COVID-19:
Advice to Facilities – Resumption of Service –
Neurodiagnostic Testing Facility – Revised v3

Neurodiagnostic Testing Facilities (ND)

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Resumption of Services:

Guiding principles and assumptions
It is the responsibility of the Medical Director to follow all directives from the CMOH / AHS / CPSA current guidelines.
Scheduling of patients should be an intentional process based on evidence when available. Procedures which are complex and/or at higher risk of complications resulting in an acute care stay should be scheduled in a coordinated manner to reduce burden on services required during the pandemic.
Confirm that **no** new type of service (i.e. facility scope, surgical, procedural, sedation or anesthetic) has been added or implemented besides what your facility is **currently accredited for.**
Ensure all physicians providing services at your facility have CPSA privileging/approval specific to your site.
Have a staged pandemic plan in place that corresponds with the COVID-19 activity in the community. This ensures the facility can respond quickly to the advice of the CMOH as required. This will allow flexibility during this unpredictable time.

Environmental cleaning practices
Implement an enhanced environmental cleaning program that includes both cleaning and disinfection of all surfaces within the facility environment. Enhanced cleaning refers to both ensuring the proper type of cleaning, e.g. use of effective agents, cleaning thoroughly, and the increased frequency of cleaning. For additional guidance refer to the following: AHS Environmental Cleaning Guidelines during COVID-19 for Community Physicians Teams Health Canada Hard Surface Disinfectants and Hand Sanitizers (COVID-19)
Virucidal disinfectants or correctly diluted bleach solution must be used to complete the disinfection step of cleaning and disinfecting surfaces. Check the Health Canada database to confirm that the virucide in use is effective against COVID-19.
Ensure disinfectants and cleaning agents, or other chemicals, are recorded in the WHMIS manual.
Patient care/patient contact items must be cleaned and disinfected between each patient/use.
Clean and disinfect high touch, non-patient care items at least twice a day, or more frequently as use and circumstances warrant. Including but not limited to: • Doorknobs/light switches • Waiting Room and Staff Washrooms, sinks/faucets, hand sanitizer dispensers • Treatment area counter tops • Clipboards, pens, shared computers, telephones, keyboards and mobile devices

Cleaning of other surfaces in the facility environment that are not classified as high touch should occur when visibly soiled and at an increased frequency from past practice (e.g. cubicle curtains, legs and undersides of treatment beds etc.).
Remove items that cannot be effectively cleaned and disinfected from the facility waiting and examination rooms (i.e. toys, magazines, brochures, remote controls and other shared items).

Hand hygiene & respiratory etiquette

Implement enhanced hand hygiene protocols including:

- When hands are visibly soiled, they must be cleaned with soap and water as opposed to using alcohol-based hand rub
- Staff are expected to practice routine hand hygiene consistent with the World Health Organization's "5 Moments for Hand Hygiene":
    - Before touching a patient
    - Before clean/aseptic procedures
    - After body fluid exposure or risk
    - After touching a patient
    - After touching patient surroundings

For additional information on hand hygiene:
https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/

- Staff and patients must avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately
- Patients should be asked to complete hand hygiene using soap and water or alcohol-based hand rub (minimum 60% alcohol). Patients should be asked to perform hand hygiene at the following times:
    - Upon arrival at the practice setting
    - Before and after use of shared equipment
    - Prior to processing payment
    - Prior to departure from the practice

Ensure facility respiratory etiquette processes are aligned with CMOH/AHS/AH directives.

Personal protective equipment (PPE)

CMOH Order 16-2020 requires that all staff providing direct client/patient care or working in client/patient 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 client/patient contact or cannot maintain adequate physical distancing (2 metres) from client/patient and co-workers.

The rationale for masking of staff providing direct client/patient care is to reduce the risk of transmitting of COVID-19 from individuals in the asymptomatic phase.

For additional masking guidance refer to guidance from: Alberta Health and Alberta Health Services.

Any staff who do not work in patient care areas or have direct patient contact are required to mask continuously in the workplace if a physical barrier (e.g., plexiglass) is not in place or if physical distancing (2 metres) cannot be maintained.

