

ISC-AB Public Health Guidance for Community Health Centres During COVID-19

As the COVID-19 pandemic continues, it is important to follow strict public health measures in community Health Centre settings to minimize the risk of virus transmission and spread amongst staff and clients/patients.

The purpose of this document is to offer guidance for community Health Centres to develop and implement policies and procedures to help minimize the spread of COVID-19. The recommendations and guidance in this document are subject to change based on emerging evidence and the epidemiology of the virus.

Please note that the college of each regulated health profession will be responsible for providing guidelines to its members working in community health care clinics.

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1. Personal Protective Equipment (PPE)

Continuous Masking and Continuous Eye Protection

- Continuous masking (wearing a surgical/procedure mask) as well as eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield) for the full duration of shifts is required by all health centre staff when:
 - working in settings where client care is provided;
 - providing client care;
 - in areas where physical distancing of (2m or 6ft) cannot be maintained from client/patient and co-workers.
- Medical masks (procedure/surgical) used in Health Centres should be at least ASTM Level 1 filtration standards.
 - Non-medical masks/cloth face coverings are not permitted in a health facility.
- Staff who work in areas with no direct contact with patients or patient items (e.g., office settings) are required to wear a medical mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing of two (2) metres.
- When at the Health Centre where screening is available, clients, families, designated family/support persons, and visitors shall be asked to perform hand hygiene and be provided with and asked to wear a procedure mask
 - where screening is not available, hand hygiene shall be performed and procedure masks will be made available and required to be worn.
 - In exceptional circumstances where an individual who is presenting for non-urgent/non-emergent care refuses to mask, they may be asked to leave the health centre. This decision should be made by the most responsible health professional and must be balanced with ensuring the safety of the patient and the acuity of the patient's needs.
 - Adult outpatients who screen positive by answering yes to any question on the COVID-19 screening for COVID-19 symptom criteria shall be provided direction by the health care provider on appropriate masking within the setting and in consideration of their medical condition.
- If the procedure mask becomes damp, soiled, or damaged, the procedure mask must be immediately discarded in a garbage container. A new procedure mask shall be provided upon request.
- Eye protection should be removed when it is wet, soiled, contaminated, damaged, before breaks, at shift change, or when you change your surgical/procedure mask. Eye protection does not need to be changed between each patient encounter, unless the patient has COVID-19 related symptoms, a positive COVID-19 screen, or is a lab-confirmed (or confirmed by an authorized point-of-care test) positive case.
- Hand hygiene shall be performed prior to doffing and after handling a used mask and/or eye protection.

This strategy is intended to prevent transmission of COVID-19 from asymptomatic or pre-symptomatic individuals to others.

Further information on continuous masking and eye protection, the [Use of Masks During COVID-19](#) directive and personal protective equipment can be found on the Alberta Health Services [Personal Protective Equipment](#) website, under the heading *AHS Guidelines for Continuous Masking*.

Masking and PPE requirements for congregate care facilities (supportive living, long-term care, hospice settings, and residential treatment), can be found by referring to the CMOH orders for the respective facility type.

- For Supportive Living, Long-term Care, and Hospice settings, refer to [CMOH Order 29-2020](#), [Order 32-2020](#) and the AHS [Designated Family/Support Access and Visitation in Designated Living Option and Hospice Settings During COVID-19 Directive](#).
- For Residential Addiction Treatment facilities/settings, refer to [CMOH Order 27-2020](#).
- Information is also available in the AHS document [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#). - <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-masking-home-care-congregate.pdf>

Additional PPE

- Staff providing care to any patient/client must continue to follow [Interim IPC Recommendations COVID-19](#) including [Routine Practices](#), perform a [Point of Care Risk Assessment](#), and utilize the appropriate PPE for protection. Ensure staff follow procedures for donning and doffing PPE effectively using the [PPE Checklist](#).
- Use [Contact and Droplet](#) precautions, when caring for a patient with suspected or confirmed COVID-19, including a procedure/surgical mask, gown, eye protection and gloves.
- N95 masks are not routinely required for Health Centre settings unless performing Aerosol Generating Medical Procedures (AGMP), or performing on-site COVID-19 testing using the GeneXpert System. If performing AGMP refer to the [AGMP Guidance Tool](#) <https://www.albertahealthservices.ca/topics/Page17091.aspx>

For further information on PPE and teaching materials refer to [AHS Personal Protective Equipment for COVID-19](#) page. A list of PPE frequently asked questions can be found [here](#).

