

Date: UPDATED March 17, 2020

To: Publicly Funded Long-term Care, Designated Supportive Living, Hospice, Home Care and Day Program Providers

From: Alberta Health Services Emergency Coordination Centre

RE: COVID – 19 Response

PLEASE NOTE:

- Information in this document is current as of the date it was released. This is a rapidly evolving situation. Guidance on Visitor and Volunteer Screening (Appendix A) and Visitation in Congregate Living Sites (Appendix B) has been updated from the previous memo release, and is current as of March 17, 2020. The Respiratory Illness Algorithm (Appendix E) and COVID-19 Interim IPC Recommendations (Appendix F) have also been updated from the previous memo release, and are current as of March 17, 2020. For the latest information, please visit Continuing Care Connection at connection.albertahealthservices.ca or www.ahs.ca/covid. Registration for Continuing Care Connection has been simplified and made available to all interested parties.
- Guidance provided herein represents AHS's minimum recommended practices for publicly funded Long-term care, Designated Supportive Living, Hospice, Home Care and Day Program Providers.

Introduction

- Continuing Care (Long Term Care and Designated Supportive Living) settings pose challenges due to their unique environments and the individuals they serve. Particular challenges include the health status of these populations, residents living in close quarters, group dining and recreation and sometimes limited professional staff for monitoring health conditions.
- Particularly for older individuals and those with respiratory, cardiac or multiple chronic conditions, the risks of more severe symptoms and death from COVID-19 are greater. Special steps must be taken to prevent disease transmission when considering the movement of clients or residents, visitors and staff into and within the facilities.
- Home care has challenges in that individuals being served are typically also included within populations where the risk of more severe symptoms and death is higher. Special steps must also be taken in environments where home care is being provided by publicly funded Home Care providers.

Purpose of this document

- To build upon the communication sent by Alberta Health on March 11, 2020, to Long-term Care, supportive living, and home care providers, adding information pertinent to AHS contracted operators.
- Ensure publicly funded continuing care providers and publicly funded home care providers are aware of the work AHS has completed to date on COVID-19.
- Outline the work being completed by AHS in the next few days to support providers of care to continue preparations for COVID-19 in congregate living settings and home care.
- Provide links to available resources and proactive steps that can be taken by contracted providers of care to limit the transmission of COVID-19.
- Establish a communication pathway with contracted continuing care providers and contracted home care providers for the COVID-19 response.

Update on AHS Response

- AHS has an Emergency Coordination Centre (ECC) established, and continues to work collaboratively with Alberta Health and care providers across Alberta. The continuing care sector, including congregate living settings and home care, is represented in the Emergency Coordination Centre.
- A Continuing Care COVID-19 Working Group has been established under the auspices of the ECC to adapt existing and develop new resources that are required to support the response to COVID-19 in congregate living settings and home care environments. Dr. James Silvius, Provincial Medical Director Seniors Health and Amy Good, Executive Director Seniors, Palliative and Continuing Care, Calgary Zone are leading.
- AHS Zone Emergency Operations Centres have been established in all zones, with continuing care representation.
- Assessment Centres are now operational in Calgary, Central and Edmonton Zones to allow symptomatic individuals to receive testing at the direction of Health Link. These sites are not open to general public drop-in and are being used to help control the needs for testing, while ensuring the safety of the public and healthcare workers. Individuals gain access to assessment by calling Health Link in Alberta at 811. Further assessment centres will be opened in other zones as the needs dictate; the North and South Zones have been focused on community models at this time.