If an Aerosol-Generating Medical Procedure (AGMP) is conducted, a fit-tested *N95 respirator is required in place of the surgical/procedure mask. For additional AGMP requirements, follow the AHS Interim IPC Recommendations.

A good resource is the AHS Aerosol-Generating Medical Procedure Guidance Tool, which is searchable by procedure and provides guidance on whether a given procedure is aerosol generating and the steps to take in response.

The list of Aerosol-Generating Medical Procedures (AGMPs) is based on current evidence and is subject to ongoing review and updating. This list should be consulted periodically, as guidance may evolve.

*For AGMP in the event that healthcare grade N95 masks are not available, alternative products which are approved by Health Canada/AHS MOH/CMOH/OHS are appropriate. **For Dental and OMF NHSFs, please also refer to the ADA&C guidelines regarding PPE.**

Masks, and other PPE, should be used in the context of other exposure controls for occupational hazards. Those other feasible and effective control strategies must also be implemented.

- Engineering controls – physically isolate people from the hazard, Plexiglas barriers for reception staff, etc.
- Administrative controls – change how we work – maintaining social distancing, limiting the number of staff and patients in an area, change the workflow in the space, etc.

For further direction on appropriate PPE protocols refer to: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-faq.pdf
Ensure PPE are appropriately disposed of.
Ensure sufficient and appropriate PPE are readily stocked and available to facilitate safe resumption of services.
Implement enhanced PPE protocols that include requirements at beginning and end of shifts and lunchtimes.

Business practices & patient screening

When booking, inform patients about public health measures and screen them for possible COVID-19 symptoms prior to them attending the facility. Patients should be asked if they have experienced any of the following symptoms in the past 10 days:

- cough
- fever
- shortness of breath
- runny nose
- sore throat

For a full list of signs and symptoms of COVID-19 see the Alberta Health Services COVID-19 Self-Assessment tool.

Asymptomatic patients should be screened to determine if they are in a 14 day quarantine for risk factors including:

- Returning to Alberta after having travelled internationally
- Being a close contact of a person who is confirmed as having COVID-19

If patient screening reveals risk factors, signs or symptoms of COVID-19, it is strongly advised that all in-person services be deferred until signs and symptoms have resolved and at least 10 days have passed from their on-set.

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

Facilities are allowed to exercise professional judgment about providing emergency or critical services to symptomatic persons or asymptomatic persons quarantined or isolated (in accordance with permitted exemptions to *CMOH Order 05-2020* for isolated persons who require critical care/emergency care, and isolated persons who have minor children that require medical care).

Where a symptomatic or asymptomatic quarantined or isolated patient requires an in-person treatment / procedure / examination that cannot be delayed the following should apply in addition to the current AHS Interim IPC Recommendations:

- Setting a dedicated time of day specifically for symptomatic individuals, in settings where patients may be presenting for the purpose of symptom assessments
- Having patients stay outside the facility until the procedure/examination/treatment area is ready
- Providing client/patient with procedure/surgical mask upon entry to be worn throughout entire time in facility
- Implementing Contact and Droplet Precautions (i.e., gloves, long-sleeved, cuffed isolation gown, surgical/procedure mask, eye protection must be worn by provider).
- If an aerosol-generating medical procedure (AGMP) is conducted, following the AHS Interim IPC Recommendations, which include substituting a fit-tested N95 respirator in place of the surgical/procedure mask. AGMP should only be performed in a private room with hard walls and a closed door
- Following IPC Routine Practices
- Implementing enhanced IPC measures where required, depending on a point of care risk assessment and care that is needed

All patients must be screened upon arrival. In the event that a patient attends the facility while exhibiting signs and symptoms consistent with a respiratory illness (cough, fever, shortness of breath, runny nose or sore throat), whether COVID-19 is suspected or not, the facility staff must:

