

# Interim IPC Recommendations during Covid-19

In addition to [Routine Practices](#)



## Assessment and screening

### Acute Care

- Follow AHS Directive [Communicable Disease \(Respiratory Including COVID-19 and ILI\) Screening, Assessment, and Monitoring In Acute Care](#) and [Implementation Strategy: Patient Screening and Symptom Assessment & Monitoring Recommendations for COVID-19](#).
- The acute care testing and additional precautions strategy is summarized in [AHS Acute Care COVID-19 Expanded Testing Algorithm](#).
- All patients (Admitted Inpatients, Emergency Department [ED], Outpatient Department [OPD], Surgery, Obstetrics, Inter-Facility Transfers, Direct Admissions) except neonates are to be assessed initially for symptoms and risk factors associated with respiratory communicable disease using Form# 21615 [Communicable Disease \(Respiratory\) Initial Screening](#).
- The [AHS Acute Care COVID-19 Expanded Testing Frequently Asked Questions](#) is available as a guide to the algorithm.
- Ongoing assessment of admitted patients is to be completed using Form# 21616 [COVID-19 Symptom Identification and Monitoring](#).

### Continuing Care

- COVID-19 Continuing Care Health Assessment Screening Tool is available on Continuing Care Connections for Continuing Care residents.
- Patients transferred to Continuing Care are to be assessed using [Client Admission Screening Tool](#).

### Primary Care






- Patients in Primary Care are to be assessed using the [Community Physician COVID-19 Screening and Testing Algorithm](#).

### Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19 in Acute Care

- For all patients on Contact and Droplet Precautions for COVID-19, use Form 21624 [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19](#).

### Reinfection and Repeat Positive COVID-19 Test Results

- There is emerging evidence to suggest repeat positive COVID-19 tests after a confirmed patient's symptoms have resolved represent ongoing shedding of non-viable virus that do not pose a transmission risk. If patient is presenting with positive test after resolution of symptoms, consult with IPC regarding requirements for ongoing additional precautions.
- Repeat COVID-19 testing is not generally recommended for resolved (cleared) patients within 90 days of the initial positive test result. However, if new symptoms develop within 90 days, testing for other pathogens should be considered based on clinical and risk factor assessment. Repeat COVID-19 testing may be indicated if there is a high risk of re-infection; refer to [Alberta Health Novel Coronavirus \(COVID-19\) Public Health Disease Management Guideline](#) or contact IPC for more information.
- More information available [COVID-19 Scientific Advisory Group Rapid Evidence Report](#) and [Public Health Ontario COVID-19: Ongoing Viral Detection and Repeat Positives](#) and [CDC Duration of Isolation and Precautions for Adults with COVID-19](#).

