

Interim IPC Recommendations during COVID-19

In addition to [Routine Practices](#)

If you have any questions or comments contact IPC at ipcsurvstdadmin@ahs.ca.



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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], 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 [Communicable Disease \(Respiratory\) Initial Screening, Form# 21615](#).
- The [AHS Acute Care COVID-19 Expanded Testing Frequently Asked Questions](#) is available as a guide to the algorithm and assessment tools.
- Ongoing assessment of admitted patients is to be completed using [COVID-19 Symptom Identification and Monitoring, Form# 21616](#).

Ambulatory Care (stand alone or part of an Acute Care site)

- Patients in Ambulatory Care and Outpatient Department [OPD], are to be assessed using the [Ambulatory Communicable Disease Screening, Form# 21666](#).

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, Form# 21722](#).

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 in Acute Care, using [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19, Form# 21624](#).

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

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	<p>IPC regarding requirements for ongoing additional precautions.</p> <ul style="list-style-type: none"> 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 AHS Acute Care COVID-19 Expanded Testing Algorithm, section 5 of either Communicable Disease (Respiratory) Initial Screening, Form# 21615 or Ambulatory Communicable Disease Screening, Form# 21666; or contact IPC for more information. With the emergence of variant COVID-19 strains, testing guidance may change. If there is concern about infection due to a variant COVID-19 strain, please consult IPC. More information available here: <ul style="list-style-type: none"> Alberta Health Novel Coronavirus (COVID-19) Public Health Disease Management Guidelines; COVID-19 Scientific Advisory Group Rapid Evidence Report; Public Health Ontario COVID-19: Ongoing Viral Detection and Repeat Positives; CDC Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19.
	<h3>Medical Officer of Health (MOH) notification</h3> <ul style="list-style-type: none"> 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. AHS Updates.
	<h3>Laboratory testing</h3> <ul style="list-style-type: none"> When collecting a nasopharyngeal (NP) or throat swab for COVID-19 testing in an asymptomatic patient. <ul style="list-style-type: none"> If asymptomatic testing is being done in a centralized location, follow IPC Recommendations PPE Table for Assessment Centres during COVID-19. If decentralized swabbing (i.e. going into individual's room or bedspace), then all PPE is to be changed between each patient encounter. 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 symptomatic patient (i.e., symptomatic patients should be on Contact and Droplet Precautions). Change all PPE after swabbing each individual (exception: at assessment centre and from same family/household). Refer to lab bulletins for specimen handling, testing and notification for updates. APL will coordinate testing requests.
	<h3>Accommodation</h3> <ul style="list-style-type: none"> When determined by AHS Acute Care COVID-19 Expanded Testing Algorithm or other assessment form, place patient in a single room and implement Contact and Droplet Precautions. Contact and Droplet Precautions sign visible on entry to room or bedspace. <ul style="list-style-type: none"> Single room with hard walls and door - if cohorting is necessary, follow IPC Cohorting Recommendations for COVID-19 in Acute Care. Contact IPC if single or cohorted space is not available. Follow IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities after admission, if cohorting is required. For Aerosol Generating Medical Procedures (AGMP) Strain typing of COVID-19 must be considered when cohorting. Patients with unknown COVID-19 strain are NOT to be cohorted. Variant and non-variant ("wild type") strain COVID-19 patients are not to be cohorted.

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	<p>Asymptomatic patients with risk factors (self-isolating prior to admission /appointment)</p> <p>Emergency and Inpatient Areas (includes residents admitted from congregate living sites with COVID-19 outbreak).</p> <ul style="list-style-type: none"> As quickly as possible – place patient in a single room and implement Contact and Droplet Precautions + Routine Practices. All other recommendations apply. <p>Outpatient / Ambulatory Care Departments</p> <ul style="list-style-type: none"> Follow IPC Resources for Resuming Ambulatory Care Clinics during COVID-19 Pandemic; Use Ambulatory Communicable Disease Screening, Form# 21666.
	<p>Hand hygiene</p> <ul style="list-style-type: none"> Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices. Updates on ABHR products, substitutions and supply management are available here. Educate patients and visitors about how and when to use hand hygiene products.
	<p>Continuous facial PPE (medical mask + eye protection)</p> <ul style="list-style-type: none"> Facial PPE is required in all clinical area. Eye protection can be face shield, goggles, mask and visor or personal safety glasses. Prescription eye glasses alone are not adequate. Don facial PPE using clean hands, putting mask on first. Consider facial PPE to be a single unit of protection; always doff both at the same time. Change/discard facial PPE if it becomes contaminated, wet or soiled, as directed by additional precaution signs or unit/area specific PPE recommendations. Mask will always be discarded/changed. Eye protection will be changed/discarded or disinfected. <ul style="list-style-type: none"> If wearing reusable eye protection, clean and disinfect every time mask is changed, replaced or removed. Review Use and Reuse of Eye Protection during the COVID-19 Pandemic 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. <ul style="list-style-type: none"> N95 respirators and eye protection must be removed when leaving the room. Fit tested N95 respirators are not preferred for continuous masking but may be selected by healthcare provider after performing a risk assessment. N95 respirators must be changed as recommended for 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. Refer to Staff COVID-19 Tips: Eating and Drinking at Work, Personal Clothing, Cleaning Devices and Accessories.