- Provide and have the patient don a surgical mask and complete hand hygiene.
- Isolate the patient from others in the facility
- Explain the concern, discontinue and reschedule the appointment
- Send patient home immediately in a private vehicle, avoiding public transportation if possible
- Clean and disinfect the practice area immediately including all surfaces and areas with which the patient may have come into contact

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

The facility staff should immediately assess and record the names of all close contacts of the symptomatic patient. This information will be necessary if the symptomatic patient later tests positive for COVID-19. For further details on patient screening protocols relevant to symptomatic and asymptomatic patients, refer to *CMOH Order 05-2020.*

If a staff member or patient 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 health care 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.
Reconfigure treatment spaces, offices and waiting areas to ensure physical distancing (2 metres) is maintained among patients, between patients and staff when not engaged in direct patient care, and among staff.
Organize in-person appointment times to limit the number of people in the facility at one time. Prioritize appointments based on urgency.
Arrange queuing and traffic flow to maximize physical distancing. Use visual cues like directional arrows, signs and waiting spots if possible.
Unless necessary, ask patients to attend alone without family members, friends or caregivers.
Adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles and text messaging or calling when appointments are ready.
Limit exchange of paper with patients where possible implementing secure methods of electronic information and resource sharing.
Consider contactless payment options.
Post information on the following topics in areas where it is likely to be seen by staff and patients; • physical distancing; • hand hygiene (hand washing and hand sanitizer use); and • help limiting the spread of infection. At a minimum this includes placing them at entrances, in all public/shared washrooms, and treatment areas. Downloadable posters are available at the following link: https://www.alberta.ca/prevent-the-spread.aspx#toc-6.
For additional guidance on Infection Prevention and Control best practices, refer to AHS Interim IPC Recommendations for COVID-19.

Staff safety
Implement a management plan for active daily staff COVID-19 screening, including protocols for: • COVID-19 symptoms • indication of international travel • close contact with persons having COVID-19 • staff who have been laboratory confirmed/suspected COVID-19 but are now symptom free and returning to work For further direction refer to: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-fit-for-work.pdf
Implement staff sick leave policies that align with public health guidance, refer to *CMOH Order 05-2020.*
Ensure staff availability/needs are consistent with re-opening service levels.
Implement a process for management of staff: • working at multiple facilities • travel (not carpooling – maintaining physical distancing)
Document staff training on revised procedures and new COVID-19 protocols and directives as applicable.

Communication
Consider appointing a working group or dedicated person to ensure compliance/keep abreast of CMOH/AHS/CPSA current COVID-19 guidelines.
Increase facility operational updates including a process to communicate effectively (documented) to all facility staff.
Communicate implemented protocols for patient selection and scheduling limits to all physicians/patients.
Implement a mechanism to communicate any changes to facility services or operations/processes.

Future planning
Implement frequent facility management review of operations post-COVID-19 (adjust, tighten, loosen).
Conduct facility risk assessments on workload, backlog and new elective procedural rebooking strategies.

Facilities, equipment, consumables & supplies
Consider performing an assessment of the HVAC system to ensure it is operating as intended.
Re-test medical equipment utilized for patient services (both testing and medical emergency management such as AED/defibrillator, oxygen, suction apparatuses, call bells, etc.).
Minimize unnecessary equipment and supplies in the testing room.
Enhance supply chain management including hazard analysis of critical control points (HACCP), minimization of touch points, disinfection protocols, etc. This is to include clearly defined and communicated/expectations established for staff.
Implement appropriate supply/consumable inventory control processes. This includes review of all stock in-use dates and access to supply replenishment via vendors/distributing agencies.
Confirm all perioperative equipment and ancillary equipment are ready to achieve optimal working status. Review PM schedule.

