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

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Topics of Current Interest

1. **What are the isolation requirements for resolved cases who become new close contacts?**

   If a resolved case has a new exposure (close contact) within 90 days of testing positive for non-VOC or VOC, no quarantine is required if they are asymptomatic. This does not mean that re-infection would not occur within 90 days, only that risks of potential transmission from an asymptomatic resolved case are likely outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

2. **What strains of COVID-19 are currently considered variants of concern in Alberta?**

   Please visit [here](#) for the most up-to-date information.

3. **UPDATED 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; more information is in this [APL Bulletin](#).
   - **Isolation and quarantine requirements** are the same for all VOC and non-VOC cases.

4. **UPDATED If a close contact has received a COVID-19 vaccine, do they still need to quarantine?**

   - Individuals who are asymptomatic and **fully immunized** with two doses of the COVID-19 vaccine are no longer required to quarantine for 14 days if they are a close contact of a COVID-19 case. 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** will have a shortened quarantine period if they are a close contact of a confirmed case. Partially immunized asymptomatic individuals are required to quarantine for 10 days with the option to get tested on Day 7 after their last exposure to the case. Their quarantine can end early if they test negative on day 7 or later from last exposure. If they test negative before day 7, they must remain in quarantine unless they get a second negative test on day 7 or later to end quarantine. If **they do develop symptoms at any time during quarantine**, they must isolate for 10 days and should get tested – their isolation can end early if they test negative.

These quarantine changes do not apply to international travellers returning to Canada. Fully vaccinated travel exemptions have been put in place as of July 5; otherwise, travellers must comply with the 14-day quarantine required by the [Federal Quarantine Act](#).

These quarantine changes do not apply to asymptomatic unvaccinated individuals who are still required to legally quarantine for 14 days.

In addition, a Medical Officer of Health and the Infection Prevention and Control team responsible for a public health investigation may direct a close contact to follow a 14-day quarantine period regardless of their immunization status.

For more information, please refer to [alberta.ca/isolation](#) and [ahs.ca/quarantineaftervaccine](#). You may also refer to the [IPC and Exposure FAQ for Community Physicians](#) for more information.
5. **UPDATED** What are the current quarantine requirements for close contacts?
For all COVID-19 cases (VOC and non VOC), all close contacts must quarantine for 14 days from last day of exposure. Please see [immunized close contact question](#) for more detail about the most current exception to quarantine.

**Household close contacts of any COVID-19 case (VOC or non-VOC):**
Quarantine period for household contacts who are not fully vaccinated is determined as follows:
- 14 days from day of last exposure if the infected person isolates with a separate bedroom and bathroom, or if the infected person isolates at a separate location, such as a hotel or different home
  - If the infected person does not isolate with a separate bedroom and bathroom, the quarantine may be up to 24 days.
  - If the infected person is not completely separate from others in the household, quarantine would be the number of days the infected person was isolating (10 days from start of symptoms or from their test date if they had no symptoms) PLUS the 14 days from the last exposure to them.

More information available at [ahs.ca/infoforclosecontacts](#)

6. **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)**

7. **UPDATED** 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](#) (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)](#).

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](#).

8. **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)](#)
9. 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.

10. 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.

11. 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.

12. 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.

13. 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.


14. 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.

15. UPDATED 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.

16. 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.

17. 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

18. 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.

19. 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

20. 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.

21. 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

22. What is a “close contact”?
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 quarantine requirements for close contacts [here](#). Please see [immunized close contact question](#) for more detail about the most current exception to quarantine.

### 23. 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 or autodialer, if they have provided consent to be informed by automated messaging.
- Patients will be notified by AHS if they are confirmed to be positive.
- Positive individuals are instructed to go to [ahs.ca/positiveresult](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. These close contacts will be verified by the case investigator during the interview with the case. Verified close contacts will be notified of close contact status.
- A Public Health case investigator will contact positive individuals by phone to carry out an interview. During the interview close contacts are identified and 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.
- Primary care providers are not expected to lift isolation. However, they may need to provide guidance if their patient has passed their 10 day isolation and they still have symptoms. Consult the [COVID-19 Primary Care Pathways](#) for clinical guidance.
- 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](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](mailto: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](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 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.

### 24. 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.

25. UPDATED I'm a community physician and am experiencing symptoms of COVID-19. Who do I contact with questions?
   - 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 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. Please note the following phone numbers will be retired as of August 15, 2021.
       - South of Red Deer: 587-284-5302
       - Red Deer and North: 780-910-0385

26. UPDATED 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. Please note the following phone numbers will be retired as of August 15, 2021.

   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.