whenever possible, remaining items are to meet IPC [furniture replacement](#) requirements.
- 1.2 Cleaning is a joint responsibility between Environmental Services and the clinic staff. Implement increased frequency of cleaning for all high-touch and shared surfaces identified in the clinical setting (relevant to the discipline) with AHS approved low-level disinfectants. This may include but is not limited to:
 - 1.2.1 door knobs
 - 1.2.2 light switches
 - 1.2.3 hand rails
 - 1.2.4 workstations
- 1.3 Ensure all patient care items are cleaned regularly in accordance with clinic standards. Always clean and disinfect non-critical equipment between patients with low level disinfectants or [ready-to-use disinfectant wipes](#) as directed by the manufacturer instructions for use (MIFU).

2. Physical environment

Waiting rooms

- 2.1 Develop site-specific processes to achieve physical separation of at least 2 metres (2m) between all patients in waiting rooms. Examples of actions to maintain 2m of physical distancing between patients include, but are not limited to:
 - minimizing the number of chairs;
 - alternating chairs that can be occupied;
 - creating overflow waiting areas;
 - establishing one-way traffic flow;
 - having a separate entrance/exit.
- 2.2 Patients do not need to maintain 2m of physical distance from their accompanying designated support person (DSP) provided they are from the same household or have already been in close contact with each other.
- 2.3 In order to meet operational needs, only after all strategies in 2.1 have been implemented:
 - May consider reduced spatial separation for **asymptomatic patients** who can perform hand hygiene, maintain physical distancing and continuously wear a medical mask. Maximize the distance between individuals if 2m cannot be maintained
 - **Symptomatic patients** or those who are unable to wear a mask effectively should be removed from shared waiting rooms and placed directly in a single patient exam room. Alternatively, maintain spatial separation of at least 2m.

Patient care spaces

- 2.1.1 [Patient care spaces](#) should be separated by a minimum of 2m which must be measured from outer edge of one bed or chair to the outer edge of another (not centre line to centre line).

- 2.1.2 If not possible to maintain 2m spatial separation, separate by physical barrier, preferably one that is easily cleanable, see [AHS Transparent Barrier Guidelines](#) on Insite.
- 2.1.3 Symptomatic patients on [Contact and Droplet Precautions](#) should:
 - Be deferred if possible;
 - Have appointments completed through another service delivery platform (phone or Zoom);
 - Be directly placed in a single patient room if unable to defer; or
 - Be scheduled at end of day.
- 2.4 Display appropriate signage at clinic entrance to encourage immediate hand hygiene and mask use.
- 2.5 Restrict public access to non-patient care areas including:
 - clean supply;
 - food preparation; and
 - HCW only areas.
- 2.6 Clean public bathrooms daily or when soiled as per [LES Cleaning Frequency Expectations](#).
- 2.7 Maintain differentiation between clean and dirty areas for supplies and equipment.

3. Hand hygiene

- 3.1 Ensure sufficient [hand hygiene](#) stations and supplies are available and accessible to healthcare workers (HCWs) and patients.
- 3.2 [Performing hand hygiene](#) with ABHR is the preferred method for hand hygiene; however, there are times when handwashing with soap and water is required or availability of ABHR is limited. Ensure friction and wet time for a minimum of 20 seconds when using soap and water.
- 3.3 Assist patients who are unable to perform hand hygiene independently.

4. Healthcare Worker (HCW) preparation

- 4.1 Consider completing annual IPC training and refresh [COVID-19 Personal Protective Equipment \(PPE\) Module](#) donning and doffing as required.
- 4.2 Post room capacity signage and physically distance furniture to maintain 2m separation in staff rooms, charting areas, locker rooms and eating areas.
- 4.3 Follow current AHS guidance as per [IPC and WHS Staff COVID-19 Tips: Eating and Drinking at work, Personal Clothing, Cleaning Devices and Accessories Info Sheet](#).

Daily operations

5. Screening

- 5.1 Healthcare Workers (HCWs)
 - 5.1.1 All HCWs will be required to comply with the [Daily Fit to Work Screening Protocol](#), including a COVID-19 symptom and exposure [questionnaire](#) for every shift (If YES: HCW must not report to work and follow directions “when screening indicates unfit for work” as per protocol).
- 5.2 Patients
 - 5.2.1 Patients are screened for COVID-19 symptoms and exposure risk factors. See the [COVID-19 Expanded Testing Algorithm For Ambulatory Care/OPD](#).
 - 5.2.2 Continue to screen patients **on arrival to the facility** using the [Daily Designated Family Support and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care](#) or the [Ambulatory Care Respiratory Communicable](#)

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[Disease Screening Form \(21666\)](#). Follow directions as provided in the form used.