Work In Progress for Continuing Care and Home Care Settings

- Finalizing processes and guidance to enable on-site testing for clients/residents in Long Term Care, Designated Supportive Living and Home Care settings. All testing will be done outside of acute care hospitals unless absolutely necessary.
- Ensuring COVID-19 resources are publicly available on Continuing Care Connection in one consolidated location before the end of this week.
- Finalizing adjustments to the Continuing Care Pandemic Operational Guide for COVID-19 as required. These should be available within the next few days and will be posted on Continuing Care Connection.
- Confirmation of Contracted Operator Pandemic / Business Continuity Planning, beginning with facilities that have not yet shared their complete plan with AHS.
- Developing communications to assist contracted operators to encourage illness reporting within their Health Care Workers and close contacts.
- Developing resident and client communications to encourage reporting of the onset of an ILI specific to COVID-19 for themselves or close contacts. This will include information on the reasons for testing, what will happen if they test positive, and what they can do to protect informal caregivers who will provide support through their illness.
- Exploring approaches to provide contracted operators and family physicians with PPE where required.

Completed Work for Continuing Care and Home Care Settings:

- AHS Zone Operations representatives will continue contact Adult Day Program operators about the decision to suspend services as quickly as is feasible.
- Updated guidance to prevent disease transmission when considering the movement of clients or residents, visitors, volunteers, outside workers and staff into and within the facilities.
 - Visitor and Volunteer Screening Questionnaire (Appendix A)
 - Visitation in Congregate Living Sites (Appendix B)
 - Staff Accountabilities in Congregate Living Sites (Appendix C)
 - AHS staff will still require access to sites in order to provide care, and are taking the greatest of precautions to ensure the safety of our shared clients.

- The AHS Provincial Continuing Care Audit Team will be pausing routine audit activities. Understanding that there needs to be a balance between keeping clients or residents and employees safe with that of providing continued assurance related to safe, quality care, the Audit Team will shift focus to identifying and supporting sites that may be struggling in achieving compliance with IPC, Care Assessment and Follow up to Care.

Next Steps for Providers of Care in Congregate Living and Home Care Settings

- Review connection.albertahealthservices.ca or www.ahs.ca/covid for the latest updates on the AHS COVID-19 response.
- Ensure you are registered for Continuing Care Connection and review the COVID-19 materials available for your information and preparation. connection.albertahealthservices.ca
- For continuing care settings, post signs at facility entrances instructing visitors not to visit if they have symptoms of acute COVID-19 illness. The AHS developed sign may be found at connection.albertahealthservices.ca. This signage may be updated from time to time as the situation evolves; the current sign as of March 17, 2020, is included in Appendix D.
- Ensure staff and residents are familiar with the symptoms of acute COVID-19 illness.
- Review your Pandemic and Business Continuity Plans in preparation for follow-up by AHS staff.
- Review the Respiratory Illness ILI Algorithm (Appendix E)
- Review the COVID-19 Interim IPC Recommendations (Appendix F)
- Continuing care will be needed to assist should acute care capacity become an issue as COVID-19 progresses. Please begin to consider ways you may be able to assist by taking additional residents.

Communication

- Review www.alberta.ca/COVID19
- Review connection.albertahealthservices.ca or www.ahs.ca/covid
- Please submit any questions, suggestions or concerns to continuingcare@albertahealthservices.ca
- As we receive your questions, we will endeavor to provide a quick response and share relevant information with all partners.
- Future town hall options for information sharing with contracted operators are being developed.

Appendix A: Visitor and Volunteer Screening Questionnaire

**Visitor and Volunteer
Screening Questionnaire**

- **Residents of this site are at extreme risk if exposed to COVID-19.**
- Effective immediately, visitors to all congregate living sites are restricted to essential visitors only.
- Essential visitors are defined as those providing care necessary for the well-being of the resident and visitors attending to a resident who is dying.
- Essential visitors are restricted to one or two persons at a time and those visitors must be immediate family or designated support persons only.
- This will reduce the risk of loved ones being exposed to COVID-19.
- Visits from children are restricted, as children do not necessarily show symptoms of COVID-19.
- If you are ill with fever, cough, shortness of breath, fatigue or sore throat, please do not visit.
- No pets.

