novel Coronavirus (COVID-19)
FAQs on Infection Prevention & Control (IPC) and Exposure – for Community Physicians

August 18, 2021

What's happening in Alberta?
Alberta continues to see cases of COVID-19. For current case count and additional information for travellers, schools, daycares, employers and all Albertans, visit www.alberta.ca/covid19.

Community physicians and their teams can email phc@ahs.ca with questions related to COVID-19.

Other COVID-19 FAQs for community physicians:
- COVID-19 Immunization
- COVID-19 Patient Care and Testing

Issued by the PCN Incident Response Task Force for COVID-19

FAQ Topics on Infection Prevention & Control (IPC) and Exposure
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UPDATED

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- Isolation requirements for close contacts
- PPE guidance for variants

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Close Contacts, Quarantine and Isolation
Topics of Current Interest

1. **What strains of COVID-19 are currently considered variants of concern in Alberta?**
   Please visit [here](https://ahs.ca/covid) for the most up-to-date information.

2. **Will my patient be notified if they have a variant?**
   - Variants of concern (VOC) now make up a significant proportion of COVID-19 cases in Alberta.
   - People who test positive for COVID-19 will receive notification of their test results. However, they will not be notified if further lab testing identifies a variant strain. Albertans should assume they have a variant strain of COVID-19.
   - Currently all positive samples are screened for VOCs.

3. **If a close contact has received a COVID-19 vaccine, what is the recommended quarantine?**
   - Close contacts are no longer legally required to quarantine, but actions are still recommended.
   - Individuals who are asymptomatic and **fully immunized** with two doses of the COVID-19 vaccine are no longer required to quarantine. If they do have symptoms, they must isolate for 10 days and should get tested – their isolation can end early if they test negative.
   - Individuals who are asymptomatic and **partially immunized** are recommended to quarantine for a shortened period if they are a close contact of a confirmed case. Partially immunized asymptomatic individuals are recommended to quarantine for 10 days. If they do develop symptoms at any time during quarantine, they must isolate for 10 days and should get tested.

These quarantine changes **do not** apply to international travellers returning to Canada. [Fully vaccinated travel exemptions](https://ahs.ca/covid) have been put in place as of July 5; otherwise, travellers must comply with the 14-day quarantine required by the [Federal Quarantine Act](https://www.canada.ca/en/services/travel/federal-quarantine-act.html).

Asymptomatic unvaccinated individuals who are close contacts are still recommended to quarantine for 14 days. Anyone who is not fully immunized should avoid high-risk locations such as visiting in continuing care and acute care facilities and crowded indoor spaces if they have been in contact with a case in the past 14 days. Workers should also check with employers about possible work restrictions. Unimmunized individuals who know they have been exposed to COVID-19 should monitor for symptoms and seek testing if they become symptomatic.

For more information, please refer to [alberta.ca/isolation](https://www.alberta.ca/isolation) and [ahs.ca/quarantineaftervaccine](https://www.ahs.ca/covid).

4. **What are the quarantine recommendations for close contacts?**
   Quarantine for close contacts has shifted from mandatory to recommended. Individuals who know they have been exposed to COVID-19 should monitor for symptoms and isolate and seek testing if they become symptomatic, regardless of immunization status. Anyone who is not fully immunized should avoid high-risk locations such as acute and continuing care facilities and crowded indoor spaces if they have been in contact with a case in the past 14 days. Also see question #3.

**Household close contacts of any COVID-19 case (VOC or non-VOC):**
For the 14 days following close contact with a confirmed COVID-19 case, individuals should:
- Monitor for symptoms. If they develop symptoms, they should isolate and get tested immediately.
- Avoid contact with vulnerable persons, and non-essential visits to hospitals or continuing care facilities.
- Avoid crowded indoor spaces.
- Check with their employer regarding any work restrictions.
5. **Is PPE guidance different when treating confirmed or suspected variant of concern cases?**

There is no difference in PPE guidance for variant strains. Providers should continue to use the same [Point of Care Risk Assessment](#) used for the original COVID-19 strain.

### Infection Prevention & Control (IPC)

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

AHS updated its continuous eye protection guidance for fully vaccinated healthcare workers.

