

# novel Coronavirus (COVID-19)

## FAQs on Infection Prevention & Control (IPC) and Exposure – for Community Physicians

March 22, 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](http://www.alberta.ca/covid19).

Community physicians and their teams can email [phc@ahs.ca](mailto: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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## Topics of Current Interest

### 1. What are the guidelines about variants and close contact isolation and testing requirements?

Variant COVID-19:

- You are legally required to **quarantine for 14 days** from the time you were last exposed and monitor for symptoms if you are a close contact of a person who tested positive for variant COVID-19.
- You should get tested if you are a close contact of a confirmed case of variant COVID-19.
  - [Book a first test](#) as soon as you receive confirmation that you are a close contact of someone who tested positive for a variant.
  - Book a second test 10 days or later after your last exposure to the confirmed case.
- Even if the case can isolate at home in a separate room with access to a separate bathroom, this is not sufficient to prevent transmission to other members of the household. Every day the case is isolating at home is considered a new exposure to the household contacts.
  - Household contacts of variant cases must quarantine during the case's isolation period (10 days) plus an additional 14 days after the case's isolation period ends.
- Call 211 if you need to access isolation hotels.

More information can be found [here](#).

## Infection Prevention & Control (IPC)

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

AHS recently updated its continuous masking guidance to also include the continuous use of eye protection, such as face shields or eye goggles. The PCN Incident Response Task Force has updated its [masking and eye protection guidance for community physicians](#) to align with this change.

- Eye protection should now be used continuously for all healthcare workers involved in patient care, which includes all interactions within two metres of a patient **and** staff.
- This guidance applies to all clinic and PCN staff who interact with patients **and** staff.
- Face shields continue to be the preferred option for eye protection.
- Continuous eye protection will supplement current PPE recommendation of [continuous masking](#).
- Eye protection includes face shields, mask/face shield combinations, goggles or safety glasses (personal prescription or facility supplied).

This [PPE FAQ](#) addresses some questions regarding the continuous use of eyewear.

If you or your staff are unaccustomed to wearing PPE, consider doing this [online module](#).

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](#) (e.g., travellers and contacts of probable or confirmed cases of COVID-19)
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for [Aerosol-Generating Medical Procedures \(AGMPs\)](#).

### 3. 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](#)

### 4. 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.

### 5. 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.

### 6. 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](#), [continuous eye protection](#), the [point-of-care risk assessment](#), with the addition of [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.

### 7. 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](#)
- Ordering process for other [community physicians who are not members of PCNs](#) (non-PCN primary care physicians and community specialists)
- Current [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](#).

#### **8. Is there a specific protocol we should 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.

More infection prevention and cleaning tips available on the [Infection Prevention & Control: Emerging Issues page](#).

#### **9. 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.

#### **10. 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 [Reopening Practice document](#) provides examples of how to prevent the risk of transmission — including restricting the number of staff, volunteers and clients/patients in the setting at any one time; maintaining a two-meter separation between individuals; and spacing out appointments. Review [Appendix A of the reopening document](#) for more examples.

Provide [virtual care as per CPSA guidance](#) during the COVID-19 pandemic.

#### **11. Are there special circumstances that pregnant healthcare workers should not provide care to patients with suspected or confirmed COVID-19?**

AHS has updated their [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.

## 12. 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

### 13. **UPDATED** 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.

### 14. 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

### 15. **UPDATED** Are primary care physicians expected to provide doctor's notes to patients seeking a mask exemption?

The CPSA has provided the following guidance to the public in their [Patient FAQs for COVID-19: Medical Care](#). This issue is also addressed in their [Challenging Situations During COVID-19](#) guidance.

- Doctors are not expected to write notes exempting people from wearing masks unless the patient falls into one of the identified categories at risk for wearing a mask — children under two years of age, people who are unable to remove masks without assistance or those with trouble breathing.
- You will likely know those patients who fall into these very specific circumstances where an individual patient meets the narrow criteria for the mask exclusion, and there will not be many of those individuals. If, in your clinical judgement, you determine it is medically necessary for the patient to be exempt from wearing a mask, you may provide them with an exemption letter.