ESSENTIAL VISITORS - FILL OUT THIS QUESTIONNAIRE TO DECIDE IF YOU SHOULD ENTER TODAY

Risk Assessment: Initial Screening Questions:

1.	Do you have any of the below symptoms:	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath/breathing difficulties	YES	NO
	• Other symptoms such as fatigue or sore throat	YES	NO
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19?	YES	NO
5.	Have you had laboratory exposure while working with specimens known to contain COVID-19?	YES	NO

If you have answered “**Yes**” to any of the above questions, please **DO NOT** enter at this time.

If you have answered “**No**” to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.

Our goal is to minimize the risk of infection to our residents and staff, thank you for your understanding and cooperation.

Name _____

Signature _____

Date _____

Current as of March 17, 2020

Appendix B: Visitation in Congregate Living Sites

Visitation in Congregate Living Sites

We do recognize that visits from family and friends are an important part of the lives of our continuing care residents. At the same time, COVID-19 has been demonstrated to be a particular risk to older adults and those with heart or lung disease, or multiple chronic conditions. Not only does COVID-19 appear to lead to more severe illness, the death rate amongst these groups consistently ranges from 15-20% in various studies. Prevention of infection is the most important step we can take in protecting one of our most vulnerable populations, those living in congregate facilities. While fully appreciating the need to find the balance between visitor restriction and ensuring continued quality of life for residents, visitor restriction is one of the most important tools we have available to us. At this stage, the following guidance is in effect:

- **Residents of this site are at extreme risk if exposed to COVID-19.**
 - Effective immediately, visitors to all congregate living sites are restricted to essential visitors only.
 - Essential visitors are defined as those providing care necessary for the well-being of the resident and visitors attending to a resident who is dying.
 - Essential visitors are restricted to one or two persons at a time and those visitors must be immediate family or designated support persons only.
 - This will reduce the risk of loved ones being exposed to COVID-19.
 - Visits from children are restricted, as children do not necessarily show symptoms of COVID-19.
 - If you are ill with fever, cough, shortness of breath, fatigue or sore throat, please do not visit.
 - No pets.
1. Post signage at all entrances to your facility. Signage is available through connection.albertahealthservices.ca
 2. Screen visitors at arrival. This needs to identify anyone who:
 - a. Appears to be ill or reports fever, cough, shortness of breath, fatigue or sore throat;
 - b. Has travelled outside Canada in the last 14 days;
 - c. Is a close contact of someone with confirmed COVID-19; or
 - d. Is a close contact of someone who has recently developed fever, cough, shortness of breath, fatigue or sore throat?
 3. Identify to visitors that if any of the screening questions have a “yes” answer, they will not be allowed to visit.
 4. Alternate methods for communication, such as Facetime or Skype, need to be considered as part of an overall plan to support our residents.

Current as of March 17, 2020

Appendix C: Staff Accountabilities in Congregate Living Sites

Staff Accountabilities in Congregate Living Sites

COVID-19 has been demonstrated to be a particular risk to older adults and those with heart or lung disease, or multiple chronic conditions. Not only does COVID-19 appear to lead to more severe illness, the death rate amongst these groups consistently ranges from 15-20% in various studies.

Prevention of infection is perhaps the most important step we can take in protecting one of our most vulnerable populations, those living in congregate facilities. While staff are essential to provide good, safe, quality care, staff members may also be at risk for introducing COVID-19 into our congregate living sites.

To minimize this risk, the following guidance is in effect:

