

OVERVIEW

Preventing the spread of infections will remain a priority for all medical settings in the fall of 2021. As COVID-19 transmission remains a concern in our communities and provincial restrictions have been re-introduced in an effort to protect public health. Clinics will continue to adhere to fundamental infection prevention and control (IPAC) practices while applying enhanced measures aimed at preventing the spread of COVID-19 wherever possible.

Alberta physicians and clinics continue to be required to follow CPSA's IPAC [General Standards](#). As a supplement to the General Standards, CPSA has developed this guidance document which can be utilized as a resource for clinics who want to augment basic requirements with additional practices tailored to reduce the risk of COVID-19 transmission.

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ADMINISTRATIVE PRACTICES

Vaccinations

Requirements:

- Patients cannot be denied care if they are not fully vaccinated. Immunization remains voluntary for Albertans.
- CPSA expects physicians to assess all patient requests for vaccination exemptions. CPSA offers [guidance and resources](#) for physicians on handling these requests.
 - A vaccination exemption form is available on the physician portal.
- COVID-19 vaccination offers proven and effective protection. Off-label use of prescription drugs to treat or prevent COVID-19, such as ivermectin, is not appropriate.
- As there is still 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.
- Clinic staff are obligated to follow measures set out in [CPSA's Infection Prevention and Control General Standards](#) regardless of staff, volunteer or patient vaccination status, and to contemplate which measures from this guidance are appropriate for their setting. 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.

Recommendations:

- If a patient becomes abusive toward a physician, staff member or other patients because a vaccination exemption request is denied, 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.

- Employers should facilitate any opportunity 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).

Staff

Requirements:

- Any medical clinic staff member or volunteer who is a confirmed case of COVID-19 or has core [COVID-19 symptoms](#) must isolate for 10 days.
 - Individuals are required to observe 14-day quarantine requirements only if directed to do so by a public health or federal border official.
- Medical clinic 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.

Documentation

Requirement:

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

Recommendations:

Clinics should continually 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

ROUTINE PRACTICES

Point-of-care risk assessments

Requirements:

- A standard point-of-care risk assessment is required upon first interaction with all patients. These risk assessments are essential in determining the patient's health condition and choosing appropriate infection prevention and control tactics.
- Clinic staff may inquire about the patient's vaccination history during a point of care risk assessment, but care cannot be refused to a patient who is not fully vaccinated.

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 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 or pursue vaccination, 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 patients who are symptomatic, unmasked or not fully vaccinated 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 certain interventions are necessary (e.g.,

masking, vaccination) to abate a hazard associated with certain tasks, the employer must ensure the employee abides by those interventions while performing that duty.

Masking and personal protective equipment

Requirements for Staff:

- Chief Medical Officer of Health [Order 42-2021](#) sets out that masks are mandatory in all indoor public spaces and workplaces, including medical clinics.
- All staff providing direct patient/client care or working in patient/client care areas must wear a surgical/procedure mask continuously, at all times.
- Staff who do not work in patient/client care areas or have direct patient/client contact are required to mask continuously in the workplace.
 - Staff may remove their masks only if they are alone in their workspace.
- 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.

Requirements for Patients and Support Individuals:

- Provincial masking requirements compel patients and their support individuals to wear a mask while in medical clinics, with few [exceptions](#).
- Patients cannot be denied care if they cannot, or will not, wear a mask. Please refer to the recommendations section for advice on caring for unmasked patients.
- Staff providing care to any unmasked individual, known COVID-19 case or individual with COVID-like symptoms, must use the appropriate PPE as determined by the point of care risk assessment.
 - 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.
- [Provincial masking requirements](#) are expected to increase the number of requests from patients seeking exemptions from mask requirements. The Chief Medical Officer of Health specifically describes the conditions by which a masking exemption could be issued in [Order 42-2021](#) as:

- Sensory processing disorders
- Developmental delay
- Cognitive impairment
- Mental illnesses including:
 - anxiety disorders
 - psychotic disorders
 - dissociative identity disorder
 - depressive disorders
- Facial trauma or recent oral maxillofacial surgery
- Contact dermatitis or allergic reactions to mask components
- Clinically significant acute respiratory distress

CPSA defers to a physician's clinical judgement in deciding whether to provide or deny a medical mask exemption letter based on the patient's specific condition and these specific criteria. It should be noted that having one of the conditions listed does not automatically qualify a patient for a mask exemption. If, after an assessment, the clinical judgment is that a medical exception note is not appropriate or necessary, the physician is not required to provide one.

The suggested template for mask exemption notes can be found [here](#).

- 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 time spent in medical clinics.
 - CPSA expects physicians and clinic staff who are returning from international travel to wear a [surgical or procedure mask](#) while in clinic settings during this 14-day period.

Recommendations:

- Consider offering new procedure/medical masks to patients who may have forgotten one, or when the quality and cleanliness of a patient's mask may be in question.
- 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.
- 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.

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 minimize the availability of communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.

PHYSICAL DISTANCING AND GATHERINGS

Requirement:

- Physical distancing of two meters is required between patients who are not from the same household.
 - Physicians and clinic staff are not required to maintain physical distancing while attending to patients.

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).
- Ensure 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 sets out [quarantine requirements](#) 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.
- Fully-vaccinated travellers 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.

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 after return, 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

- [COVID-19 Info for Albertans](#)
- [Travel Requirements](#)
- [Vaccination Questions and Answers for the Public and Healthcare Practitioners](#)

Government of Canada

- [Travel Requirements](#)