Pre-procedure evaluation
Reorganize testing schedules to include extra time for post-test cleaning/decontamination procedures of the surfaces of the test equipment and environment.
The *CMOH order 16-2020* requires screening patients before interactions to ensure that the probability of encountering a high-risk patient in a community healthcare setting is low. Clients/patients with symptoms: cough, fever, shortness of breath, runny nose, and sore throat should not come to the health care setting and should complete the online self-assessment tool and be tested for COVID-19. *CMOH Order 05-2020* legally requires individuals who have a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If a client/patient becomes symptomatic while at the facility, the following requirements from Appendix A to *CMOH Order 16-2020* apply: "A client/patient 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." Clients/patients should complete the online self-assessment tool once they have returned home and be tested for COVID-19.
For symptomatic patients requiring urgent care, refer to *CMOH Order 16-2020.*
Informed Consent should include relevant discussion about COVID-19 in context

of procedure.

Procedure evaluation
Rearrange testing area achieve physical distancing been patient stations.

Post-procedure management
Reorganize testing schedules to include extra time for post-test cleaning/decontamination procedures on the surfaces of the testing equipment and environment.
Provide direction to patient escorts to wait in their cars or off-site until it is time for discharge teaching and patient release.

Facility safety & emergency planning
Review medical emergency management response supplies for use with additional PPE included based on COVID-19 guidelines.
Perform mock drills for donning PPE for medical emergency management response.
Perform performance checks on portable fire extinguishers.
Label, follow WHMIS regulations on, and update staff about any **new** WHMIS controlled materials.
Assess facility emergency evacuation plan and muster point location based on COVID-19 guidelines. If there are revisions, ensure staff training, procedure and applicable signage alterations.

Medical device reprocessing (MDR)
Inspect all sterile packages for integrity and expiration dates.
Verify and document that all cleaning and sterilization equipment is in working order.

References

Alberta Chief Medical Officer of Health orders:
CMOH Order 05-2020
CMOH Order 07-2020
CMOH order 16-2020 which amends CMOH Order 07-2020: 2020 COVID-19 response.

Alberta Health (AH)
https://www.alberta.ca/coronavirus-info-for-albertans.aspx

Alberta Health Services (AHS)
https://www.albertahealthservices.ca/topics/Page16944.aspx
AHS Interim IPC Recommendations for COVID-19

ASET – The Neurodiagnostic Society
https://www.aset.org/i4a/pages/index.cfm?pageID=4326&activateFull=true

Canadian Society of Neurophysiologists
https://www.cnsfederation.org/societies/society/canadian-society-of-clinical-neurophysiologists/5

College of Physicians and Surgeons of Alberta
CPSA's Advice to the Profession on Reopening Practice during COVID-19
CPSA Standards of Practice

Health Canada
https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html

Public Health Agency of Canada
https://www.canada.ca/en/public-health.html

World Health Organization (WHO)
https://www.who.int/

https://www.aapmr.org/docs/default-source/default-document-library/emg-guidance-covid-19.pdf?sfvrsn=6f545f7c_0

Appendix A – Checklist	
Facilities, equipment, consumables & supplies	
HVAC system assessment	☐
Patient service medical equipment re-testing	☐
Minimize extra equipment in rooms	☐
Enhanced supply chain management processes	☐
Enhanced supply/consumable inventory control	☐
Optimal operation status of all perioperative equipment and ancillary equipment	☐
Pre-procedure	
Reorganization of testing schedules to include extra time	☐
Implementation of patient PPE and physical distancing requirements	☐
Revision of Pre-examination Checklist for confirmation of asymptomatic patient status	☐
Documentation of patient screening	☐
Informed Consent - Inclusion of potential risks of completing procedure during pandemic COVID-19	☐
Procedure	
Rearrangement of testing area to achieve physical distancing	☐
Post-procedure	
Reorganization of testing schedules to include extra time for post-test cleaning/decontamination procedures	☐
Provision of direction to patient escorts	☐
Facility safety & emergency planning	
Review medical emergency management response supplies	☐
Perform mock drills for donning and doffing PPE	☐
Complete performance checks on portable fire extinguishers	☐
Update processes/training on any new WHMIS controlled materials	☐
Revise facility emergency evacuation plan and staff training based on COVID guidelines	☐
Medical device reprocessing (MDR)	
Sterile package and instrument tray inspection	☐
Optimal operation status of all cleaning and sterilization equipment	☐