1. For any staff that returned from any out of country travel from February 27, 2020, up to and including March 12, 2020:
 - a. If not currently showing signs of illness including fever, cough, shortness of breath, fatigue or sore throat, the staff member may continue to work, but must monitor themselves for signs of illness for 14 days following their return to Alberta.
 - b. If signs of illness are present or develop, the staff member should immediately self-isolate and call Health Link.
2. For any staff returning from any out of country travel on or after March 13, 2020:
 - a. Stay off work and self-isolate for 14 days. The staff member should contact Health Link if signs of illness such as fever, cough, shortness of breath, fatigue or sore throat are present or develop.
 - b. If the staff member remains asymptomatic for the entire 14 day self-isolation period, they may return to work.
3. For any staff that have had close contact with a person with an acute respiratory illness who travelled outside of Canada in the 14 days before their illness onset:
 - a. If not currently showing signs of illness including fever, cough, shortness of breath, fatigue or sore throat, the staff member may continue to work, but must monitor themselves for signs of illness for 14 days following their return to Alberta.
 - b. If signs of illness develop, the staff member should immediately self-isolate and call Health Link.
4. For any staff that have returned to Alberta from travel to Italy, Iran or Hubei province, China since February 27, 2020:
 - a. Stay off work and self-isolate for 14 days. The staff member should contact Health Link if signs of illness such as fever, cough, shortness of breath, fatigue or sore throat are present or develop.
 - b. If the staff member remains asymptomatic for the entire 14 day self-isolation period, they may return to work.
5. For any staff member feeling unwell with signs of illness such as fever, cough, shortness of breath, fatigue or sore throat:
 - a. Do not attend work and report to their own Workplace Health and Safety
 - b. Immediately self-isolate and call Health Link.
6. Facility policies around payment for time away will apply on a site by site basis.

Current as of March 17, 2020

7. Health care workers attending at a site who are not staff of that site, including allied health personnel, palliative care consult personnel, and physicians, will be required to adhere to the same restrictions as staff at a congregate living facility.

In addition:

- To help protect against all respiratory illnesses, including the flu and COVID-19, you should: Wash your hands often and well. Refer to hand-washing guidance here: <https://www.albertahealthservices.ca/info/Page14955.aspx>
- Avoid touching your face, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick
- Clean and disinfect surfaces that are frequently touched
- Stay at home and away from others if you are feeling ill
- When sick, cover your cough and sneezes and then wash your hands. Refer to respiratory etiquette guidance here: <https://www.albertahealthservices.ca/info/Page14511.aspx>

Current as of March 17, 2020



Appendix D: COVID-19 Poster for Congregate Living Settings

COVID-19

Have you travelled outside Canada within the last 14 days?
Have you been in close contact with a confirmed or probable case of COVID-19?

Do you have a fever, or cough, runny nose, sore throat or shortness of breath?

If you answered yes to ANY of these, STOP.

Do not enter this site.



If you answered no to ALL of these:

You are free to enter...

Please wash your hands with soap and water or clean your hands with alcohol-based hand rub before and after your visit.

Note: If there are extenuating circumstances and you must gain access to this site, please call the Nurse at _____

Original date: MARCH-2020

For more information, visit: www.ahs.ca/covid

Current as of March 17, 2020



Infection Prevention
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Appendix E: Respiratory Illness ILI Algorithm

Respiratory Illness

Assessing the Need for Additional Precautions (Isolation)

Does the individual have symptoms of Influenza-like Illness (ILI)?

ADULTS
Sudden onset of NEW cough or change in existing cough
PLUS one or more of the following:

- Fever** (≥ 38°C on arrival or by history)
- Sore throat
- Joint pain
- Muscle aches
- Severe exhaustion/weakness

PEDIATRIC - Sudden onset of any of the following symptoms:
runny nose, cough, sneezing, +/- fever and under age 5
gastrointestinal symptoms may be present

****over age 65 or under age 5 fever may not be present****

YES

NO

Has patient traveled in the past 14 days to any countries where novel respiratory virus is circulating? (e.g., novel Coronavirus (COVID-19), MERS-CoV, avian influenza, etc.)
Note: <https://www.who.int/emergencies/diseases/en/>

Is tuberculosis suspected?

