FAQ Topics about Infection Prevention & Control (IPC) and Exposures

Navigation tips: Click the section heading to jump to that section. Desktop/laptop users can use “Ctrl +F” to search the document for keywords.

Topics of Current Interest
- CONTINUALLY UPDATED Continuous masking and eye protection

Infection Prevention & Control (IPC)
- CONTINUALLY UPDATED Donning and doffing personal protective equipment (PPE)
- Disinfecting disposable eye protection
- N95 respirator and COVID-19
- CONTINUALLY UPDATED Ordering PPE and other supplies
- Cleaning protocols
- CONTINUALLY UPDATED Isolation rooms
- Pregnant healthcare workers and IPC
- Working at multiple sites

Patient Masking in Community Healthcare Settings
- Patient masking guidance and refusal to wear face coverings
- Pediatric patients and adult face masks

Patient Masking in Non-healthcare Settings
- Doctor’s notes for mask exemptions

Isolation, Case Investigation and Close Contacts
- Current process for case investigation
- Current process for notification of close contacts
- CONTINUALLY UPDATED Close contact definition
- School COVID-19 notifications
- Physicians experiencing symptoms
Topics of Current Interest

1. **UPDATED** What is the latest guidance regarding continuous masking and eye protection for healthcare workers?

   The following guidance about masking and eye protection is considered best practice in Alberta. It is also followed by Alberta Health Services, Alberta Precision Laboratories and Covenant Health. All physicians, staff, and volunteers in both patient care areas and common spaces (including breakrooms and waiting rooms) are still required to wear a mask. Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincwide.

   Patients seeking or receiving care are more vulnerable than the general population. Masking is an additional safeguard (i.e. as source control) to protect both patients and healthcare workers. Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincwide.

   In addition to masking, all patients and accompanying individuals should perform hand hygiene, physical distancing and health screening upon entry to the clinic.

   For more information, see [AHS Directive: Use of Masks during COVID-19](#).

   Similar to AHS, continuous eye protection must be maintained in any setting where:
   - frequent or unanticipated exposures to COVID-19 may occur; or
   - it is an initial point of contact for patients and/or the public; or
   - there is greater risk of exposure or transmission.

   See:
   - [AHS Personal Protective Equipment (PPE) Frequently Asked Questions](#)
   - [IPC PPE Table for Community Providers/Clinics during COVID-19](#) (non-virtual appointments)
   - [COVID-19 Guidance for Community Providers](#)

   **Note:** See page 4 for guidance on patient masking in community healthcare settings

**Infection Prevention & Control (IPC)**

2. **UPDATED** Are there videos or posters to demonstrate proper donning and doffing of PPE?

   Yes, the following resources are available:
   - [Donning and doffing narrated slide show](#)
   - [Donning and doffing PPE video (nine minutes)](#)
   - [Donning poster 1](#)
   - [Donning poster 2](#)
   - [Doffing poster 1](#)
   - [Doffing poster 2](#)

3. **Are disposable face shields and goggles reusable?**

   Yes, healthcare workers may preserve the use of disposable face shields and eye goggles. Please see [IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection](#) for more information about disinfecting disposable eye protection.

4. **Do I need a N95 respirator when treating a patient with suspected or confirmed COVID-19?**

   Please see:
   - [IPC PPE Table for Community Providers/Clinics during COVID-19 (Non-virtual appointments)](#)
   - [COVID-19 Guidance for Community Providers](#)

   **CPR:** AHS has completed a thorough review of current practices across Canada, as well as scientific best practices, regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions. AHS has also sought the feedback of front-line providers.
This review has determined a N95 respirator is not required to initiate hands-only chest compressions.

Healthcare workers completing manual chest compressions should continue to wear recommended PPE in alignment with continuous masking guidance, continuous eye protection, the point-of-care risk assessment, and the addition of Modified Respiratory Precautions (replaces Contact and Droplet Precautions) for patients with known or possible COVID-19.

Specifically, healthcare workers responding to a cardio-respiratory arrest should:

- Call for help;
- Place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help; and,
- Initiate hands-only chest compressions until you are relieved by individuals who are wearing PPE, including fit-tested N95 respirators.

Only these relief individuals, wearing N95 respirators, should manage the airway and complete full cardiopulmonary resuscitation (CPR).

**Fit testing:** If you are interested in N95 fit testing for your staff, AHS recommends community physicians and their teams hire a private occupational health contractor to do the fit testing.