### 16. 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**

### **17. What is a “close contact” and what are the isolation requirements?**

**Close contacts** are defined as individuals:

- Who provided care for an infected individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent appropriate use of PPE  
**OR**
- Had direct contact with infectious bodily fluids of a person (e.g., was coughed or sneezed on) while not wearing recommended appropriate PPE.  
**OR**
- Lived with or otherwise had close prolonged contact (i.e., for more than 15 minutes cumulatively and within two metres) with a case without consistent and appropriate use of PPE up to 48 hours prior to symptom onset or while the case was symptomatic and not isolated.

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 isolation requirements for close contacts [here](#).

### **18. What is the current process for contact tracing and notification of close contacts?**

- Patients who test positive for COVID-19 receive their notification via text message.
- Positive individuals are instructed to go to [ahs.ca/positiveresult](#) to start identifying close contacts.
- Positive individuals are asked to complete the [COVID-19 Close Contacts Identification Guide](#) and to enter their close contacts into the [COVID-19 Contact Tracing Tool](#) in advance of a call they receive from a case investigator.
- Primary care providers are not expected to lift isolation or provide specific isolation guidance to patients. Please encourage your patients to visit [ahs.ca/isolationinformation](#) for this guidance.
- Positive individuals will receive a text from AHS when they are released from isolation.

This process is subject to change.

### **19. Under what circumstances do children need to stay home from school, isolate or be tested for COVID-19?**

The [COVID-19 Daily Symptom Checklist](#) are found here. Parents should follow the isolation and testing directions provided on the checklist.

Additional resources for parents about what to do if their child feels unwell and/or has been notified by AHS they are a close contact of a confirmed case of COVID-19 can be found at [ahs.ca/parentcovidguide](#).

### **20. What is considered a close contact for sports?**

For sports that involve close, sustained or intermittent and repeated contact, all members of the teams playing each other are considered close contacts when there is a case on a team.

Check the current [sports and recreation guidance](#) for details on what is allowed. If no play is permitted, the group of players on a team would not automatically be considered close contacts.

### **21. What is considered a close contact in a school?**

When there is a case of COVID-19 in a school, a close contact is anyone who:

- has been within two metres of that person for more than 15 minutes (cumulative) while they are infectious
- shared food or drink or had contact such as hugging or kissing

In addition, generally, all individuals who share a classroom with the case are considered close contacts.

AHS Public Health will work with schools to contact students/parents/guardians about students who have been in close contact with a positive individual (e.g., grade-level cohorts or other class groups), and to determine which school staff members are close contacts.

## 22. What is considered a close contact on a bus?

Anyone seated within three rows on a bus (either in front of, behind or beside the case) could be considered a close contact. If students move around the bus or don't stay in their seat, then all individuals on the bus would be considered close contacts.

## 23. Do parents of children who are close contacts of confirmed COVID-19 cases need to isolate or quarantine?

The requirements for quarantine of parents and other household contacts depend on the status of the child who is a close contact (please note, there are different recommendations for variants. Please see this [question on variants and isolation](#) for more information).

### If the close contact is asymptomatic:

In this case, the contacts of the close contact do not need to quarantine.

### If the close contact develops one or more List A symptoms [fever (over 38 degrees Celsius), new onset/exacerbation of: cough, shortness of breath/difficulty breathing, loss of sense of smell or taste]:

- That child's close contacts including parents and other students in the household must stay home and not attend a public place.
  - If the symptomatic close contact child tests negative for COVID-19, the child's close contacts do not have to isolate further as long as they are asymptomatic. The symptomatic child who is a close contact must continue to isolate for 14 days from last exposure to the case and can return to school after that, when feeling better.
  - If the symptomatic child who is a close contact does not get tested and has the above List A symptoms, they are considered a "probable case" and would need to isolate for 10 days from onset of symptoms. The close contacts of that probable case would also need to isolate for 14 days from when they were last exposed to them.

### If the close contact develops List B symptoms (new onset of chills, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint ache, feeling unwell/fatigue/severe exhaustion, nausea/vomiting/diarrhea, or conjunctivitis):

- That child's close contacts including parents and other students in the household do not have to quarantine as long as they are asymptomatic. The child who is a close contact must continue to isolate for 14 days from last exposure to the case.