2. Hand Hygiene

Health Centres should promote and facilitate frequent and proper hand hygiene for staff and clients/patients.

- Perform hand hygiene with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer (with at least 60% alcohol content).
 - Hand washing with soap and water is required if the individual has visibly soiled hands.
- Provide adequate hand hygiene locations. Ensure all handsinks are stocked with liquid hand soap and paper towels at all times.
- Perform hand hygiene regularly. Examples include:
 - entering/exiting the facility
 - donning/doffing PPE
 - before contact with a patient or patient's environment;
 - before a clean or aseptic procedure;
 - after exposure or risk of exposure to blood or body fluids;
 - after contact with a patient or patient's environment.
 - before and after eating
 - after using the washroom
- Educate patients and visitors about how and when to use hand hygiene products.
- Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.

The [AHS Hand hygiene education website](#) has more information, posters and videos about hand hygiene.

3. Screening

- Health Centres should implement active daily screening of all staff, clients/patients, and visitors
- Staff should complete a daily fit for work questionnaire. Refer to the Alberta Health Services [Fit for Work](#) website for access to screening questionnaires and signage, as well as Health Centre resources on the [OneHealth](#) website
- Clients/patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments and upon arrival. Refer to the [Alberta Daily Health Checklist](#) for a list of applicable screening questions.
- Where clients/patients present in-person without phone screening, staff should screen clients/patients upon entry to assess for symptoms.

- Emphasize that any staff who are sick with COVID-like symptoms such as cough, fever, shortness of breath, runny nose, or sore throat, **MUST NOT** be in the Health Centre.

4. Gathering Restrictions and Physical Distancing

- Gathering restrictions are in place to help prevent the spread of COVID-19. COVID-19 can spread rapidly from even a small informal gathering of people, as has been seen in numerous outbreaks. Ensure gathering restriction are followed. Stay up-to-date with regards to the current gathering restrictions [here](#).
 - Limit the number of people in shared spaces such as lunch/break rooms. Physical distancing is required in all spaces.
 - Do not share food, including condiments such as salt/pepper, etc
 - Cancel or re-structure non-essential gatherings (e.g. meetings, training classes). Typically, this involves moving in-person meetings/training to virtual media platforms like teleconference or video conference.
- Maintaining a **two-metre (6 feet) separation** between individuals (e.g., staff, visitors, and clients/patients) is necessary in all settings. Clients/patients that are from the same household can be cohorted.
- Examples of how to promote physical distancing and prevent the risk of transmission amongst staff, and clients/patients include:
 - Provide separate entry and exit points.
 - Restrict the number of staff, and clients/patients in the setting at any one time, and develop appropriate attendee ratios (e.g. worker: patron), where applicable.
 - Minimize the need for clients/patients to stay in the waiting room. Examples of ways to do this include:
 - spreading out appointments, and/or
 - Calling clients (via phone) into the health centre when the examination room is ready
 - Install a physical barrier, such as a partition or window, to separate staff, and clients/patients, where feasible.
 - Increase separation between desks and workstations, or install a physical barrier.
 - Limit the number of people in shared spaces (such as lunchrooms), or stagger break periods.
 - Remove chairs from spaces and tape markers at 6-foot distances to support physical distancing.
 - Limit hours of operation or set specific hours for at-risk clients/patients.
 - Avoid shared-use items

5. Symptomatic Individuals

Symptomatic clients/patients

General guidance:

- 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) are legally required to be in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
- Clients/patients with symptoms: cough, fever, shortness of breath, runny nose, and sore throat should not come to the Health Centre (unless it is to attend a COVID-19 testing site), and should be informed to get tested for COVID-19.

These requirements must be followed regardless of whether or not the individual has been tested for COVID-19. Refer to the Government of Alberta website for up to date [isolation and quarantine requirements](#).

Staff and Client/patients who become symptomatic while at the Health Centre:

Early identification, exclusion and effective case management of symptomatic staff and clients/patients in the Health Centre is necessary to prevent transmission of COVID-19 within the facility and subsequent outbreaks. The NIC/CHN should contact FNIHB CDC Team/MOH as soon as possible, to notify of a symptomatic staff member or client/patient.