Healthcare workers who are fully vaccinated and have reached two weeks following their second dose can now choose not to wear eye protection continuously. Please note that continuous eye protection will continue to be maintained for all workers in COVID-19 units and in settings experiencing COVID-19 outbreaks, patients on contact and droplet precautions or when within two meters of a patient with COVID-19, suspected COVID-19 or who is experiencing symptoms consistent with a respiratory tract infection. More information can be found [here](#).

As well as wearing a [mask and eye protection continuously](#), staff are reminded to continue using the following practices for every patient, every time:

1. Every patient interaction begins with a [Point of Care Risk Assessment](#) (PCRA). In turn, this directs appropriate measures to protect both healthcare workers and patients.
2. Having patients with respiratory symptoms wear a procedure mask is a source control strategy with strong evidence of reduction in viral shedding.
3. **Contact and Droplet Precautions** in addition to **Routine Practices** should be used for:
   a. All patients with Respiratory Symptoms or ILI
   b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact the accuracy of the PCRA
   c. Individuals who have been directed to isolate
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for [Aerosol-Generating Medical Procedures (AGMPs)](#).

This guidance is considered best practice for AHS healthcare workers. Please consult with your professional college for PPE guidance. The CPSA has developed a [Guidance document for community medical clinics: Stage 3 Reopening](#).

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

   - Donning and doffing narrated slide show
   - Donning and doffing PPE video (nine minutes)
   - Donning poster
   - Doffing poster

8. **What tool should we be using in our clinic to screen patients for COVID-19 and determine if they need testing?**

This [Community Physician COVID-19 Screening and Testing Algorithm](#) is designed specifically for use in a community care setting.

9. **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 on disinfecting disposable eye protection.

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

When treating any patient including those with suspected or confirmed COVID-19, healthcare workers are reminded to follow contact and droplet precautions — which includes hand hygiene, procedure mask, eye protection, gown and gloves — unless performing an [aerosol-generating medical procedure](#), when additional precautions are required including a N95. Visit [ahs.ca/covidPPE](#) for more information on using PPE appropriately.
**CPR**: AHS has completed a thorough review of current practices in place 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 an N95 respirator is not required to initiate hands-only chest compressions.

Healthcare workers completing manual chest compressions are directed to continue to wear recommended PPE in alignment with [continuous masking guidance](https://www.ahs.ca/covidPHC/continuous-masking-guidance), [continuous eye protection](https://www.ahs.ca/covidPHC/continuous-eye-protection), the [point-of-care risk assessment](https://www.ahs.ca/covidPHC/point-of-care-risk-assessment), with the addition of [contact and droplet precautions](https://www.ahs.ca/covidPHC/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.

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

Community physicians have the option to procure PPE and some cleaning supplies from AHS during the COVID-19 pandemic. As we move into a different phase of the pandemic response, AHS has moved to a cost-recovery model for distribution of PPE to community physicians not located in AHS-operated spaces.

To obtain PPE, PCN members will order through their PCN. Community physicians who are not members of PCNs will order directly through AHS. More information here:

- Ordering process for [PCNs and PCN member physicians](https://www.ahs.ca/covidPHC/pcns-and-pcn-member-physicians)
- Ordering process for other [community physicians who are not members of PCNs](https://www.ahs.ca/covidPHC/community-physicians-who-are-not-members-of-pcns) (non-PCN primary care physicians and community specialists)
- Current [AHS PPE price list](https://www.ahs.ca/covidPHC/ahs-ppe-price-list)

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://www.ahs.ca/covidPHC/cpsm-site-services-supervisor).

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

- Use any disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Alternatively, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.
- Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently.
- High touch surfaces and areas where COVID-19 presumptive or positive patients are being cared for should be cleaned at least three times per day.
- Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use by another patient.
- Consider assigning designated staff to complete enhanced environmental cleaning.
• All cleaning activities should go from clean to dirty and from high to low areas.
• Cleaning cloths and/or ready-to-use wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time.
• Please see the Environmental Cleaning during COVID-19 in Community Clinics guide for more information.


