

OVERVIEW

As the COVID-19 pandemic continues to evolve and the number of Albertans vaccinated against COVID-19 increases, heightened measures for preventing the spread of the virus will be relaxed. This will include easing enhanced measures like physical distancing and mandatory indoor masking.

Even as COVID-19 rates decline, preventing the spread of infection remains a priority within medical settings. Preventing and controlling infection is a multi-faceted strategy. Where one protective measure is removed, such as mandatory masking, infections are still prevented through other measures.

Albertans have benefited from heightened infection prevention and control (IPAC) measures during the pandemic. These measures have significantly slowed the spread of COVID-19 and infections of all kinds, including influenza and common colds. Virus transmission remains a concern in our communities, and it's in the best interests of healthcare workers and Albertans to continue committing to fundamental IPAC practices while applying enhanced COVID-19 measures wherever possible.

As in pre-pandemic times, Alberta physicians and clinics must follow CPSA's Infection Prevention and Control [General Standards](#). This guidance has been prepared to assist physicians and clinics in understanding these minimum requirements for preventing infections within their professional settings. It also provides recommendations for those who wish to maintain some of the heightened safety practices associated with COVID-19.

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ADMINISTRATIVE CONTROLS

Documentation

Requirement:

- Clinics are required to maintain written infection prevention and control policies and procedures.

Recommendations:

Clinics can take this opportunity to review their IPAC policies and update them to reflect key COVID-19 learnings, including policies for:

- Hand hygiene
- Point-of-care risk assessment
- Selection and use of personal protective equipment (PPE)
- Environmental Cleaning and disinfection
- Recommended Immunization for employees
- Exclusion or work restrictions during staff illness

Staff

Requirements:

- Any medical clinic staff members or volunteer who is a confirmed case of COVID-19 or has [COVID-19 symptoms](#) must isolate for 10 days. As determined by Alberta Health Services contact tracers, 14-day quarantine requirements will also apply to close contacts who are not fully vaccinated.
- Staff must be trained on infection prevention and control, and training must be documented.
- The clinic must have an updated policy and procedure that states staff and volunteers who are sick should stay home to avoid spreading illness to others. Proof of a negative COVID-19 test and/or a medical note is not required to return to work once the isolation or quarantine period is complete.

Recommendations:

- Employees, contractors (including physicians) and volunteers should continue to complete health assessment screening before each shift and not go to work if feeling ill or symptomatic.
- Clinics should continue to be prepared for the possibility of absenteeism due to illness among staff, volunteers and their families.

Vaccinations

Requirements:

- Immunization remains voluntary for Albertans. Patients cannot be denied care if they are not vaccinated.
- Regardless of staff, volunteer or patient vaccination status, clinics are obligated to follow measures set out in this guidance and [CPSA's Infection Prevention and Control General Standards](#). These measures are designed to be effective in preventing infection transmission in the absence of vaccination.
- Clinic staff are not required to disclose their immunization status to patients.
- There is no provincial mandate to exclude staff and volunteers who are not immunized against COVID-19 from work. However, individual employers can require employees to be immunized as part of a clinic occupational health and safety policy aimed at protecting coworkers, patients and volunteers. For more details, see the Government of Alberta's [COVID-19 vaccine: questions and answers for the public and healthcare practitioners](#).

Recommendation:

- Employers should facilitate opportunities for their staff and volunteers to pursue vaccination against COVID-19 (e.g., provide time off for vaccination appointments in accordance with Government of Alberta guidelines).

ROUTINE PRACTICES

Point-of-care risk assessments

Requirement:

A standard point-of-care risk assessment is always required upon first interaction with all patients. Community medical clinics must screen patients and choose appropriate procedures and PPE based on the results of this screening.