YES

NO

YES

NO

1. Put procedure mask on patient and place patient immediately in a separate space (2m or physical barrier)
2. **Notify IPC**

Put procedure mask on patient and place immediately in a separate space (2m or physical barrier)

Put procedure mask on patient. Notify IPC and refer to: IPC Diseases and Conditions Table and/or local TB Services

ROUTINE PRACTICES

1. Initiate **Contact & Droplet Precautions**
2. Patient placement:

- Single room with hard walls and door (Contact IPC if not available)
- For AGMP (see page 2):
 - Single room with 4 walls and door only
 - Ensure door is closed
 - Use N95 + eye protection
 - Only essential staff in room
 - If available, place patient in an Airborne Isolation Room

For COVID-19 specific information, go to:
[Please refer to COVID-19 Interim IPC Recommendation](#)

Initiate **Contact & Droplet Precautions**

- Place patient in walled or curtained bed space with ≥ 2m separation from other patients
- Use N95 + eye protection for AGMP (see page 2)

For further information refer to the Resource Manual on the Infection Prevention and Control Website: <http://www.albertahealthservices.ca/info/Page6854.aspx>

Aerosol-generating Medical Procedures (AGMP) for Respiratory Illness

General Information	<ul style="list-style-type: none"> • Prior to each patient interaction, the healthcare provider must assess the task, the patient, and the environment by performing a Point of Care Risk Assessment (PCRA). • AGMP require an N95 respirator if the patient has influenza-like illness (ILI) of unknown etiology; or confirmed infection with Influenza A or B, MERS-CoV, COVID-19, avian influenza, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.
Purpose	<p>To prevent potential healthcare provider exposure and transmission of infectious micro-organisms associated with aerosols produced by medical procedures.</p>
List of Aerosol-Generating Medical Procedures <ul style="list-style-type: none"> • intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning, extubation) • cardiopulmonary resuscitation (CPR) • bi-level Positive Airway Pressure (e.g. BiPAP, CPAP) • humidified high flow oxygen systems (e.g., AIRVO, Optiflow) • tracheostomy care • bronchoscopy • sputum induction • nebulized therapy/aerosolized medication administration • open respiratory/airway suctioning • high frequency oscillatory ventilation 	
<p>Note: The following procedures have not been shown to generate aerosols that increase transmission risk (includes but not limited to):</p> <ul style="list-style-type: none"> • Nasopharyngeal (NP) swabs • NP aspirates • Oral suctioning • Chest physiotherapy <p>Use the PCRA to determine appropriate PPE when performing these non-AGMP.</p>	
Precautions Needed In addition to Routine Practices	<div style="border: 1px solid orange; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Contact and Droplet Precautions</p> <p style="text-align: center;">+ N95 Respirator</p> <p style="text-align: center;">+ Eye protection</p> </div> <ul style="list-style-type: none"> ○ Single room with 4 walls and door only ○ Ensure door is closed ○ Only essential staff in room ○ If available, place patient in an Airborne Isolation Room
Duration of use of N95	<p>Until AGMP is complete.</p> <p>Note: Any other additional precautions that have been instituted (e.g., droplet, contact and droplet) are to be continued based on symptoms and/or diagnosis.</p>

Reference <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>



Appendix F: COVID-19 Interim IPC Recommendations

COVID-19 (Novel Coronavirus, 2019-nCoV) Interim IPC Recommendations

In addition to **Routine Practices**

	<p>Recommendations <u>Contact and Droplet Precautions</u> For current case definitions of COVID-19</p> <ul style="list-style-type: none"> • https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf • Refer to Public Health Agency of Canada for ongoing updates
	<p>Affected Areas</p> <ul style="list-style-type: none"> • Refer to World Health Organization for information on affected areas. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
	<p>Accommodation</p> <ul style="list-style-type: none"> • As quickly as possible – place patient in a single room and implement <u>Contact and Droplet Precautions</u> <ul style="list-style-type: none"> ○ Single room with hard walls and door– contact Infection Prevention and Control if not available ○ If Aerosol Generating Medical Procedures is required, ensure patient is in a room with hard walls and a door, ask visitors and non-essential staff to leave the room. See the Respiratory (ILI) Algorithm for a list of AGMP ○ Maintain a log of all persons who enter the room • <u>Contact and Droplet Precautions sign</u> visible on entry to room or bed space. • If <u>Aerosol Generating Medical Procedures</u> are performed additional PPE is also required.
	<p>Medical Officer of Health Notification</p> <ul style="list-style-type: none"> • MOH will be notified by APL of presumptive and confirmed positive results. • Contact tracing and follow-up will be done through MOH. • AHS Updates
	<p>Laboratory Testing</p> <ul style="list-style-type: none"> • MOH approval is no longer required prior to specimen collection or 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. Rapid influenza testing may require a separate swab.
	<p><u>Hand Hygiene</u></p> <ul style="list-style-type: none"> • Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>. • Educate patients and visitors about how and when to use hand hygiene products.