### 5. **UPDATED** How do community physicians order PPE and other supplies for COVID-19?

Please see [COVID-19 Guidance for Community Providers](https://albertahealthservices.ca) (albertahealthservices.ca)

At the direction of Alberta Health, AHS will distribute select personal protective equipment (PPE) to primary care physicians, pediatricians and their staff at no-cost until May 31, 2022.

To obtain no cost PPE, please see the following ordering process for family physicians, pediatricians and PCNs [COVID-19 No Cost PPE Distribution](https://albertahealthservices.ca).

AHS is just one option for community physicians to order PPE. They can source from any supplier of their choice.

Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local [CPSM Site Services Supervisor](https://insee.ca). (Insite link.)

### 6. **Is there a specific protocol we can use when cleaning exam rooms, equipment and garbage disposal?**

Clean and disinfect all clinic exam rooms between patients. See [Environmental Cleaning Guidelines during COVID-19 for Community Physicians and Teams](https://cpsa.ca).

Please see the following for more information:

- [IPC Principles for Environmental Cleaning and Disinfection](https://cpsa.ca)
- [COVID-19-Guidance-for-Community-Medical-Clinics.pdf](https://cpsa.ca)

### 7. **UPDATED** Should we continue to have an identified isolation room for COVID-19 patients?

The College of Physicians and Surgeons of Alberta [COVID-19 guidance for community medical clinics](https://cpsa.ca) suggests considering the use of a dedicated exam room for patients needing to be isolated. However, this is not a requirement.

Any exam room in the clinic should be capable of managing a patient on isolation. See [Modified Respiratory Precautions](https://cpsa.ca) (replaces Contact and Droplet Precautions) for more information.

Clean and disinfect all clinic exam rooms between patients. See [Environmental Cleaning Guidelines during COVID-19 for Community Physicians and Teams](https://cpsa.ca).

Curtained areas are sufficient if hard walls are not available to properly isolate patients who are symptomatic. Launder curtains at least every 6 months, or if visibly soiled.
8. **Are there special circumstances that pregnant healthcare workers should not provide care to patients with suspected or confirmed COVID-19?**

AHS has a [Position Statement on Pregnant Healthcare Workers and COVID-19](ahs.ca/covidPHC) to provide general guidance.

The physical changes that can occur in pregnancy (particularly those in the third trimester after 28 weeks gestational age) may make it more difficult for pregnant healthcare workers to adhere to the PPE precautions noted in the [IPC recommendations for COVID-19](ahs.ca/covidPHC). In circumstances where PPE cannot be adhered to, the pregnant healthcare worker should **not** provide care to patients with suspected or confirmed COVID-19 or any other patients where the wearing of PPE is required.

If you are an AHS healthcare worker, whether pregnant or not, and require a workplace accommodation due to a medical condition, please speak with your supervisor or appropriate Medical Staff leader regarding the workplace accommodation process.

9. **Are community physicians still allowed to work at multiple sites during the pandemic?**

Community physicians are not currently required to restrict their activities to a single site. No community physicians should be providing care to patients if they have any new symptoms that may be consistent with an infectious disease.

All community physicians working at multiple sites are asked to observe site specific measures during the COVID-19 response.

### Patient Masking in Community Healthcare Setting

10. **Is there guidance on patient masking in community care settings, including patients who refuse to wear face coverings?**

Effective March 1, 2022, indoor masking is no longer a provincial requirement. The Minister of Health has noted that patients visiting community healthcare settings (like a family doctor’s office, physiotherapy clinic or pharmacy) can continue to expect to be asked to wear a mask. See the [CPSA website for updated masking guidance](ahs.ca/covidPHC) and for masking posters. Note that PPE guidance for all AHS operated and contracted facilities, including continuing care sites, remains unchanged. Details: [AHS information on PPE for community providers](ahs.ca/covidPHC).

The CPSA also outlines advice in their [Challenging Situations During COVID-19](ahs.ca/covidPHC) guidance on which Albertans are exempt from wearing masks, and provides approaches for patients who express mask use concerns.

11. **Can pediatric patients wear adult face masks?**

Yes, when a pediatric mask isn’t available, you can follow the steps in [this video](ahs.ca/covidPHC) to adjust an adult size mask to fit a child’s face. A small variation can also help create a better fit for a small adult face.

### Patient Masking in Non-healthcare Setting

12. **Are primary care physicians expected to provide doctor’s notes to patients seeking a mask exemption?**

Alberta has entered Step 2 in easing measures for COVID-19. Indoor masking is no longer required, however some workplaces and employers may elect to require the use of masks. Alberta’s masking restrictions will continue to be required for staff, patients and visitors in all AHS settings. Any Albertan seeking a medical exemption from mask use due to a verified health condition must have an exemption letter from a physician, nurse practitioner or psychologist.