Recommendations:

- Where feasible, clinics may continue the use of barriers (e.g., plexiglass) at reception to protect staff responsible for screening patients, accepting payments, booking follow-up appointments, etc.
- While walk-in services are now permitted, medical clinics should continue to offer patient services by appointment, when possible, to help ensure effective point-of-care risk assessments.
- Where patients may be presenting for COVID-19 symptom assessments, or where patients indicate that they cannot, or will not, wear a mask, clinics may offer virtual appointments or dedicate a specific time of day and exam room for in-person assessments to occur.
- Consider making in-person interactions with symptomatic or unmasked patients as short as possible. Consider providing some care [virtually](#) (e.g., a visit could be divided into a virtual discussion of testing/screening options followed by a brief, in-person physical assessment).

Workplace Hazard Assessments

Requirement:

Employers must work with clinic staff to identify and mitigate hazards in the workplace. If a clinic-specific hazard assessment dictates that masking is required to abate a respiratory hazard, the employer must require their staff to wear medical masks.

Recommendation:

Continuous masking is generally considered unnecessary for staff who work alone in their workspace, do not work in patient/client care areas or do not have direct patient/client contact.

Masking and personal protective equipment

Requirements:

- While you can request that patients wear masks within a medical clinic, you cannot deny care if they refuse. The only exceptions are within some continuing care settings and in AHS and AHS-contracted facilities where [indoor masking](#) remains mandatory for staff and patients.
- Preliminary research indicates there is a risk of fully vaccinated individuals acquiring, carrying and transmitting COVID-19. The vaccination status of a staff member or patient does not forego the need to wear equipment (e.g., masks) or take

precautions (e.g., physical distancing, barriers, virtual appointments) that prevent the risk of transmission of infection.

- Unless required by the municipality, patients are not legally required to wear masks in community medical clinics. Clinic staff may ask patients to wear a medical mask upon entry into the clinic. However, patients cannot be refused service or treatment if they choose not to wear a mask.
- The federal government requires fully-vaccinated, returning travellers who are exempt from quarantine requirements to wear a mask in all public places for 14 days after arrival. This requirement extends to patients, physicians and clinic staff and is inclusive of medical clinics. During this period, CPSA expects returning physicians and clinic staff to at minimum wear a [surgical or procedure mask](#) while in clinic settings.
- If a patient becomes abusive to you, your staff or other patients when asked to wear a mask, they may be asked to leave the premises. Physicians are not expected to tolerate this type of behaviour and have the right to immediately discharge patients who act in this manner from their practice under the [Terminating the Physician-Patient Relationship](#) standard of practice.

Recommendations:

- When a patient is determined to be asymptomatic for COVID-19 after their point-of-care risk assessment, staff who interact with that patient are not required to wear medical masks, although they may choose to do so.
- Where patients indicate that they cannot, or will not, wear a mask, clinics may consider offering virtual appointments, mixed (virtual and in-person) appointments or dedicating a specific time of day and exam room for in-person assessments to occur.

Interacting with Symptomatic Patients

Requirements:

- After a point-of-care risk assessment is conducted, clinic staff providing care to any unmasked individual with COVID-like symptoms must use the appropriate PPE. A surgical/procedure mask, gown, gloves and protective eyewear that provides adequate coverage against secretions and other droplets entering the eyes, would be considered minimally essential in these circumstances.
- N95 masks and full PPE are not routinely required for community medical clinics unless performing Aerosol Generating Medical Procedures (AGMP).

Hand hygiene

Requirements:

- Promote and facilitate frequent and proper hand hygiene for clinic staff, volunteers and patients/clients.
- Instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds, or frequently use an alcohol-based hand sanitizer (60-90 per cent alcohol content).
- Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
- Using gloves alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.
- Maintain an adequate supply of soap, paper towel, toilet paper, alcohol-based hand sanitizer and other supplies.

Recommendations:

- Ensure hand sanitizer is available to patients throughout the facility, particularly at entrances, exits and waiting areas.
- Encourage patients to perform hand hygiene upon entry into the clinic.
- Employers 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.