March 13, 2020

For more information, contact Infection Prevention and Control
infectionpreventioncontrol@ahs.ca
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Current as of March 17, 2020

	<p>Personal Protective Equipment (PPE): Gowns, Gloves and Facial Protection</p> <ul style="list-style-type: none"> • Wear new PPE to enter patient room or bed space. 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 bed space 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. • Proper wearing of masks includes: <ul style="list-style-type: none"> ○ ensuring a snug fit over the nose and under the chin; ○ changing mask when it becomes moist; • 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)
	<p>N95 Respirators & Eye Protection use ONLY when Aerosol Generating Medical Procedures are performed. See the Respiratory (ILI) Algorithm for a list of AGMP</p> <ul style="list-style-type: none"> • All staff and physicians require fit-testing for an N95 respirator. • Perform hand hygiene before putting on and immediately after taking off N95 respirator. • Proper wearing of a N95 respirator includes: <ul style="list-style-type: none"> ○ 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 (launder gowns, disinfect eye protection)
	<p>Handling Patient Care Items and Equipment</p> <ul style="list-style-type: none"> • Use disposable patient equipment when possible. • Dedicate re-useable equipment for a single patient use only, until discharge • If reusable equipment cannot be dedicated for a single patient use, clean and disinfect it between patients. • Additional Precaution rooms should contain a dedicated linen bag; double bag only if leaking. • Do not share items that cannot be cleaned and disinfected. • 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.

	<p>Patient Ambulation Outside Room, Bed Space or Transfer</p> <ul style="list-style-type: none"> • Patients should leave the room or bed space 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: <ul style="list-style-type: none"> ○ perform hand hygiene; ○ put on clean clothing or hospital gown/housecoat; ○ ensure dressings and incontinence products contain drainage; ○ put on a procedure/surgical mask. <ul style="list-style-type: none"> ▪ 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.
	<p>Environmental Cleaning</p> <ul style="list-style-type: none"> • Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently if directed by IPC using AHS approved products and procedures. • AHS approved products that have Health Canada broad spectrum virucidal claims are effective against COVID-19. • After discharge, transfer or discontinuation of contact and droplet precautions, clean room as per existing facility cleaning practices. • Replace privacy curtains. • Additional precaution signs should not be removed until both patient's personal hygiene and environmental cleaning have been completed.
	<p>Visitors</p> <ul style="list-style-type: none"> • Refer to visitor information for Visiting During Pandemic • Visitor Alert Poster Any acutely symptomatic individual should defer visit until symptoms resolve. • Encourage visitors to perform hand hygiene and instruct family or visitors to wear masks and eye protection. • Visiting Healthcare Facilities during Pandemic is available for more information. • Contact and Droplet Isolation Precautions Family/Visitor information is also available for visitors who must enter the room. • Visitors are to be noted on the log of all persons who enter the room. • Visitors should be advised to report any signs and symptoms of acute illness to Public Health/HealthLink.
	<p>Signs and Posters</p> <ul style="list-style-type: none"> • Contact and Droplet Precautions • Patient Symptom & Travel Risk Symptom Alert Poster <ul style="list-style-type: none"> ○ Available here • Cover Your Cough poster • Contact and Droplet visual checklist