	<p><b>Medical Officer of Health (MOH) notification</b></p> <ul style="list-style-type: none"> <li>MOH will be notified by Alberta Precision Lab (APL) of presumptive and confirmed positive results. Contact tracing and follow-up will be guided by AHS Zone Public Health. In acute care facilities, this is in collaboration with IPC.</li> <li><a href="#">AHS Updates</a></li> </ul>
	<p><b>Laboratory testing</b></p> <ul style="list-style-type: none"> <li>Procedure/surgical mask with eye/face protection and gloves are to be worn when collecting a nasopharyngeal (NP) or throat swab for COVID-19 testing in an <b>asymptomatic</b> patient.</li> <li>Procedure/surgical mask with eye/face protection, gown, and gloves are to be worn when collecting an NP or throat swab for COVID-19 testing in a <b>symptomatic</b> patient (i.e., symptomatic patients should be on Contact and Droplet Precautions).</li> <li>Refer to <a href="#">lab bulletins</a> for specimen handling, testing and notification for updates. APL will coordinate testing requests.</li> </ul>
	<p><b>Accommodation</b></p> <ul style="list-style-type: none"> <li>When determined by <a href="#">AHS Acute Care COVID-19 Expanded Testing Algorithm</a> or other assessment form, place patient in a single room and implement <b>Contact and Droplet Precautions</b>.             <ul style="list-style-type: none"> <li>Single room with hard walls and door - if cohorting is necessary, follow <a href="#">IPC Cohorting Recommendations for COVID-19 in Acute Care</a>. Contact IPC if single or cohorted space is <b>not</b> available.</li> <li>Follow <a href="#">IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities</a> after admission, if cohorting is required.</li> <li>For <b>Aerosol Generating Medical Procedures (AGMP)</b>, see below.</li> </ul> </li> <li><b>Contact and Droplet Precautions sign</b> visible on entry to room or bedspace.</li> </ul>
	<p><b>Asymptomatic patients with risk factors (self-isolating prior to admission /appointment)</b></p> <p><b>Emergency and Inpatient Areas</b> (includes residents admitted from congregate living sites with COVID-19 outbreak).</p> <ul style="list-style-type: none"> <li>As quickly as possible – place patient in a single room and implement <b>Contact and Droplet Precautions</b> + <a href="#">Routine Practices</a>.</li> <li>All other recommendations apply.</li> </ul> <p><b>Outpatient / Ambulatory Care Departments</b></p> <ul style="list-style-type: none"> <li>Follow <a href="#">IPC Resources for Resuming Ambulatory Care Clinics during COVID-19 Pandemic</a>;</li> <li>Use Form# 21615 for screening <a href="#">Communicable Disease (Respiratory) Initial Screening form</a>.</li> </ul>
	<p><b>Hand hygiene</b></p> <ul style="list-style-type: none"> <li>Perform <a href="#">hand hygiene</a> using alcohol-based hand rub (ABHR) or soap and water as described in <a href="#">Routine Practices</a>.</li> <li>Updates on ABHR products, substitutions and supply management are available <a href="#">here</a>.</li> <li>Educate patients and visitors about how and when to use <a href="#">hand hygiene</a> products.</li> </ul>



### Continuous facial protection (medical mask + eye protection)

- Facial protection is required in all clinical area, both mask and eye protection (face shield, goggles, mask and visor, personal safety glasses) are to be worn.
  - Don facial protection using clean hands putting mask on first.
  - **Eye protection is to be changed or disinfected every time mask is changed.**
  - Change/discard facial protection if it becomes contaminated, wet or soiled, as directed by additional precaution signs or unit/area specific PPE recommendations.
    - For reusable eye protection, clean and disinfect every time mask is changed, replaced or removed.
    - Review [IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection](#) for how to clean and disinfect reusable eye protection.
  - For AGMP, remove procedure/surgical mask and eye protection, perform hand hygiene then don N95 respirator and new or clean eye protection
    - N95 respirators and eye protection must be removed when leaving the room as N95 are not to be worn as part of continuous masking.
  - Eye protection may be removed when leaving units (unless accompanying patients) and in non-clinical spaces such as breakrooms, cafeterias and office or administrative spaces. Masks are to be worn continuously except for eating and drinking in spaces 2m apart from patients, coworkers or visitors.



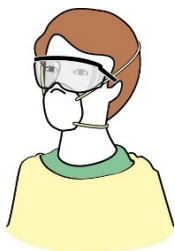
### Continuous masking

- Follow [Continuous Masking in Healthcare Settings](#) or [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#) for use of procedure masks by all healthcare workers (HCW) who work in patient care areas in AHS and community settings.
  - **Do:**
    - fully open mask to cover from nose to below chin;
    - replace mask after using the toilet or assisting a patient to use the toilet;
    - discard mask if it becomes wet or soiled and replace with a new one.
  - **Do not:**
    - eat or drink while wearing a mask – replace with a new one if required;
    - touch the mask or the front of your face under the mask – replace with a new one if required;
    - wear mask below nose, below chin, on forehead or to the side;
    - re-use masks;
    - store in uniform, scrub or clothing pockets.