5.2.3 Where applicable, continue to screen patients **on arrival to the clinic** using the [Ambulatory Care Respiratory Communicable Disease Screening Form \(21666\)](#). Follow directions as provided in the form.

5.2.4 Sites/clinics may choose to use a pre-screening process as well, but this is not required.

5.3 Designated Support Persons (DSPs)/Visitors

5.3.1 Continue to screen DSPs on arrival to the facility/clinic using the [Daily Designated Family Support and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care](#).

5.3.2 DSP/visitor restrictions and exceptions (including parent/guardians accompanying children) are outlined in the [COVID-19 Visitor Guidance](#).

5.4 All patients **and** their DSP are to have a [Point of Care Risk Assessment \(PCRA\)](#) completed as they may require additional precautions for non-COVID symptoms as per the [IPC Resource Manual](#) (i.e. manage the patient and DSP as a unit).

Patient status	Placement	HCW PPE
Asymptomatic + able to mask+no exposure risk factors	Proceed with appointment/procedure Place patient in a space with 2m* separation from other patients. Consider exceptions on a case-by-case basis.	Perform PCRA for PPE other than continuous masking.
Asymptomatic + unable to mask**	If travel and/or exposure risk factor present, defer appointment if possible. Otherwise, proceed with appointment/procedure. Options by order of preference: <ul style="list-style-type: none"> • Assign to single room on arrival • Separate by 2m* from other patients • Separate from other patients using a cleanable physical barrier 	Perform PCRA for PPE other than continuous masking.
Asymptomatic + travel and/or exposure risk factors		
Symptomatic with Core or GI symptoms	Consider deferring appointment/procedure If appointment cannot be deferred: <ul style="list-style-type: none"> • Directly place in single room on arrival if visit must occur. • Consider scheduling visit for end of day. 	Contact and Droplet within 2m of patient. N95 respirator required for AGMP.
Positive COVID-19 test within the last 14 days or pending; or Direction provided for patient to remain on quarantine or self-isolation		
Symptomatic with Expanded Symptoms only	Proceed with appointment/procedure Place patient in a space with 2m* separation from other patients. Consider exceptions on a case-by-case basis.	Perform PCRA for PPE other than continuous masking.

*The 2m space is considered to be measured from the outer edge of one chair or bed to the outer edge of another.

**For neonates/infants in car seat, consider putting a blanket over the car seat, and for young infants consider having DSP holding the infant with face turning inwards to minimize droplet spread in open areas.

Unless unable to, all patients are to continuously mask except when directed by HCW.

6. Continuous masking policy

6.1 Healthcare workers (HCWs)

- 6.1.1 AHS recommends continuous mask use for all HCWs in all patient care areas.
- 6.1.2 Educate and [post signage to encourage appropriate mask use by HCWs](#).
- 6.1.3 Masks should be immediately changed and safely disposed of when soiled or wet, whenever the HCW feels mask may have become contaminated, and after care for any symptomatic patients.

6.2 Patients and DSPs

- 6.2.1 All patients and DSPs should be directed to perform hand hygiene and don a new procedure mask at the entrance of the facility/clinic.
 - **Cloth or homemade masks are not permitted.**
 - Non-AHS medical grade procedure masks can be worn by patients and DSPs if correctly donned and in good condition.
 - Options for patients that cannot or will not don a mask are provided in [Managing Mask Exceptions at Care Facilities Memo](#).
 - Educate and [post signage to encourage appropriate mask use by patients and DSPs](#).
 - Masks should remain in place until a HCW requests removal.

7. Routine practices

- 7.1 [Routine Practices](#) should be used for all patient encounters.
- 7.2 [Point of Care Risk Assessment \(PCRA\)](#) guides the use of appropriate personal protective equipment (PPE) based on the blood or body or body fluid exposure risk (in addition to transmission-based precautions).
- 7.3 Encourage proper [PPE use](#).
 - 7.3.1 Hand hygiene must be performed immediately before accessing PPE supplies.
 - 7.3.2 Ensure that PPE is personal (fits you well) and protective (is worn properly).
 - 7.3.3 Utilize visual aids to encourage appropriate [isolation/additional precaution compliance](#), [donning](#) and [doffing](#) in designated clinic locations.
 - 7.3.4 Promote the use of PPE champions through the [Provincial PPE Safety Coach Program | Alberta Health Services Aerosol-Generating Medical Procedures \(AGMP\)](#)
 - 7.3.5 In addition to [Contact and Droplet precautions](#), a fit tested N95 respirator is required during [active AGMP](#) procedures occurring on patients who have COVID-19 symptoms and/or exposure risk factors, or are confirmed seasonal respiratory virus or COVID-19 positive.
 - 7.3.6 There is no settle time required after an AGMP is completed.



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