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Continuous masking

- Follow [AHS 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 providers (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;
 - replace mask after 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;
 - double mask.



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

- Wear new PPE to enter patient room or bedspace. If wearing continuous facial protection, same facial protection can be worn into the patient's room or bedspace. Healthcare providers are to wear Contact and Droplet PPE (procedure/surgical mask, eye/face protection, gown, gloves) even if the patient on Contact and Droplet precautions is wearing a mask.
- Doubling up of PPE (double gloving, double gowning, double eye protection) is not required or recommended.
- 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, discard 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: Best Practice Recommendations](#) 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;
 - discarding 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 **HCW uniforms and clothing** clean. If HCWs 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 COVID-19 Tips: Eating and Drinking at Work, Personal Clothing, Cleaning Devices and Accessories](#).
- Further information and resources on PPE can be found [here](#) and [PPE Agreement – Joint Statement](#).

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Aerosol Generating Medical Procedures (AGMP)

- If [Aerosol Generating Medical Procedures](#) are performed, replace the surgical/procedure mask with a fit-tested N95 respirator.
- AGMPs are ideally performed in AIRs if these are available. As these rooms are very limited, and there has not been well-documented transmission by AGMPs when providers are in appropriate PPE, placement in AIRs may not be required.
 - If it is anticipated that a patient may require an AGMP, the patient should be placed in a private room with the door closed.
 - 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; this may not be possible for some patients (e.g., continuous AGMP).
 - If walled room is not available or possible, ensure patient is in a curtained area/bedspace and curtains are pulled closed.
- Ensure AGMP sign is placed on the door or curtain.
- Ask designated family support person/visitors and non-essential HCWs to leave the room, unless it is a closed system and there is low risk of a disconnection.
 - There may exceptional situations (eg., end-of-life). Consultation must occur with IPC and site/unit operational leads on a case-by-case basis.
- Currently there is no recommended settle time post-AGMP.

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.
- 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 elastic only;
 - 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 the [Use of Mobile Electronic Devices when Patients are on Contact and 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.

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	<ul style="list-style-type: none"> ○ 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.
	<h3 style="margin: 0;">Patient ambulation outside room, bedspace or transfer</h3> <ul style="list-style-type: none"> ● Patients should leave the room or bedspace for essential purposes only. Exceptions require IPC consultation. ● Follow Intra-Facility Patient Transport Checklist for Patients on Additional Precautions, Form# 21648 to determine PPE required during transport ● Use pre-determined transport routes to minimize exposure for HCWs, 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: <ul style="list-style-type: none"> ○ 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; ○ for patients with tracheostomy: cover site with surgical mask (with ties); ○ discuss if an escort is needed for the patient.
	<h3 style="margin: 0;">Environmental cleaning</h3> <ul style="list-style-type: none"> ● Cleaning & disinfection are a shared responsibility by both healthcare providers and Environmental Services. Consider assigning designated staff to complete enhanced environmental cleaning. ● 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. ● 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 in Emergency Departments, UCC and Designated COVID-19 Units” - document available on Insite. ● Additional Precautions signs should not be removed until both patient’s daily personal hygiene and environmental cleaning have been completed. ● Cleaning and disinfectant resources and tip sheets are available here: <ul style="list-style-type: none"> ○ Key Points for Ready-to-use (RTU) Pre-moistened Disinfectant Wipes ○ Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges ○ Interim Disinfectant Substitution Products during COVID-19 Pandemic

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COVID-19 Vaccination

- Regardless of patient, HCW, or visitor COVID-19 vaccination status, all initial and ongoing symptom and risk factor assessments **and** all PPE recommendations must be followed as above.
- If patient develops side effects **within 24 hours** and symptoms are the same as COVID-19 symptoms (core respiratory, gastrointestinal [GI], expanded):
 - If core respiratory or GI symptoms:
 - Place patient/resident on [Contact and Droplet Precautions](#).
 - If these symptoms resolve within 48h, Contact and Droplet Precautions can be discontinued. If symptoms continue longer than 48h, patient/resident must remain on Contact and Droplet Precautions AND should be tested for COVID-19.
 - Use [Form# 21624](#) to discontinue Contact and Droplet Precautions in acute care.
 - If expanded symptoms:
 - Use Routine Practices.
- If symptoms continue longer than 48h, patient/resident should be tested for COVID-19. If patient develops side effects **after 24h** from time of vaccination and symptoms are the same as COVID-19 symptoms (core respiratory, GI, expanded):
 - If core respiratory or GI symptoms:
 - Place patient/resident on [Contact and Droplet Precautions](#) and test for COVID-19. Use [Form# 21624](#) to discontinue Contact and Droplet Precautions in acute care.
 - If expanded symptoms: Use Routine Practices and test for COVID-19.



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 [Communicable Disease \(Respiratory\) Initial Screening, Form# 21615](#) 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.
- **Designated family support person/visitors must leave the patient room/bedspace during an AGMP**, unless it is a closed system and there is low risk of a disconnection. In any exceptional situation (eg., end-of-life), consultation must occur with IPC and site/unit operational leads on a case-by-case basis.



Signs, posters and videos

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

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