### Personal protective equipment (PPE): Gowns, gloves and facial protection

- Wear new PPE to enter patient room or bedspace. If continuous masking, same mask can be worn into the patient's room or bedspace. Healthcare workers are to wear Contact and Droplet PPE (procedure/surgical mask, eye/face protection, gown, gloves) even if the patient is wearing a mask.
- Do not wear PPE outside a patient room or bedspace unless transporting contaminated items.
- Remove soiled PPE as soon as possible.
- Gloves are single-use. Use only once, then dispose of immediately after use.
- Change gloves between care activities for the same patient (e.g., when moving from a contaminated body site to a clean body site). Sterile gloves are for sterile procedures.
- For more detailed information on glove use see [Glove Use and Selection: IPC Best Practice Guidelines](#) or [Proper Glove Use as part of Personal Protective Equipment](#).
- Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.
- [Proper wearing of masks](#) includes:
  - ensuring a snug fit over the nose and under the chin;
  - discard mask when it becomes wet/moist or soiled and replace with a new one;
  - see previous section for more detailed information.
- Refer to the [AHS Donning and Doffing PPE posters](#) for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).
- Effective and appropriate use of PPE keep **staff uniforms and clothing** clean. If staff change clothing before leaving healthcare facility take soiled clothing home in a bag. Soiled uniforms/clothing do not need any special handling in the laundry. Refer to [Staff Tips: COVID-19 Personal Clothing and Cleaning Surfaces](#).
- Further information and resources on PPE can be found [here](#) and [PPE Agreement – Joint Statement](#).



### Aerosol Generating Medical Procedures (AGMP)

- If [Aerosol Generating Medical Procedures](#) are performed, replace the surgical/procedure mask with a fit-tested N95 respirator.
- Place patient in a private room with hard walls and a door if not already done; close the door to reduce traffic in the room.
- If available within the care unit, place patient in airborne isolation room (AIR); transport of patient to access AIR is not advised.
- Ask visitors and non-essential staff to leave the room.

**N95 respirators and eye protection are used when AGMPs are performed or when working with any intubated patients.** See the list of [AGMP](#).

- All staff and physicians require fit-testing for an N95 respirator.
- Perform [hand hygiene](#) before putting on and immediately after taking off N95 respirator.
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- Perform [hand hygiene](#) before putting on and immediately after taking off N95 respirator.
- Proper wearing of an N95 respirator includes:
  - Putting on the respirator before entering the patient's room
  - Moulding the metal bar over the nose;
  - Ensuring an airtight seal on the face, over top of the nose and under the chin;
  - Donning eye protection after N95 for AGMP;
  - leaving the room and changing the respirator when it becomes moist;
  - removing the respirator after leaving the patient's room by touching elastically;
  - not wearing respirator around the neck.

Refer to the [AHS Donning and Doffing PPE posters](#) for details on careful removal and disposal of N95 respirators. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).



### Handling patient care items and equipment (including charts and electronics)

- Use disposable patient equipment when possible.
- Dedicate re-usable equipment for a single patient use only until discharge.
- If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients. [Handling, Cleaning & Disinfecting Mobile DI Devices](#) and [Stethoscope Use for Patients on Contact & Droplet Precautions](#) and [Stethoscope and eye-protection goggles cleaning visual procedure](#)
- All rooms should contain a dedicated linen bag; double bag only if leaking.
- Do not share items that cannot be cleaned and disinfected.
- For shared computers, laptops and tablets, follow [Recommendations for Using Mobile & Electronic Devices for Contact & Droplet Precautions Including COVID-19](#).
- Used meal trays and dishes do not require special handling. Disposable dishes and utensils are not required.
- Special handling of linen or waste is not required; general waste from patients on additional precautions is not biomedical waste.
  - [Tip Sheet for Continuing Care Residents Families and Visitors during COVID-19 Pandemic](#)
  - [Tip Sheet for Acute Care Patients and Designated Family/Supports during COVID-19 Pandemic](#)
- Paper is not a means of transmission. Handle all paper with clean hands; clean any shared items (like chart binders, pens or binders) with a low-level disinfectant wipe.