13. Should we continue to have an identified isolation room?
Yes, during the COVID-19 pandemic isolation rooms should be used in the community setting for patients presenting with influenza-like illness (ILI). Please see Contact and Droplet Precautions for Isolation Rooms during COVID-19 for Community Physicians and Teams for more information.

Curtained areas are sufficient if hard walls are not available to properly isolate patients who are symptomatic.

14. Is there a limit to how many staff and patients we can have in the clinic at a time?
Preventing the risk of transmission amongst staff, volunteers and patients remains important. The College of Physicians and Surgeons of Alberta’s Stage 3 Reopening Guidance provides information for community medical clinics and other resources.

15. 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, 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. 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.

16. 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 specific measures during the COVID-19 response.

Patient Masking in Community Healthcare Setting

17. Is there guidance on patient masking in community care settings, including patients who refuse to wear face coverings?
Yes, CPSA has updated guidance for physicians on mask use by patients in the clinic. The guidance outlines which Albertans are exempt from wearing masks and provides approaches for patients who express mask use concerns. The CPSA also outlines advice in their Challenging Situations During COVID-19 guidance.

18. Can pediatric patients wear adult face masks?
Yes, when a pediatric mask isn’t available, you can follow the steps in this video 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

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

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. Masks are a critical public health measure and only certain health conditions exempt from wearing a mask indoors or in public settings. More information and the physician note template can be found here.

20. How do I provide guidance about a child’s ability to wear a mask in school or public places?

Parents may be concerned about their child’s ability to wear a mask in non-healthcare settings, including school and indoor public places, based on the child’s pre-existing medical conditions. Based on your assessment of the child’s abilities, you may assist the parent in deciding whether the medical condition makes them unable to wear a mask.

For more information, review this AHS COVID-19 Scientific Advisory Group report on Evidence of Harm from Mask Use for Specific Populations.

Close Contacts, Quarantine and Isolation

21. What is a “close contact”? A close contact is anyone who, during the infectious period of the case:

- lived with or was within two metres of a person who has COVID-19 for 15 minutes or more of cumulative contact, i.e. multiple interactions for a total of 15 minutes or more, even if a mask was worn during that contact, or
- had direct contact with infectious bodily fluids of a person who has COVID-19 (e.g., shared items such as drinks, personal hygiene items, cigarettes, vapes, lipstick, eating utensils, etc.) or was coughed or sneezed on, or
- provided direct care for a person who has COVID-19, or
- had physical contact with a person who has COVID-19, such as handshake, hugging, kissing, or sexual activity

Anyone who falls into any of the above categories is considered a close contact of a confirmed case of COVID-19. Wearing a mask is not sufficient to exempt you from being considered a close contact. A healthcare worker in an occupational setting wearing the recommended PPE and practicing frequent hand hygiene is not considered to be a close contact.

View Information for Close Contacts of a COVID-19 Case.

22. UPDATED What is the current process for case investigation and notification of close contacts?

- Patients 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.
- A Public Health case investigator will contact positive individuals by phone to carry out an interview. During the interview isolation orders are given to the positive individual. The individual is instructed to contact 811 or their healthcare provider if they have questions or concerns regarding symptoms. Cases are also asked to inform their close contacts of possible exposure.
- Public Health does not conduct follow-up of close contacts because they are no longer legally required to quarantine.
- Primary care providers are not expected to lift isolation. However, some patients may need clinical guidance. Consult the COVID-19 Primary Care Pathways.
• Patients receive from Public Health case investigators a toll-free number to call with isolation questions. They can also call Health Link at 811 for general questions.
• Please encourage your patients to visit ahs.ca/isolationinformation for general guidance.
• Positive individuals will receive a text from AHS when they are released from isolation.

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., 7 days a week. General inquiries will not be responded to.
• **CDC COVID Contact Line:** 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 7 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.

**23. How will contact tracing for PCNs and community clinics be handled by AHS when it comes to identification and notification of close contacts?**

Refer to case investigation and contact tracing guidance outlined above. Guidance will be updated when available.

**24. UPDATED** 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.
  o 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.
• Review the Return to Work Guide for Healthcare Workers and the Return to Work Decision Chart for Healthcare Workers to help you understand when it is time to return to work.