- If a staff member or client/patient becomes symptomatic while at the site, the following requirements apply:
 - An individual who develops cough, fever, shortness of breath, runny nose, or sore throat while at the Health Centre, should be given a mask (if they do not have one), and upon consent should be tested for COVID-19.
 - The individual should be provided information on COVID-19 and isolation requirements, sent home immediately in a private vehicle and avoid close contact with other people. If they cannot be sent home immediately, they should be isolated in a room designated for this purpose.
 - Once a symptomatic individual has left the site, immediately clean and disinfect all surfaces and areas with which they may have come into contact.
 - The Health Centre staff should immediately assess and record the names of all close contacts of the symptomatic individual while at the Health Centre. This information will be necessary if the symptomatic individual later tests positive for COVID-19.

Symptomatic clients/patients requiring urgent care:

- Where a symptomatic client/patient requires in-person care that cannot be delayed (medical, dental, etc.), the following should apply:
 - Consider providing some care virtually even if an in-person visit is needed, in order to minimize the in-person time required (i.e., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in-person physical assessment).

- Provide the client/patient with a surgical/procedure mask.
 - Additional IPC precautions (contact and droplet precautions) and PPE (eye protection, surgical/procedure mask, gloves, and gowns) may be required depending on assessment and care that is needed.
- **Operational Considerations:**
 - Spread out appointments.
 - Set a dedicated time of day specifically for symptomatic individuals, in settings where patients may be presenting for the purpose of symptom assessments.
 - If possible, have the client phone before coming to the health centre
 - Have a dedicated exam room
 - Thoroughly clean and disinfect between each client/patient
 - Have client/patient stay outside the clinic until the exam room is ready and then call them in.

Staff or client/patient diagnosed with COVID-19

- If a staff member, or client/patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, FNIHB MOHs and the CDC Team will assist with providing public health guidance.
- Records and contact lists for contact tracing may be sought for up to two days prior to the individual becoming symptomatic.

6. Contact Tracing

- To facilitate the identification of new cases and to reduce spread among employees, Health Centres should maintain an up-to-date contact list for all staff and volunteers, including names, addresses and phone numbers.
- For the purposes of public health tracing of close contacts, employers need to be able to provide information on the:
 - roles and positions of persons working in the Health Centre
 - names of staff members who worked on any given shift; and
 - names of clients/patients in the Health Centre by date and time (make reasonable security arrangements to protect the personal information. For more information refer to the document [Alberta General Relaunch Guidance](#) – Records Management.
 - Records should be kept for 4 weeks.

7. Enhanced Environmental Cleaning and Disinfection

Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is effective at removing them from a surface.

Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.

Use disinfectants that have a Drug Identification Number (DIN) or Natural Product Number (NPN) issued by Health Canada, and a broad spectrum virucidal claim. Look for an 8-digit number (normally found near the bottom of a disinfectant's label). Follow all instructions on the label. Refer to [Appendix A](#) – Selecting disinfectants for Health Centres.

For further guidance on possible hard surface disinfectants please consult the [Interim Disinfectant Substitution Products during COVID-19 Pandemic](#) or your Environmental Public Health Officer. Examples of ready to use disinfectant wipes can be found in [Key Points for Ready to Use \(RTU\) Pre-moistened Disinfectant Wipes](#).

- Communicate, to the appropriate staff, regarding the need for enhanced environmental cleaning and disinfection and ensure it is happening.
- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high touch surfaces (e.g. door knobs, light switches, computers, phones etc.), common areas, public washrooms, kitchen, staff rooms.
- Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, condiments in staff rooms (e.g. salt and pepper shakers) and stuffed toys.

Please refer to the [One Health](#) website Health Centres Resources, and the AHS document [Principles for Environmental Cleaning and Disinfection](#) for more detailed information.

Handling Patient Care Items and Equipment (including charts and electronics)

- Use disposable equipment where possible. If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients.
- Staff should ensure that hand hygiene has been performed before touching any equipment, and clean and disinfect:
 - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.
 - Any shared client/patient care equipment (e.g., blood pressure cuffs, thermometers) prior to use by a different client/patient.
 - For shared computers, laptops and tablets, follow [Recommendations for Using Mobile & Electronic Devices for Contact & Droplet Precautions Including COVID-19](#).

- All staff equipment (e.g., computer carts and/or screens, charting desks or tables, computer screens, telephones, touch screens, chair arms) at least daily and when visibly soiled.
 - Clean any shared items (like chart binders, pens or binders) with a low-level disinfectant wipe.
- Paper is not a means of transmission. Handle all paper with clean hands.
 - Maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer, cleaning/disinfection products and other supplies.
 - Follow the manufacturer's instructions for difficult to clean items.