Environmental cleaning and disinfection

Requirements:

- Review facility policies and procedures to ensure that cleaning and disinfecting of high traffic areas (e.g., door knobs, light switches, computers, phones), common areas, public washrooms, kitchen and staff rooms is addressed on an appropriate schedule (e.g., hourly, semi-daily).
- Clean and disinfect surfaces, equipment and areas with which patients may directly or indirectly come into contact.

- 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 labeled instructions.

Recommendation:

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

PHYSICAL DISTANCING AND GATHERINGS

Requirement:

There are no longer requirements for physical distancing of two meters in indoor or outdoor locations. However, patients will appreciate efforts made to continue facilitation of physical distancing wherever possible.

Recommendations:

- Minimize the need for patients/clients to wait in the waiting room (e.g., spread out appointments, have each patient/client stay outside the clinic until the examination room is ready and then call them in, preferably by phone/text).
- Attempt to facilitate physical distancing in the clinic (e.g., increase separation between chairs, desks and workstations or remove furniture).
- Cohort patients that are from the same household by scheduling appointments for all household members at one time.
- Reduce the number of staff, volunteers and patients/clients in the setting at any one time. Ask patients to only be accompanied to appointments by those who are necessary.
- Spread out appointment times so examination rooms can be properly cleaned and the number of people in waiting areas is reduced.
- Eliminate or restructure non-essential gatherings (e.g., indoor meetings, training classes) for staff and volunteers. Continue to choose virtual media platforms like teleconference or video conference over in-person meetings.
- Limit the number of people in shared spaces (such as lunchrooms) or stagger break periods.

INTERNATIONAL TRAVEL

Requirements:

- The Government of Canada has announced that, as of July 5, quarantine requirements will be amended for returning, fully-vaccinated Canadian travellers. Requirements for returning citizens include having the full series of an accepted vaccine, being asymptomatic, passing pre-entry testing and having a 14-day quarantine plan (in the case their exception is denied).
- If a physician or medical clinic personnel meets the re-entry requirements set out by the federal government, they must then follow local and provincial public health measures, perform a re-entry test and for the following 14 days, [wear a mask in public](#), maintain a list of all close contacts and keep copies of proof of vaccination.
- At this time, the federal government says fully-vaccinated travelers who meet all re-entry requirements are exempt from quarantine requirements. Unless otherwise instructed by a border service agent or federal official, individuals do not need to remain in quarantine while awaiting the results of their re-entry test.
- Patients returning from international travel must also follow these federal and provincial requirements. Patients who are required to observe full 14-day quarantine are permitted to leave quarantine to seek emergency medical care.
- Those who are not successful in meeting the federal re-entry requirements must quarantine in accordance with federal requirements.
- All returning physicians and clinic personnel must follow [CPSA's Infection Prevention and Control General Standards](#) and operationalize recommendations in the [IPAC Guidelines for Community Medical Settings During COVID-19](#).

Recommendations:

- It is strongly recommended that any physician or clinic personnel who are allowed an expedited return to Canada (i.e., not required to quarantine) still use heightened caution if they return to work in the 14 days after their arrival. In addition to the federal requirement to wear a mask for 14 days, heightened caution includes measures such as maintaining physical distancing from patients and staff, working from home and postponement of in-person assessments in favour of virtual appointments.
- Clinics may continue to ask patients about recent travel history during point-of-care risk assessments to assist in diagnosis and strategize treatment options, as well as to determine necessary PPE.

- As the regulatory landscape surrounding international travel is expected to continue to change in the coming months, physicians and clinic personnel should continue to follow [provincial](#) and [federal](#) guidance on this matter.

ADDITIONAL RESOURCES

Occupational Health and Safety

- 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](#).

Alberta Health

- [Stage 3 Public Health Measures](#)
- [Travel Requirements](#)
- [Vaccination Questions and Answers for the Public and Healthcare Practitioners](#)

Government of Canada

- [Travel Requirements](#)