COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

# IPAC guidelines for community medical clinics during COVID-19

## OVERVIEW

This document was developed to support community medical clinics to reduce the risk of COVID-19 transmission among staff, volunteers and patients/clients. It outlines the criteria that should be included in individual, written workplace policies and procedures established to address the COVID-19 pandemic response. All community medical clinics are expected to develop and implement policies and procedures prior to reopening.

## CONTENTS



This information is not intended to exempt employers from existing occupational health and safety (OHS) requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online.

## COMMUNICATION RELATED TO COVID-19 FOR STAFF AND VOLUNTEERS

- Encourage staff and volunteers to remain up-to-date with developments related to COVID-19.

- Remind staff and volunteers about available social and mental health supports during this stressful time, and encourage them to use these resources.

- Notify staff and volunteers of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures.

- All non-essential travel outside Canada should be cancelled, as per the Government of Canada's travel advisory.

- Post information on the following topics in areas where it is likely to be seen by staff, volunteers and patients/clients:
    - physical distancing;
    - hand hygiene (hand washing and alcohol-based hand sanitizer use); and
    - limiting the spread of infection.

  At minimum, this includes posting this information at entrances, in all public/shared washrooms and treatment areas.

- When possible, provide necessary information in languages that are preferred by staff and volunteers. Downloadable posters are available.

- Ensure staff and volunteers are aware of CMOH Order 05-2020, which states that any person who is a confirmed case of COVID-19 or has COVID-like symptoms must be in isolation.

## COVID-19 SPECIFIC WORKPLACE CONSIDERATIONS

- Prepare for the possibility of increases in absenteeism due to illness among staff, volunteers and their families.

- Employers are encouraged to examine sick leave policies to ensure they align with public health guidance. There should be no disincentive for staff or

volunteers to stay home while sick or isolating.

- Changes to the Employment Standards Code will allow full- and part-time employees to take 14 days of job-protected leave if they are:
  - required to isolate; or
  - caring for a child or dependent adult who is required to isolate.

- Employees are not required to have a medical note.

- To enable quick contact with employees, community medical clinics should maintain an up-to-date contact list for all staff and volunteers, including names, addresses and phone numbers.

- For the purposes of public health tracing of close contacts, employers need to be able to provide:
  - roles and positions of persons working in the workplace;
  - names of who was working onsite at any given time;
  - names of patients/clients in the workplace by date and time; and
  - names of staff members who worked on any given shift.

- Where feasible, a barrier (e.g., plexiglass) should be installed to protect reception staff responsible for screening patients/clients, accepting payment, rebooking appointments, etc.

- Minimize the need for patients/clients to wait in the waiting room (e.g., possibly by spreading out appointments and/or having each patient/client stay outside the clinic until the examination room is ready and then call them in, preferably by phone).

## SCREENING

- Staff, volunteers and patients/clients should be actively screened in accordance with CMOH Order 05-2020, including identification of:
  - Individuals requiring isolation for a minimum of 10 days from the start of their symptoms or until symptoms resolve, whichever is longer, including (1) confirmed cases of COVID-19 and (2) individuals exhibiting COVID-like symptoms (cough, fever, shortness of breath, runny nose or sore throat) not related to a pre-existing illness or health condition.

- Individuals requiring quarantine for a minimum of 14 days, including (1) individuals returning to Alberta after international travel and (2) close contacts of confirmed cases of COVID-19.

- If an individual becomes sick during the 14-day quarantine period, they should remain in isolation for an additional 10 days from the start of symptoms, or until the symptoms resolve, whichever is longer.

- Staff and volunteers should complete health assessment screening upon arrival. Staff or volunteers meeting criteria for isolation or quarantine **must not** be in the workplace.

- Patients/clients should be screened over the phone when booking appointments and upon arrival.

- Where patients/clients present in-person, staff should screen patients/clients upon entry.

## SYMPTOMATIC PATIENTS/CLIENTS

### General guidance:

- Patients/clients with COVID-like symptoms should not come to the healthcare setting and should complete the online self-assessment tool and be tested for COVID-19.

### Patients/clients who become symptomatic while at the site:

- If a patient/client becomes symptomatic while at the site, the following requirements apply in addition to AHS Interim IPC Recommendations:
  - A patient/client who develops cough, fever, shortness of breath, runny nose or sore throat while at the site, should be given a mask and sent home immediately in a private vehicle and avoid public transportation if possible.

  - Patients/clients should complete the online self-assessment tool once they have returned home and be tested for COVID-19.

- Once a symptomatic individual has left the site, clean and disinfect all surfaces and areas with which they may have come into contact.

- The employer should immediately assess and record the names of all close contacts of the symptomatic patient/client. This information will be necessary if the symptomatic patient/client later tests positive for COVID-19.

**Exceptions (care cannot be delayed):**

- Where a symptomatic patient/client requires in-person care that cannot be delayed (medical, dental, etc.), the following should apply in addition to AHS Interim IPC Recommendations:
  - In settings where patients/clients may be presenting for the purpose of symptom assessments, set a dedicated time of day specifically for symptomatic individuals.