8. Communication for Staff

- Encourage staff to remain up to date with developments related to COVID-19. Useful websites include:
 - [Government of Alberta – COVID-19 Info for Albertans](#)
 - [Alberta Health Services – Novel Coronavirus \(COVID-19\)](#)
 - [Novel Coronavirus \(COVID-19\) Frequently Asked Questions for Staff](#)
 - Alberta [One Health Portal – COVID-19 Update](#)
 - [Public Health Agency of Canada – Coronavirus Disease \(COVID-19\)](#)
 - [Indigenous Services Canada – Coronavirus \(COVID-19\) and Indigenous Communities](#)
- Notify staff of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures.
- Post information on the following preventative measures in areas where it is likely to be seen by staff and clients/patients:
 - Instruct those who may have symptoms or have been exposed to COVID-19 not to enter
 - physical distancing;
 - hand hygiene (hand washing and hand sanitizer use);
 - respiratory etiquette;
 - continuous masking and eye protection

At a minimum this includes placing signage and posters at entrances, in all public/shared washrooms, waiting areas, and treatment areas. Useful signage and posters for health facilities can be found [here](#).

9. Mental Health

- It is important to have a plan to support the psychological health and wellbeing of staff in addition to meeting public health requirements. Remind staff of mental health and social supports that are available and encourage them to use these resources. For staff this may include resources available through workplace benefits.
- These online resources provide advice on handling stressful situations and coping with COVID-19:
 - [Hope for Wellness](#) – 1-855-242-3310
 - [Help in Tough Times](#)
 - [Coping With Stress](#)

10. Workplace Sick Leave Policies

- Prepare for the possibility of increases in absenteeism due to illness, isolation requirements, or caregiver responsibilities among staff, and their families.
- Employers are encouraged to examine sick-leave policies to ensure they align with public health guidance. There should be no disincentive for staff to stay home while sick or isolating.
- Changes to the Employment Standards Code will allow full and part-time employees to take 14 days of job-protected leave if they are:
 - required to isolate
 - caring for a child or dependent adult who is required to isolate.
 - staff are not required to have a medical note.

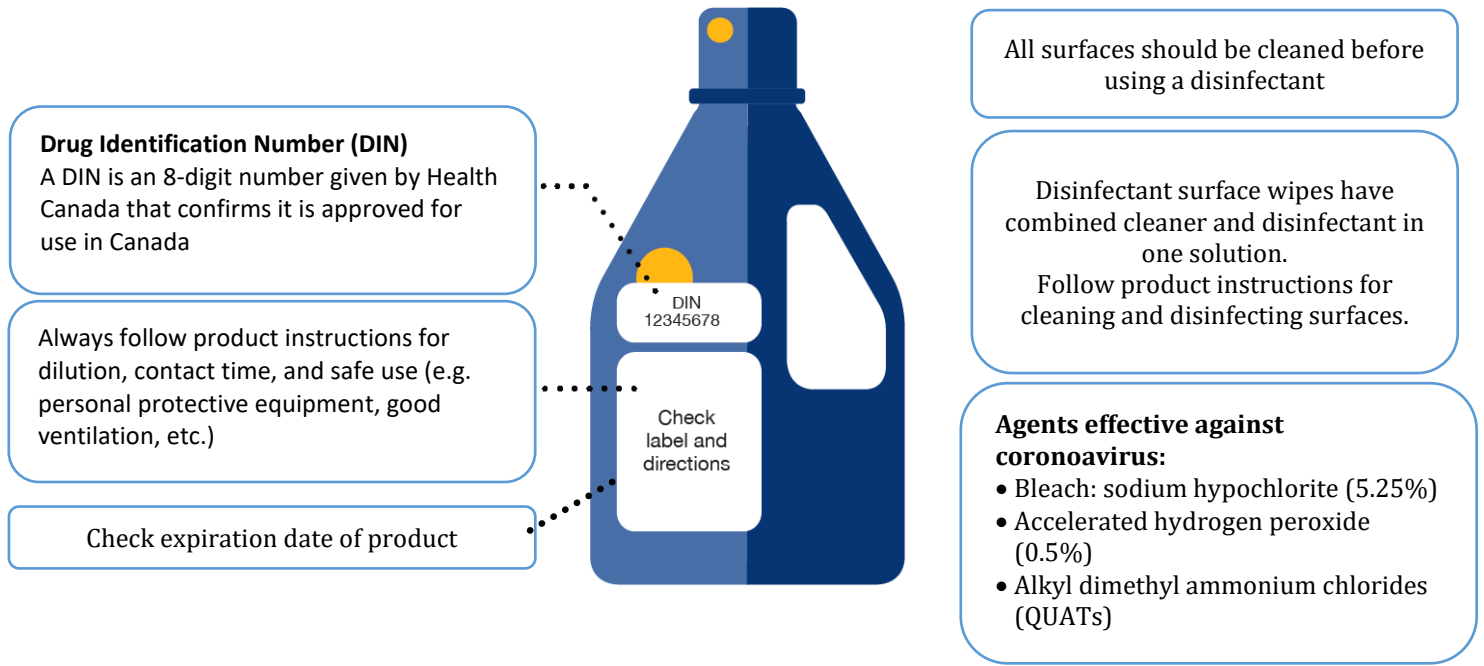
For more information, visit the [Alberta Employment Standards site for COVID-19 leave](#).

