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

January 31, 2022

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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Topics of Current Interest

1. UPDATED 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.

2. UPDATED What are the quarantine recommendations for close contacts?
Anyone who has returned from travel outside of Canada must follow federal isolation and quarantine requirements.

Close contacts of someone who has tested positive for COVID-19 are no longer legally required to quarantine. It is recommended that close contacts take some actions to have less contact with others to prevent possible spread. This includes people who are:

Household contacts
During the time the household contact is exposed to the confirmed COVID-19 case and for 14 days after their last close contact with them:
- Watch for symptoms. If they develop symptoms, isolate and get tested right away using an at-home rapid test, if they have access to one.
- Follow provincial public health restrictions and any local municipal restrictions.
- Take extra precautions such as physical distancing, wearing a mask and washing or sanitizing hands often.
- If the household contact is not fully immunized, it is strongly recommended they stay home for 14 days. Do not leave home to go to work, school, social events, or any other public gatherings.

If the household contact is not able to completely isolate away from the person with COVID-19, they'll continue to be exposed for their entire isolation period. They are at risk of getting COVID-19 during their isolation period and for 14 days after their last day of isolation. They should follow the above recommendations for the entire time.

Are not household contacts
For 14 days following their last close contact with a confirmed COVID-19 case:
- Watch for symptoms. If they develop symptoms, isolate and get tested right away using an at-home rapid test, if they have access to one.
- Follow provincial public health restrictions and any local municipal restrictions.
- Take extra precautions such as physical distancing, wearing a mask, and washing or sanitizing hands often.
- If they close contact is not fully immunized, they are also recommended to:
  - avoid public places such as restaurants, sports and recreation activities, social events, or other public gatherings (they can go to school or daycare as long as they do not have symptoms)
  - avoid contact with vulnerable people such as seniors, people with weak immune systems, and those with chronic health conditions
  - avoid non-essential visits to hospitals or continuing care facilities
  - check with their employer about any work restrictions

Learn more about Alberta’s provincial isolation and quarantine requirements and information for close contacts.

Infection Prevention & Control (IPC)

3. UPDATED What is the latest guidance regarding continuous masking and eye protection for healthcare workers?
Due to the rapid spread of the Omicron variant within Alberta in the past several weeks, AHS is re-implementing mandatory continuous eye protection for all AHS staff and physicians who work within two metres of patients, and/or coworkers, regardless of immunization status. This includes ALL patient AND coworker interactions that occur within two metres. Eye protection may be removed for healthcare workers when in areas where no patient care occurs, such as individual office or work spaces, break rooms or other break areas where there is no patient or coworker interactions that occur within two metres. More information can be found here.

As well as wearing eye protection and a mask 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. Modified Respiratory Precautions (replaces the 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.

Other documents of interest are:
- COVID-19 Guidance for Community Providers
- IPC PPE Table for Community Providers/Clinics (Non-virtual appointments) during COVID-19
- Community Physician COVID-19 Screening and Testing Algorithm

4. UPDATED 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

5. UPDATED 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.

6. 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.

7. UPDATED Do I need an N95 respirator when treating a patient with suspected or confirmed COVID-19?
   Please see COVID-19 Guidance for Community Providers.

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 Modified Respiratory Precautions (replaces the 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.

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

   Please see COVID-19 Guidance for Community Providers (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 from January 4th until February 28th, 2022 to enhance safety during the spread of the Omicron variant.

   To obtain no cost PPE, please see the following ordering process for family physicians, pediatricians and PCNs COVID-19 No Cost PPE Distribution

   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. (Insite link.)

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

   Please see the Environmental Cleaning during COVID-19 in Community Clinics guide for more information.


10. **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 Modified Respiratory Precautions (replaces the Contact and Droplet Precautions) for more information.

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

11. **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.

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. 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. 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.

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.

Case Investigation, Close Contacts, Quarantine and Isolation

17. UPDATED 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 over a 24 hour period, 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. People are considered close contacts even if they wore a mask during the contact. Consistent and appropriate use of personal protective equipment (PPE) by regulated health care professionals must be assessed to determine if that person had enough protection from a potential COVID-19 exposure. This is determined by a professional who specializes in infection prevention and control.

18. UPDATED What is the current process for case investigation?
• 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.
• Effective Dec. 31, 2021, AHS is calling people who test positive for COVID-19, in the following priority groups only to complete case investigation:
  o Patients in hospital
  o Residents and staff of congregate care settings (long term care, designated supportive living, lodges, hospices)
  o Healthcare workers
  o Residents and staff of congregate living settings (corrections, shelters)
• 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.
• 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 for general guidance.
• Before calling Health Link at 811, people can use the online COVID-19 Assessment & Testing Tool to re-assess their symptoms if they change or get worse, and determine if they need to seek care or talk to someone about their symptoms.
• Most people can manage mild COVID-19 symptoms safely at home and recover without special treatment. Please encourage your patients to visit the AHS COVID-19 Self-Care Guide for more information.

19. 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 14 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:** cdcovid@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, 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.

**20. 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.
  - 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.