



Document: Appendix A to Record of Decision – CMOH Order 16-2020

Subject: Workplace Guidance for Community Health Care Settings

Date Issued: May 3, 2020

Scope of Application: As per Record of Decision – CMOH Order 16-2020

Distribution: Colleges under the *Health Professions Act*

Overview

This document has been developed to support community health care settings to reduce the risk of transmission of COVID-19 among staff, volunteers and clients/patients. **The college of each regulated health profession will be responsible for providing guidelines to its members who operate community health care clinics.** This document outlines the criteria that should be included in individual, written workplace policies and procedures established to address the COVID-19 pandemic response. All community health care settings are expected to develop and implement policies and procedures prior to re-opening.

The guidance in this document includes:

- 1) Communication related to COVID-19 for Staff and Volunteers
- 2) COVID-19 Specific Workplace Considerations
- 3) Screening
- 4) Symptomatic staff and volunteers
 - a. Symptomatic clients/patients
 - b. Exceptions
- 5) Staff, volunteers or clients/patients diagnosed with COVID-19
- 6) Prevention
 - a. Hygiene
 - b. Cleaning and disinfecting
 - c. Personal Protective Equipment
 - d. Physical Distancing and Gathering Requirements

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.

Communication related to COVID-19 for Staff and Volunteers

- Encourage staff and volunteers to remain up to date with developments related to COVID-19.
- Remind staff and volunteers about available social and mental health supports during this stressful time, and encourage them to use these resources.
- Notify staff and volunteers 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.
- All non-essential travel outside Canada should be cancelled, as per the Government of Canada's travel advisory.
- Post information on the following topics in areas where it is likely to be seen by staff, volunteers, and clients/patients;
 - physical distancing;
 - hand hygiene (hand washing and hand sanitizer use); and
 - help limiting the spread of infection.
 - At a minimum this includes placing them at entrances, in all public/shared washrooms, and treatment areas.
- When possible, provide necessary information in languages that are preferred by staff and volunteers. Downloadable posters are available at the following link:
<https://www.alberta.ca/prevent-the-spread.aspx#toc-6>.
- Ensure staff and volunteers are aware of CMOH Order 05-2020 which states that any person who is a confirmed case of COVID-19 or has COVID-like symptoms (cough, fever, shortness of breath, runny nose, or sore throat) must be in isolation.

COVID-19 Specific Workplace Considerations

- Prepare for the possibility of increases in absenteeism due to illness among staff, volunteers 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 or volunteers 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.
- Employees are not required to have a medical note.
- To enable quick contact with employees, community health care settings 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:
 - roles and positions of persons working in the workplace;
 - who was working onsite at any given time;
 - names of clients/patients in the workplace by date and time; and
 - names of staff members who worked on any given shift.
- Where feasible, a barrier (e.g. plexiglass) should be installed to protect reception staff. (The reception staff would likely be responsible for screening clients/patients, accepting payment, rebooking appointments, etc.)
- Minimize the need for clients/patients to wait in the waiting room (e.g. possibly by spreading out appointments, and/or having each client/patient stay outside the clinic until the examination room is ready for them and then call in, by phone preferably).

Screening

- If a staff member or volunteer has travelled on essential business outside of Canada, CMOH Order 05-2020 requires individuals who have returned from travel outside of Canada to be in isolation for a minimum of 14 days.
 - If an individual becomes sick during the 14-day isolation period, they should remain in isolation for an additional ten days from the start of symptoms, or until the symptoms resolve, whichever is longer.
- Community health care settings should implement active daily screening of staff, volunteers and clients/patients for symptoms of cough, fever, shortness of breath, runny nose, and sore throat.
 - Staff and volunteers should complete health assessment screening upon arrival.
 - Clients/patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments and upon arrival.
 - Where clients/patients present in-person without phone screening, staff should screen clients/patients upon entry to assess for symptoms.
- Emphasize that any staff or volunteers who are sick with COVID-like symptoms such as cough, fever, shortness of breath, runny nose, or sore throat, **MUST NOT** be in the workplace.

Symptomatic staff or volunteers

Symptomatic clients/patients

General guidance:

- Clients/patients with symptoms: cough, fever, shortness of breath, runny nose, and sore throat should not come to the health care setting and should complete the online self-assessment tool and be tested for COVID-19.
- CMOH Order 05-2020 legally requires 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) to be in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer
 - These requirements must be followed regardless of whether or not the individual has been tested for COVID-19.

