

IPC Resources for Resuming Ambulatory Care Clinics during COVID-19 Pandemic

This document is intended to assist managers in preparation for the resumption of 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.

Facility preparation

1. Environmental and equipment cleaning

- 1.1 Spaces that have been vacant should be cleaned by Environmental Services prior to re-opening.
- 1.2 Remove all non-essential or non-cleanable items from clinic rooms. Whenever possible, remaining items are to meet IPC [furniture replacement](#) requirements.
- 1.3 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:
 - door knobs;
 - light switches;
 - handrails;
 - workstations.
- 1.4 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

- 2.1 Attempt to maintain 2 meter physical distancing whenever possible. Site specific processes need to be developed to achieve adequate [spatial separation](#) within existing clinic footprints or address the needs of individual patient populations such as pediatrics.
- 2.2 Waiting room
 - Consider alternative scheduling models to decrease congregation in waiting room areas.
 - Consider use of one-way traffic flow and separate entrances/exits if feasible.
 - Use overflow waiting areas as necessary.
 - If waiting rooms are used, maintain 2 meter spatial separation from other patients if possible. If not possible due to clinic footprint or volume, maintain a minimum of 1 m spacing from chair edge to chair edge as long as patient is asymptomatic and compliant with mask wearing and hand hygiene.
 - Maximizing distance between patients (to 1-2 meters) can be achieved by:
 - removing/minimizing the number of chairs;
 - seating arrangements with alternate seats empty.
- 2.3 Patient care spaces
 - [Patient care spaces](#) should be separated by a minimum of 2 meters which must be measured from outer edge of one bed or chair to the outer edge of another (not centreline to centreline).
 - If not possible to maintain 2 meter spatial separation, separate by physical barrier, preferably one that is easily cleanable.
 - Symptomatic patients on [Contact and Droplet Precautions](#) should:
 - be deferred if possible;

- have appointments completed through another service delivery platform (phone or Zoom);
 - be placed in a single patient room if unable to defer; **or**
 - scheduled at end of day.
- 2.4 Display appropriate pandemic 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**
 - staff only areas.
- 2.6 Public bathrooms should be cleaned daily or when soiled as per [LES Cleaning Frequency Expectations](#)
- 2.7 Differentiation of clean and dirty areas for supplies and equipment is to be maintained.

3. Hand hygiene

- 3.1 Supply and availability of alcohol based hand rub (ABHR) will continue to be dynamic throughout the pandemic. Ensure sufficient [hand hygiene](#) stations and supplies are available and accessible to staff 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. Staff preparation

- 4.1 Consider completing annual IPC training and refresh [COVID-19 Personal Protective Equipment \(PPE\) Module](#) donning and doffing prior to returning to work.
- 4.2 Place room maximum signage and physically distance furniture to maintain 2 meter separation in staff rooms, locker rooms and eating areas.
- 4.3 Remind staff that no shared personal products, food or drink are permitted in staff areas.

Daily operations

5. Screening

- 5.1 Staff
- All staff 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: staff must not report to work and follow directions “when screening indicates unfit for work” as per protocol).
- 5.2 Patients and essential family care provider or support person
- Continue to [pre-screen](#) patients **as well as** the essential family provider or support person prior to ambulatory visit; consider phone screening when possible.
 - All patients **as well as** the essential family provider or support person should be [screened](#) for COVID-19 symptoms and exposure upon arrival to the facility/clinic.

Patient and essential family care provider or support person status	Placement	Staff PPE
Asymptomatic + able to wear mask+ no exposure risk factors	Place patient in a space with 1-2 m* separation from other patients.	Perform point-of-care risk assessment for PPE other than continuous masking.
Asymptomatic + unable to wear mask**	Options by order of preference: <ul style="list-style-type: none"> Assign to single room on arrival Separate by 2 meters* from other patients Separate from other patients using a cleanable physical barrier 	Perform point-of-care risk assessment for PPE other than continuous masking.
Asymptomatic + exposure risk factors		
Symptomatic	Consider delaying visit	
Symptomatic and unable to defer appointment	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.
<p>*The two meter space is considered to be measured from the outer edge of one chair or bed to the outer edge of another.</p> <p>**For neonates/infants in car seat, consider putting a blanket over the car seat, and for young infants consider having family care provider holding the infant with face turning inwards to minimize droplets spread in open areas.</p>		

- All patients **as well as** the essential family provider or support person 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](#).

5.3 Essential visitors

- Visitor restrictions and exceptions related to essential visitors (including parent/guardians accompanying children) are outlined in the [COVID-19 Visitor Guidance](#).

6. Continuous masking policy

6.1 Staff

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

6.2 Patients and essential visitors

- All patients and essential visitors should be directed to perform hand hygiene and don a new procedure mask at the entrance of the facility/clinic.
 - **Cloth or home-made masks are not permitted.**
 - An AHS provided mask should be provided to all individuals on entry to the facility, however medical grade procedure masks purchased in the community may be a suitable alternative, if correctly donned and in good condition.
 - Educate and [post signage to encourage appropriate mask use by patients and essential visitors](#).
 - Masks should remain in place until removal is requested by a staff member.
 - Those unable to tolerate a mask should be instructed not to arrive early for the appointment and be directed immediately into a clinic room or separate space upon arrival.

Neonates/infants/toddlers

- Consider having family care provider hold the infant with face turning inwards to minimize droplets spread in open areas, or if in a car seat, consider putting a blanket over the car seat.

7. Routine practices

- 7.1 [Routine Practices](#) should be used for all patient encounters.
- 7.2 [Point of Care Risk Assessment \(PCRA\)](#) affirms the use of appropriate personal protective equipment based on the blood or body fluid exposure risk (in addition to transmission based precautions).
- 7.3 Encourage proper [Personal Protective Equipment \(PPE\)](#) use.
 - Hand hygiene must be performed immediately before accessing PPE supplies.
 - Ensure that PPE is personal (fits you well) and protective (is worn properly).
 - Utilize visual aids to encourage appropriate [isolation/additional precaution compliance](#), [donning](#) and [doffing](#) in designated clinic locations.
 - Follow [PPE preservation](#) recommendations, if applicable.
 - Promote the use of PPE champions through the [Peer Safety Mentor Program](#)
- 7.4 [Aerosol-Generating Medical Procedures \(AGMP\)](#)
 - In addition to [Contact and Droplet precautions](#), N95 respirator is required during [active AGMP](#) procedures occurring on patients who meet screening COVID-19 criteria or are known influenza or COVID-19 positive.
 - There is no settle time required after an AGMP is completed.