  - Consider providing some care virtually, even if an in-person visit is needed, in order to minimize the in-person time required (i.e., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in-person physical assessment).

  - Have the patient/client stay outside the clinic until the exam room is ready and then call them in.

  - Provide the patient/client with a surgical/procedural mask.

  - Assess if additional IPAC precautions (contact and droplet precautions) and PPE (eye protection, gloves and gowns) may be required depending on the assessment and care that is needed.

  - Have a dedicated exam room.

  - Thorough cleaning and disinfection between each patient/client.

## STAFF, VOLUNTEER OR PATIENT/CLIENT DIAGNOSED WITH COVID-19

- If a staff member, volunteer or patient/client is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS) will be in contact with the healthcare

setting to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic.
    - Community medical clinics need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

## PREVENTION – ROUTINE PRACTICES AND OTHER CONSIDERATIONS

### Hand hygiene

- Community medical clinics should promote and facilitate frequent and proper hand hygiene for staff, volunteers and patients/clients.

- Employers should instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60 per cent alcohol content).

    - Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.

    - The AHS hand hygiene education webpage has more information, posters and videos about hand hygiene.

    - Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.

    - Patients/clients should have access to alcohol-based hand sanitizer as they enter the site and be encouraged to use it.

- Employers and business should make every effort to ensure respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash and washing hands immediately) is followed.

### Enhanced environmental cleaning

- Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after

surfaces have been cleaned.

- Communicate to the appropriate staff regarding the need for enhanced environmental cleaning and disinfection and ensure it is happening.
    - Use disinfectants that have a Drug Identification Number (DIN) or are otherwise approved in the interim by Health Canada and do so in accordance with label instructions. Look for an eight-digit number normally found near the bottom of a disinfectant's label.

- Use disposable equipment where possible.

- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas (e.g., door knobs, light switches, computers, phones), common areas, public washrooms, kitchen and staff rooms.

- Remove all communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.

- Staff should ensure that hand hygiene has been performed before touching any equipment and clean and disinfect following patient/client use:
    - Any healthcare equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.

    - Any shared patient/client care equipment (e.g., blood pressure cuffs, thermometers) prior to use by a different patient/client.

    - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) at least daily and when visibly soiled.

- Where necessary, maintain an adequate supply of soap, paper towel, toilet paper, alcohol-based hand sanitizer and other supplies.

- Follow the manufacturer's instructions for difficult to clean items, or consult with the CPSA IPAC Program by emailing ipac@cpsa.ab.ca.

## Personal protective equipment (PPE)

- All staff providing direct patient/client care or working in patient/client care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct patient/client contact or cannot maintain adequate physical distancing (two metres/six feet) from the patient/client and co-workers.
    - The rationale for masking of staff providing direct patient/client care is to reduce the risk of transmitting of COVID-19 from individuals in the asymptomatic phase.

- Any staff who do not work in patient/client care areas or have direct patient/client contact are required to mask continuously in the workplace if a physical barrier (e.g., plexiglass) is not in place or if physical distancing (two metres/six feet) cannot be maintained.

- N95 masks and full PPE are not routinely required for community medical clinics unless performing Aerosol Generating Medical Procedures (AGMP). If performing AGMP, refer to specific regulatory body guidance.

- Staff providing care to any patient/client with COVID-like symptoms must do a point of care risk assessment and utilize the appropriate PPE for protection, including when providing care for individuals with suspect or confirmed COVID-19.

## Physical distancing and gathering

- Examples of how to prevent the risk of transmission amongst staff, volunteers and patients/clients:
    - Maintaining a two-metre separation between individuals (e.g., staff, volunteers, patients/clients) is preferred in any healthcare setting. Patients/clients that are from the same household can be cohorted.

    - Restricting the number of staff, volunteers and patients/clients in the setting at any one time.

    - Spreading out appointments.

    - Installing a physical barrier, such as a partition or window, to separate staff, volunteers and patients/clients where feasible.

- Increasing separation between desks and workstations.

- Eliminating or re-structuring of non-essential gatherings (e.g., meetings, training classes) of staff and volunteers. Typically, this involves moving in-person meetings to virtual media platforms like teleconference or video conference.

- Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods. Removing chairs from spaces and taping markers at two-metre distances may be helpful to support physical distancing.

- Limiting hours of operation or setting specific hours for at-risk patients/clients.

## ADDITIONAL RESOURCES


1. Alberta Health. (2020). COVID-19 info for Albertans.
2. Alberta Health Services. (2020). Information for Community Physicians (COVID-19).
3. Alberta Health Services. (2020). Interim IPC Recommendations COVID-19.
4. Alberta Labour. (2020). Resources on minimizing risk from respiratory viruses in the workplace.
5. Alberta Medical Association. (2020). Resource Centre for Physicians (COVID-19).
6. CPSA. (2020). Resources for Physicians During COVID-19.
7. Government of Canada. (2020). Coronavirus disease (COVID-19): For health professionals.
8. Government of Canada. (2020). Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic.