

OVERVIEW

As COVID-19 transmissibility evolves and the number of Albertans vaccinated against COVID-19 increases, heightened measures set out by Alberta Health for preventing the spread of the virus are being [relaxed and removed](#).

Preventing the spread of infection remains a priority within community medical settings. As in pre-pandemic times, Alberta physicians and clinics must follow [CPSA's Infection Prevention and Control General Standards](#). Preventing infection is a multi-faceted strategy. Where one protective measure is removed, such as mandatory masking, infections are still prevented through other measures.

This guidance has been prepared to assist physicians and clinics in understanding requirements for preventing infections within their professional settings while offering recommendations for those who wish to maintain some of the heightened safety practices associated with COVID-19.

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ROUTINE PRACTICES

Point-of-care risk assessments

Requirements:

- A standard point-of-care risk assessment is always required upon each unique interaction with a patient.
 - Community medical clinic staff must screen each individual patient and choose appropriate procedures and PPE based on the results of this screening.

- Physicians and medical clinic staff may ask patients about vaccination status, travel history, willingness to wear a mask and if they have recently been tested for COVID-19 as part of the clinic's point-of-care risk assessment. However, clinics cannot refuse to see a patient in person based on how they respond to these questions.

Recommendations:

- Patients who are not fully vaccinated, patients without recent COVID-19 test results, and patients who indicate that they cannot, or will not, wear a mask in the clinic can still be seen safely in-person.
 - Clinics should refer to [CPSA's Infection Prevention and Control General Standards](#), which are designed to be effective in preventing transmission in the absence of measures like masking and vaccination.
- Where feasible, clinics may continue the use of barriers (e.g., plexiglass) at reception to protect staff responsible for screening patients, accepting payments, rebooking appointments, etc.
- While walk-in services remain permitted, medical clinics should continue to offer patient services by appointment, when possible, to better facilitate effective point-of-care risk assessments.
- Where patients may be presenting in-person with COVID-19 symptoms, or where clinics may want to heighten their protection of staff and other patients, consider:
 - setting a dedicated time of day specifically for these assessments,
 - dedicating a specific exam room,
 - making in-person interactions as short as possible,
 - providing some care [virtually](#), even if a partial in-person visit is needed (e.g., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in-person physical assessment),
 - Asking the patient to avoid the waiting room (i.e., advise patient to wait outside the clinic and have reception text/call the patient when the physician/staff are ready)

Masking and Personal Protective Equipment (PPE)

Requirements:

- Employers must work with clinic staff to identify and mitigate hazards in the workplace. If a clinic-specific hazard assessment reveals that masking is necessary to abate a respiratory hazard (i.e., COVID-19 transmission), the employer must require their staff to wear masks.

- Even those who are fully vaccinated can still acquire, carry and transmit COVID-19. The vaccination status of an employee or patient does not forego the need for staff to wear equipment (e.g., masks) or take precautions (e.g., physical distancing, barriers) that prevent an identified risk of transmission of infection.
- Effective March 1, 2022, indoor masking is no longer a provincial requirement. Clinic staff may request that patients wear a medical mask upon entering the clinic. However, patients cannot be refused service or treatment if they cannot, or will not, wear a mask.
- If a patient's point-of-care risk assessment reveals in-person care is necessary, clinic staff must choose PPE appropriate to the patient's presentation.
 - When seeing a COVID-positive patient, or patient with COVID-like symptoms, a surgical/procedure mask, gown, gloves and protective eyewear that provides adequate coverage against secretions and other droplets entering the eyes is considered minimally essential.
 - Staff who interact with asymptomatic patients, patients who are not fully vaccinated or patients who cannot, or will not, wear a mask are not required to wear enhanced PPE, although they may choose to do so.
- N95 masks and full PPE are not routinely required for community medical clinics unless performing Aerosol Generating Medical Procedures (AGMP).

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.

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:

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

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 that patients contact.
- Spread out appointment times so that examination rooms can be properly cleaned and disinfected.
- 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 labelled instructions.

Recommendation:

- Minimize the presence of communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.

ADMINISTRATIVE CONTROLS

Documentation

Requirement:

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

Recommendations:

Clinics should 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:

- A physician, clinic employee or volunteer who is confirmed case of COVID-19 must isolate in accordance with [provincial requirements](#).
- Staff must be trained on infection prevention and control, and training must be documented.
- The clinic must have an updated policy and procedure that addresses exclusion of staff or volunteers who are sick.

Recommendations:

- Physicians, clinic employees, volunteers and contractors may wish to complete a self-assessment screening before each shift and not show up to work if feeling ill or symptomatic.
- Clinics should have contingencies for absenteeism due to illness among staff, volunteers and their families.
- Employers are encouraged to ensure sick leave policies address expectations that staff and volunteers stay home while sick or isolating.

Vaccinations

Requirements:

- COVID-19 immunization remains voluntary for Albertans.
- Care cannot be refused to patients who are not fully vaccinated or do not have recent COVID-19 test results.
- 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 the absence of vaccination.
- Clinic staff and volunteers 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 workplace occupational health and safety policy aimed at protecting coworkers, patients and volunteers. For more details, see the Government of Alberta's [COVID-19 as a Workplace Hazard](#) resource.

Recommendation:

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

PHYSICAL DISTANCING AND GATHERINGS

Recommendations:

- Patients will appreciate continued attempts to facilitate physical distancing in the clinic (e.g., staff, volunteers, patients). For example,
 - Examine if there are opportunities to 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).
 - Maintain reasonable separation between chairs/furniture.
- If possible, seek opportunities to cohort appointments for patients from the same household.
- Clinics may wish to continue to look for opportunities to 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. Clinic-specific decisions should be made on the appropriateness of group activities such as meetings, gatherings and training classes for staff and volunteers. Continue to choose virtual media platforms where in-person meetings may be assessed to be not appropriate to the setting or situation.

- Assess whether limitations may be necessary on the number of people in shared spaces (such as lunchrooms).

INTERNATIONAL TRAVEL

Requirements:

- Physicians, clinic staff and patients returning from international travel are required to adhere to [federal re-entry and testing requirements](#).
- Individuals required to quarantine after returning from international travel are permitted to leave quarantine in the event that they must seek emergency medical care.

Recommendations:

- It is strongly recommended that returning physicians and clinic personnel still use heightened caution if they return to work within 10 days of their return. Heightened caution may include maintaining physical distancing from patients and staff, working from home, continuous use of a medical mask, postponement of assessments and virtual appointments.
- Clinics may continue to ask patients about recent travel history during point-of-care risk assessments to assist in diagnosis, strategize treatment options, and to inform the use of PPE.

ADDITIONAL RESOURCES

Occupational Health and Safety (OHS)

- [COVID-19 as a Workplace Hazard](#)
- 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 Public Health Actions](#)

- [Travel Requirements](#)

Government of Canada

- [Travel Requirements](#)