Client/patients who become symptomatic while at the site

- If a client/patient becomes symptomatic while at the site, the following requirements apply:
 - A client/patient who develops cough, fever, shortness of breath, runny nose, or sore throat while at the site, should be given a mask and sent home immediately in a private vehicle and avoid public transportation if possible.
 - Clients/patients should complete the online self-assessment tool once they have returned home and be tested for COVID-19.
 - Once a symptomatic individual has left the site, clean and disinfect all surfaces and areas with which they may have come into contact.
 - The employer should immediately assess and record the names of all close contacts of the symptomatic client/patient. This information will be necessary if the symptomatic client/patient later tests positive for COVID-19.

Exceptions:

- 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/procedural mask.
- Additional IPC precautions (contact and droplet precautions) and PPE (eye protection, gloves, and gowns) may be required depending on assessment and care that is needed.
- 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.
- Have a dedicated exam room
- Thorough cleaning between each client/patient
- Have client/patient stay outside the clinic until the exam room is ready and then call them in.

Staff, volunteer, or client/patient diagnosed with COVID-19

- If a staff member, volunteer, or client/patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS) will be in contact with the health care setting to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic.
 - Health care settings need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

Prevention

Hygiene

- Community health care settings should promote and facilitate frequent and proper hand hygiene for staff, volunteers and clients/patients.
- Employers should instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
 - Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
 - The AHS [Hand hygiene education webpage](#) has more information, posters and videos about hand hygiene.
 - Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.

- Employers and business 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.
- Clients/patients should have access to alcohol based hand sanitizer as they enter the site and be encouraged to use it.

Enhanced Environmental Cleaning

- Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly 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.
- Communicate, to the appropriate staff, regarding the need for enhanced environmental cleaning and disinfection and ensure it is happening.
 - Use disinfectants that have a Drug Identification Number (DIN) or Natural Product Number (NPN) issued by Health Canada and do so in accordance with label instructions.
 - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- Use disposable equipment where possible.
- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas (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, and stuffed toys.
- 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.
 - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) at least daily and when visibly soiled.
- Where necessary maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer and other supplies.

- Follow the manufacturer's instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email continuing care@albertahealthservices.ca.

Personal Protective Equipment (PPE)

- All staff providing direct client/patient care or working in client/patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct client/patient contact or cannot maintain adequate physical distancing (2 metres) from client/patient and co-workers.
 - The rationale for masking of staff providing direct client/patient care is to reduce the risk of transmitting of COVID-19 from individuals in the asymptomatic phase.
- Any staff who do not work in client/patient care areas or have direct client/patient contact are required to mask at all times in the workplace if a physical barrier e.g. plexiglass is not in place or if physical distancing (2 metres) cannot be maintained.
- N95 masks and full PPE is not routinely required for Community Health Care settings unless performing Aerosol Generating Medical Procedures (AGMP). If performing AGMP refer to specific regulatory body guidance.
- Staff providing care to any patient/client with symptoms suggestive of COVID-19 must do a point of care risk assessment and utilize the appropriate PPE for protection.
- For more information refer to: [Health care setting PPE guidelines](#).

Physical Distancing and Gathering Requirements

- [CMOH Order 07-2020](#) prohibits gatherings of more than 15 people, however this does not prohibit healthcare settings from having more than 15 staff in a workplace.
- Examples of how to prevent the risk of transmission amongst staff, volunteers and clients/patients.
 - Maintaining a two-meter separation between individuals (e.g., staff, volunteers, clients/patients) is preferred in any health care setting. Clients/patients that are from the same household can be cohorted.
 - Restricting the number of staff, volunteers and clients/patients in the setting at any one time.
 - Installing a physical barrier, such as a partition or window, to separate staff, volunteers and clients/patients, where feasible.

- Increasing separation between desks and workstations.
- Eliminating or re-structuring of non-essential gatherings (e.g. meetings, training classes) of staff and volunteers. Typically, this involves moving in-person meetings to virtual media platforms like teleconference or video conference.
- Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods. Removing chairs from spaces and taping markers at 6-foot distances may be helpful to support physical distancing.
- Limiting hours of operation or setting specific hours for at-risk clients/patients.

References

1. [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#), Government of Canada.
2. [Coronavirus disease \(COVID-19\): