


# **Preventing Transmission of Respiratory Infection in Community Medical Clinics**

IPAC Program Guidance

May 2023



## Background

The COVID-19 pandemic heightened clinical awareness around the importance of preventing the spread of respiratory infections. This remains a priority for community medical clinic settings.

At certain moments during the COVID-19 pandemic, patients were advised to stay home and only seek medical attention for “urgent” matters. Individuals who had symptoms of, or exposure to, respiratory illness were also mandated to isolate or quarantine in an effort to slow community transmission of the COVID-19 virus. **It is important to recognize that these measures were time-limited and are no longer in place.**

Clinics can provide quality care for patients with symptoms of, or at heightened risk of, respiratory illness while undertaking measures to protect all patients from spread of respiratory infection. Blanket policies that redirect patients who present a heightened risk of transmission to another location for care (e.g., urgent care, emergency) are inappropriate.

Success in preventing the transmission of respiratory infections requires diligence beyond the examination room. Infection prevention tactics should contemplate the safety of the others present in the clinic and be applied throughout the clinic.

## Purpose

This guidance is intended to support regulated members and medical clinic staff in mitigating risks of respiratory infection transmission in clinic settings. This guidance should be used in conjunction with CPSA’s [Infection Prevention and Control Requirements for Medical Clinics](#).

For assistance or more information, contact the CPSA IPAC Program: [ipac@cpsa.ab.ca](mailto:ipac@cpsa.ab.ca) or 780-969-5004.

## Introduction

Pathogens that cause respiratory infections regularly circulate in the community. In order to protect the clinic environment and those within it, clinics must rely on infection prevention and control tactics that reduce risk but still enable quality patient care. The necessary approach involves assessing patient transmission risk and then taking the appropriate action to reduce it.



### Step 1: assess risk

A point-of-care risk assessment is required before each unique patient interaction. Clinic staff are expected to assess patient risk upon appointment booking and arrival to the clinic. The goal is to determine the risk of transmission the patient presents and, based on the assessment, choose appropriate procedures and personal protective equipment (PPE).

#### Questions to ask the patient

Ask each patient to describe their symptoms and reasons for visiting. Clinic staff may also ask a patient about immunization status, recent travel and activities, willingness to wear a mask and if they have recently been tested for a respiratory illness. These questions help staff identify any transmission risk that the patient presents. However, clinic staff cannot refuse in-person care based on how or whether a patient responds to these questions.

#### Why appointments are beneficial

Offering care on an appointment basis can increase the effectiveness of point-of-care risk assessments. Appointments allow clinics to determine patient symptoms prior to arrival, while maintaining a more predictable and manageable patient volume.

#### Screening tests

Screening tests (e.g., COVID-19 rapid antigen) performed prior to the appointment may be used as an adjunct to symptom-based risk assessment, but a negative test cannot be required prior to in-person care, and care cannot be denied if the patient is unwilling or unable to perform a test.

## **Step 2: take action**

Each clinic will have its own threshold for when a patient presents a higher risk of transmission. Several factors can be contemplated, including the patient's symptoms, their willingness to wear a mask, the nature and duration of the assessment and the health status of the clinic's staff, clinicians and overall patient population.

### **Safe in-person assessments**

In-person care can safely be offered to patients presenting a higher risk of transmission. In these instances, the clinician should don appropriate PPE and clinic staff should undertake other necessary precautions (e.g., diligent environmental cleaning and hand hygiene).

During assessments of patients presenting with a heightened risk for transmitting respiratory infection, clinic staff should utilize precautions from the following list as appropriate to the risk assessment:

- perform hand hygiene
- don a disposable gown
- don a well-fitted mask appropriate to the risk assessment
- don protective eyewear (e.g., goggles, face shields or visors that provide adequate coverage against secretions and other droplets entering the eyes)
- don gloves

### Step 3: set up for success

Clinics are obligated to take steps to reduce transmission risks among patients and clinic staff in all areas of the clinic, including waiting rooms. Some potential strategies include:

- Offering walk-in patients with non-urgent presentations a same-day appointment to reduce waiting room congestion and allow for safer assessment of symptomatic patients.
- Requesting that all patients don face masks for the duration of their time in the clinic. Patients cannot be refused care if they cannot, or will not, wear a mask.
- Dedicating a specific exam room and/or time of day for higher-risk interactions so that heightened measures can be more carefully overseen by clinic staff.
- Weather and safety permitting, requesting that patients avoid the waiting room while they wait for their examination/assessment (e.g., inquire if the patient is willing to wait outside the clinic and be texted/called when the physician/staff are ready).
- Offering virtual care when the clinician determines the patient's specific presentation can be appropriately assessed virtually. Please refer to the [Virtual Care standard of practice](#) and [Advice to the Profession](#) document for more information.
- Considering re-scheduling a visit or offering virtual care when a patient becomes symptomatic in advance of a routine non-urgent visit and does not require an in-person assessment for their concern.
- Shortening the duration of in-person interactions and supplementing with virtual care (e.g., an essential prenatal visit could be divided into a virtual care discussion of testing/screening options with a brief in-person physical assessment).
- Staggering appointment times to reduce congestion in waiting rooms. For example, physician A begins seeing successive patients at 08:15 and 08:30 while physician B sees patients at 08:20 and 08:35.
- Requiring asymptomatic clinic staff who interact with vulnerable patients to don a properly fitted mask. This is not only protective to the staff member, but also enhances protection of the patient from asymptomatic spread.

## Additional Resources

### CPSA

- [Infection Prevention and Control Requirements for Medical Clinics](#)
- [Virtual Care Standard of Practice](#)
- [Virtual Care Advice to the Profession](#)
- [Hand Hygiene Guidance](#)
- [Safe use of Personal Protective Equipment](#)
- [Terminating the Physician-Patient Relationship Standard of Practice](#)

### Alberta Health Services

- [Viral Respiratory Illness Guidance for Community Providers](#)