### Patient ambulation outside room, bedspace or transfer

- Patients should leave the room or bedspace for **essential purposes only**, exceptions require IPC consultation.
- Follow [Form 21628 Intra-Facility Patient Transport Checklist for Patients on Additional Precautions](#) to determine PPE required during transport
- Use pre-determined transport routes to minimize exposure for staff, other patients and visitors.
- Notify the receiving area, before departure, of the need for **Contact and Droplet Precautions**. Inter-facility transfers of patients to Continuing Care are required to follow current [Chief Medical Officer of Health Orders](#).
- Before patients leave their room or bedspace, educate or assist them to:
  - perform [hand hygiene](#);
  - put on clean clothing or hospital gown/housecoat;
  - ensure dressings and incontinence products contain any drainage;
  - put on a procedure/surgical mask; consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers: cuddle with care provider
  - discuss if an escort is needed for the patient.
- All inpatients are to don a clean procedure/surgical mask upon leaving their room.



### Environmental cleaning

- Cleaning & disinfection are a shared responsibility by both healthcare workers and Environmental Services. Consider assigning designated staff to complete enhanced environmental cleaning.
- The “Enhanced Environmental Cleaning during COVID-19” document is available on Insite.
- Routine Practices, which include cleaning and disinfection of surfaces, is important to control the spread of COVID-19.
- AHS-provided disinfectant products are effective against COVID-19. High-touch surfaces (*i.e.*, those which are frequently touched) are most likely to be contaminated.
- Any high-touch surfaces that are visibly soiled should be immediately cleaned and disinfected. All cleaning should be a 2-step clean.
- Remove curtains that are not necessary from patient areas.
- Inpatient areas for COVID-19 patients: apply discharge/transfer isolation cleaning protocol including changing curtains on discharge/transfer.
- Emergency Department (ED), Urgent Care Centres (UCC) and designated COVID-19 units: apply “Enhanced Environmental Cleaning during COVID-19” protocol - document available on Insite.
- Additional Precautions signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed.
- Cleaning and disinfectant resources and tip sheets are available here:
  - [Key Points for Ready-to-use Disinfectant Wipes](#)
  - [Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges](#)
  - [Interim Disinfectant Substitution Products during COVID-19 Pandemic](#)
  - [Product Distribution Priorities, Disinfectant Options and Communication during Supply Disruptions in the Pandemic](#)





### Visitors and designated support persons

- AHS has restrictions on visitors in healthcare facilities; further information can be found [here](#).
- [Visitor Guidance - printable version](#)
- When considering visiting congregate living sites, [Information for People Visiting Residents & Patients](#) will minimize risk to the residents.
- Facilities will have a screener greet each visitor to conduct the health screening and verify if the visitor is authorized to attend following the restrictions.
- Designated support persons are to be assessed for symptoms and risk factors associated with respiratory communicable diseases using the questions from Form 21615 [Communicable Disease \(Respiratory\) Initial Screening form](#) to determine if they are well enough to attend to or stay with patients accessing health services. The actual form itself does not need to be used; this assessment may be documented in progress notes in patient's chart.
- For ED/UCC and ambulatory care, the usual site entrance screening is adequate.
- If the essential support person is attending to/staying with an admitted patient, they should self-monitor for development of any new symptoms (respiratory, gastrointestinal, expanded) and report any new onset to unit.
- [Personal Protective Equipment for Family / Support Person\(s\), Visitors and Patients](#) is available in multiple languages to assist with correct PPE use.



### Signs, posters and videos

- List of all COVID-19 related [Posters](#)
- [Contact and Droplet Precautions](#)
- [Contact and Droplet Visual Checklist](#)
- [Learning module](#) on Contact and Droplet precautions for COVID-19