IPC Recommendations for Ambulatory Care Clinics (including Laboratory Collection sites)

Refer to the appropriate AHS websites for a comprehensive listing of all Infection Prevention and Control (IPC) resources. If you have any questions or comments, contact ipcsurvstdadmin@ahs.ca

These recommendations apply to AHS and AHS contracted ambulatory care and outpatient settings, including laboratory collection sites. The provided guidance should be used to reduce the risk of communicable disease exposures and transmission (including COVID-19) in patients/clients and staff.

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:

- doorknobs;
- light switches;
- handrails; and
- 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 Physical distancing is encouraged, but there is no minimum required distance. Strategies include:

- minimizing the number of chairs;
- alternating chairs that can be occupied;
- creating overflow waiting areas;
- establishing one-way traffic flow; and
- having a separate entrance/exit.

2.2 Patients do not need to maintain distance from their accompanying designated family/ support person (DFSP).

2.3 Ideally, symptomatic patients who are unable to wear a mask effectively for source control should be removed from shared waiting rooms and placed directly in a single patient exam room. Alternatively, maintain spatial separation of at least 2m.

2.4 Display appropriate signage at clinic entrance to encourage immediate hand hygiene.

2.5 Restrict public access to non-patient care areas including:

- clean supply;
- food preparation; and
- healthcare worker (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.

For more information contact
ipcsurvstdadmin@ahs.ca

Version	Date (YYYY-MM-DD)
Created	2020-05-25
Updated	2023-06-23
Revised	2023-10-12

Alberta Health Services
Infection Prevention & Control

3. Patient care spaces

- 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).
- 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.
- Symptomatic patients on Modified Respiratory 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.

4. Hand hygiene

4.1 Ensure sufficient hand hygiene stations and supplies are available and accessible to HCWs and patients.

4.2 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.

4.3 Assist patients who are unable to perform hand hygiene independently.

5. Healthcare worker (HCW) preparation

5.1 Consider completing annual IPC training and refresh:

- IPC Routine Practices including IPC Risk Assessment
- Personal Protective Equipment, including donning and doffing.

6. Screening

6.1 Healthcare Workers (HCWs)

- Self-monitor for symptoms. The daily Fit for Work Screen is no longer required.
- If respiratory symptoms develop or positive test for COVID-19 (or other respiratory viruses) then refer to:
  - Attending Work Directive
  - Changes to the Attending Work Directive Frequently Asked Questions (FAQ)
- Remain diligent with hand hygiene.

6.2 Patients [see also Appendix]

6.2.1 Patients are screened for communicable disease symptoms and exposure risk factors using Ambulatory Care Respiratory Communicable Disease Screening Form (21666) or Connect Care Travel & Exposure Screen. Follow directions as provided in the form or in Connect Care.

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

6.2.3 Designated Family/Support Persons (DFSPs)/Visitors

6.2.4 DFSP/visitor guidance is outlined on the Family/Visitors of Patient and Residents website.

6.3 Direct patients and DFSPs to perform hand hygiene at the entrance of the facility/clinic.

6.4 Patients and DFSPs may choose to mask if asymptomatic.

For more information contact
ipcsurvstdadmin@ahs.ca

Version	Date (YYYY-MM-DD)
Created	2020-05-25
Updated	2023-06-23
Revised	2023-10-12

Alberta Health Services
Infection Prevention & Control

6.5 All patients **and** their DFSP are to have an Infection Prevention and Control Risk Assessment (IPC RA) completed as they may require additional precautions for non-COVID symptoms as per the IPC Resource Manual (i.e. manage the patient and DFSP as a unit).

7. Routine practices and personal protective equipment

7.1 Use Routine Practices for all patient encounters.

7.2 Infection Prevention and Control Risk Assessment (IPC RA) guides the use of appropriate PPE based on the blood or body or body fluid exposure risk (in addition to transmission-based precautions).

- Eye protection should be worn if there is any risk of a blood or body fluid splash (including respiratory droplets) to the face or eyes whether client has symptoms or not.
- Consider using mask and eye protection when doing intake since there may be unanticipated exposures to communicable diseases in settings that are initial points of contacts for patients and/or the public (e.g. screening and intake areas).
- Masks/respirators and disposable eye protection should be immediately changed and safely disposed of as a unit when one or both becomes visibly contaminated or moist/wet, following an AGMP or when going on breaks or shift change. Reusable eye protection can be disinfected.

7.3 Encourage proper PPE use.

- Hand hygiene must be performed immediately before accessing PPE supplies.

7.4 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 with any respiratory illness outbreak are required to follow site-specific guidance, which may include continuous or enhanced 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.

7.5 Ensure that PPE is personal (fits you well) and protective (is worn properly).

- If worn, N95 respirators must be fit tested, and fit testing must be current (i.e. within the last 2 years).
- Utilize visual aids to encourage appropriate isolation/additional precaution compliance, donning and doffing in designated clinic locations.
- Promote the use of PPE champions through the Provincial PPE Safety Coach Program.

7.6 Aerosol-Generating Medical Procedures (AGMP)

- In addition to Modified Respiratory 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.
- There is no settle time required after an AGMP is completed.

For more information contact
ipcsurvstdadmin@ahs.ca

Version	Date (YYYY-MM-DD)
Created	2020-05-25
Updated	2023-06-23
Revised	2023-10-12

7.7 Masks/respirators and disposable eye protection should be immediately changed and safely disposed of as a unit when:

- one or both becomes visibly soiled or moist/wet;
- whenever the HCW feels mask may have become contaminated;
- following an AGMP;
- after care for any symptomatic patients; and
- when going on breaks or shift change.

7.8 Re-usable eye protection can be cleaned and disinfected.

For more information contact
ipcsurvstdadmin@ahs.ca

Version	Date (YYYY-MM-DD)
Created	2020-05-25
Updated	2023-06-23
Revised	2023-10-12

Appendix: Patient symptom assessment and related actions

<table>
<tr><th>Patient status</th><th>Placement</th><th>HCW PPE</th></tr>
<tr><td>Asymptomatic</td><td>Proceed with appointment/procedure
Place patient in a space with 2m* separation fom other patients. Consider exceptions on a case-by-case basis.</td><td>Perform IPC RA for PPE unless continuous or enhanced masking+/- eye protection is in effect.</td></tr>
<tr><td>Symptomatic with Respirator/Core or GI symptoms

Direction provided for patient to remain on quarantine or self-isolation</td><td>Consider deferring appointment/procedure
If appointment cannot be deferred:
Patient should be masked prior to placement in clinical space.
Place in single room as soon as possible if visit must occur.
Consider scheduling visit for end of day.</td><td>Modified Respiratory Precautions.
N95 respirator required for AGMP.</td></tr>
<tr><td colspan="3">*The 2m space is measured from the outer edge of one chair or bed to the outer edge of another.</td></tr>
</table>

For more information contact
ipcsurvstdadmin@ahs.ca
© 2023 Alberta Health Services, IPC

Version	Date (YYYY-MM-DD)
Created	2020-05-25
Updated	2023-06-23
Revised	2023-10-12

Alberta Health Services
Infection Prevention & Control