If you have questions please contact your community Environmental Public Health Officer, or send your questions to sac.cdemergenciesaburgencesmtab.isc@canada.ca

Appendix A - Selecting Disinfectants for Health Centres
(refer to the [Cleaning and Disinfection Guide for Health Care Facilities on OneHealth](#))

- High-touch surfaces are most likely to be contaminated and should be cleaned and disinfected regularly. Surfaces must be cleaned with a hospital grade detergent solution or wipe before they are disinfected. Allow to air dry.
- Only use approved disinfectants that have a Drug Identification Number (DIN) or a Medical Device License (DML). United States Environmental Protection Agency (EPA) or Food and Drug Administration (FDA) approvals are not approved for use in Canada.
- The following table is a guide always refer to the manufacturer's instructions for use. Check the expiry date of products before use

Low-level	Intermediate-level	High level
For disinfecting non-critical surfaces and equipment that only touch intact skin.	For disinfecting some semi-critical and non-critical items Used instead of low level disinfectant for hard to kill organisms, like mycobacteria. It often has a shorter contact time than low-level.	For disinfecting reusable semi-critical equipment that can touch non-intact skin or mucous membranes.
Drug Identification Number (DIN) on label	Drug Identification Number (DIN) on label	Drug Identification Number (DIN) on label Medical Device License (may not be on label)
Labelled with the word: disinfectant	Labelled with the words: disinfectant and TB, Tuberculocidal or Mycobacterium	Labelled with the words: sporicidal or high level disinfectant and TB, Tuberculocidal or Mycobacterium
Available in most retail stores. Household cleaning products	Available from janitorial, dental or medical supply companies	Available from janitorial, dental or medical supply companies
Selected Agent Concentration		Uses
Accelerated Hydrogen Peroxide 0.5% -intermediate level disinfection		Used for disinfecting environmental surfaces and medical equipment
Alcohol 70-90% (ethyl or isopropyl alcohol) -intermediate level disinfection		Soaking or wiping equipment as directed my equipment manufacturer
Chlorine: (5.25%) Bleach - Prepared daily		
100ppm (1/2 tsp bleach to 1L water) -low level disinfection – 10 minute contact time		Used for disinfecting food contact surfaces.
1000ppm (20mL bleach to 1L water) -intermediate level disinfection – 10 minute contact time		Used for disinfecting environmental surfaces and medical equipment.
5000 ppm (1part bleach to 9 parts water) -high level disinfection -10 minute contact time		Used for disinfecting surfaces or medical equipment. Extremely corrosive, refer to equipment manufacturers suggested cleaning and disinfection products. -not for general cleaning purposes.
Hydrogen Peroxide (6%)		
Phenols -ex.Pinesol		Used for disinfecting environmental surfaces. (ex. Floors, walls, furnishings) *not to be used in nurseries or on toys,
Quaternary Ammonium Compounds (QUATs) aka - Alkyl dimethyl ammonium chlorides -low level disinfection – 10 minute contact time (follow manufactures guidelines) -ex. Lysol		Used for disinfecting environmental surfaces. (ex. Floors, walls, furnishings)



References:

Alberta Health - [Workplace Guidance for Community Health Care Settings](#)

Alberta Health Services – [Interim IPC Recommendations COVID-19.](#)

[Alberta Health Services - Interim Disinfectant Substitution Products during COVID-19 Pandemic.](#)

[Alberta Health Services – Directive - Use of Masks during COVID-19.](#)

[Alberta Health Services – Selecting the Right Disinfectant for your Personal Services Business.](#)

[BC Centre for Disease Control – Environmental Cleaning and Disinfection for Clinic Settings.](#)

Government of Alberta – [General Relaunch Guidance.](#)

[Public Health Ontario – Guide to Infection Prevention and Control in Personal Services Settings.](#)