Please direct parents to [ahs.ca/parentcovidguide](https://ahs.ca/parentcovidguide) to find specific information about what to do if your child feels unwell and/or has been notified by AHS they are as a close contact of a confirmed case of COVID-19. The infographics on this page are an excellent resource to print for reference in your clinic as well.

## 24. Are isolation guidelines for close contacts different for parents who are healthcare workers, such as physicians?

For healthcare workers who are [close contacts of confirmed cases](#), the isolation requirements are the same as close contacts who are non-healthcare workers.

Please use [this tool for healthcare workers](#) to determine if you should return to work.

## 25. How will school outbreaks be managed?

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AHS Public Health will initiate an investigation when there are two or more cases in a school. The following terminology will be used in describing school cases:

- Alert (1 case)
- Alert (2-4 cases)
- Outbreak (5-9 cases)
- Outbreak (10+ cases)

As directed by AHS, the school will send out a letter to the whole school community (parents/guardians, students and staff) when there is a single case in their child's school, and when the school has more than one case.

Typically, an investigation is declared over after 28 days with no new cases, but Medical Officers of Health will work with individual schools to declare an end.

For further information regarding school outbreak please see this [Government of Alberta's resource guide](#).

#### **26. Does continuous eyewear change exposure criteria for healthcare workers who may be exposed to asymptomatic or pre-symptomatic patients?**

Yes, healthcare workers who wore a mask and eye protection, but were not wearing gloves or a gown, at the time of their interaction with a patient or staff member who subsequently tests positive for COVID-19 (regardless of patient symptoms), will typically not be considered close contacts and, therefore, will not be required to quarantine.

[Contact and droplet precautions](#) (gloves, gown, mask and eye protection) are appropriate PPE for providing care to those with COVID-19, suspect COVID-19 or Influenza-Like Illness (ILI). The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections.

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

If a confirmed case of COVID-19 (either a staff member or a patient) attends your clinic while infectious, AHS will inform you as an employer and request that you notify workplace contacts and patients who meet the definition of "[close contact](#)."

It is the role of the clinic, as the employer, to notify staff but AHS case investigators will play a role in speaking to healthcare workers when required.

For example, if a COVID-19 positive individual has been at a clinic, a phone call is made to the medical clinic by an AHS case investigator. The case investigator usually asks to speak with the office manager or a physician in charge to discuss the situation and complete the assessment.

If the manager or physician states that all staff were wearing appropriate PPE and there were no PPE breaches, then each healthcare worker will not be spoken to individually. If the office manager/physician is unsure if all staff were wearing appropriate PPE, then the AHS case investigator will speak with each staff member that had contact with the COVID-19 positive individual to determine if they meet the definition of a close contact.

#### **28. I'm a community physician and am experiencing symptoms of COVID-19. Who do I contact with questions?**

- If you've recently travelled or been exposed to COVID-19 (e.g., close contact to a patient who has tested positive with COVID-19 and been without appropriate [personal protective equipment](#) (PPE) during the interaction), then you are [legally required](#) to isolate for a full 14 days.
- 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](#).
  - This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to [isolate](#) if you may have been exposed or are experiencing symptoms.
- Health Link has set up two phone lines for community physicians to call with concerns about themselves.

- It is critical these phone numbers be used by community physicians only and not members of the general public or physician family members. During this time of increased pressure on the health system, we are using these numbers to help ensure community physicians get the advice they need quickly.
  - South of Red Deer: 587-284-5302
  - Red Deer and North: 780-910-0385

**29. I have been isolating and have questions about returning to work. Where can I go for information?**

The COVID-19 [Return to Work Guide for Community Physicians and Teams](#) provides guidance on when to return to work following isolation, a COVID-19 test or symptoms. The guide is for primary care providers and specialists within the community setting as well as their teams.

A Health Link physician advice line is also available:

- South of Red Deer: 587-284-5302
- Red Deer and North: 780-910-0385

AHS physicians and staff should refer to the [AHS Return to Work Guide](#).