**Note:** See question 10 above for information on patient masking in community healthcare settings.

Please see the [original announcement and physician note templates](ahs.ca/covidPHC).

Please see [CPSA guidelines and resources for physicians on masking and exemptions](ahs.ca/covidPHC).

### Isolation, Case Investigation, and Close Contacts
13. **What is the current process for case investigation?**

Effective Dec. 31, 2021, AHS is calling people who test positive for COVID-19, in the following priority groups *only* to complete case investigation:

- Patients in hospital
- Residents and staff of congregate care settings (long term care, designated supportive living, lodges, hospices)
- Healthcare workers
- Residents and staff of congregate living settings (corrections, shelters)

14. **What happens when an individual tests positive for COVID-19 in the community?**

- People who test positive for COVID-19 receive their notification via text message or autodialer, if they have provided consent to be informed by automated messaging. Otherwise they are notified of their result by a phone call.
- People not in one of the priority groups listed above may get a notification call from AHS, as capacity allows.
- AHS is no longer releasing people from isolation via text message or automated notification.
- Primary care providers are not expected to lift isolation. However, some patients may need clinical guidance. Consult the [COVID-19 Primary Care Pathways](https://www.ahs.ca/covidphc).
- People who test positive for COVID-19 should follow the isolation instructions in the text or autodialer message they get from AHS.
- Please encourage your patients to visit [www.ahs.ca/isolation](http://www.ahs.ca/isolation) for general guidance.

15. **UPDATED What is a “close contact”?**

A close contact is someone exposed to a case while they were infectious and is defined as:

- An individual who had direct contact with infectious body fluids of a case i.e. was coughed or sneezed on while unprotected or who for example, shared cigarettes, glasses/bottles, eating utensils with a case OR
- A Health Care Worker who provided unprotected direct care for the case, OR
- An individual and/or family member or other care givers who provided direct care to the case or who had other similar direct physical contact (e.g., intimate partner, hug, kiss, handshake) with the case OR
- An individual who lived with or otherwise had unprotected prolonged contact with a case for 10 minutes or more over a 24-hour period (may be cumulative, i.e., multiple interactions) and within two metres OR
- An individual who had unprotected contact with a case within two meters for one minute or longer where the case engaged in activities generating increased aerosols such as speaking, singing, shouting or breathing heavily (e.g., exercise)


16. **What is the current process for notification of close contacts?**

- Cases are asked to *identify and inform* their household and close contacts of possible exposure.
- Close contacts do not need to quarantine. They should monitor for symptoms for 10 days and *get tested* if they develop symptoms.
- Public Health does not routinely conduct follow-up of close contacts because they are no longer legally required to quarantine. Close contact information is collected if the case is connected to a high-risk setting such as acute and continuing care facilities.

Community physicians can reach a Communicable Disease Control Unit Lead or an Assistant Head Nurse for clinical inquiries (including isolation/quarantine information for patients) via:

- **Email:** cdccovid@ahs.ca This email is to be used for any COVID-19 clinical questions and will be answered by a Unit Lead or an Assistant Head Nurse. This email is monitored from 8 a.m. to 9 p.m., seven days a week. General inquiries will not be responded to.
• **CDC COVID Contact Line:** [1-888-522-1919](tel:1-888-522-1919), this line will be answered by an Administrative Assistant who will direct your clinical question to a Unit Lead or an Assistant Head Nurse. The line is available seven days a week from 8 a.m. to 9 p.m. Wait times will vary dependent on call volume. General inquiries will not be responded to.

This process is subject to change.

17. **How are parents being notified of an in school COVID-19 exposure?**
Effective Dec. 31, 2021, AHS has paused investigation and outbreak management activities for children, schools and daycares. Students and school staff will continue to be notified of their PCR test result by SMS text or autodialer, and may receive a call from AHS Public Health to ensure they are aware of their isolation requirements, as capacity allows. AHS has paused full case investigations for non-high-risk cases. Public reporting of school cases is available at [COVID-19 school status](https://www.ahs.ca/covid-19-school-status).

18. **I'm a community physician and am experiencing symptoms of COVID-19. What should I do?**
As a healthcare worker, you will be tested for COVID-19 if you are experiencing symptoms. Please take the online assessment tool for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](https://www.ahs.ca/covid-19-screening).

- This will help you determine if you need to be tested for COVID-19 and how long you need to isolate if you are experiencing symptoms.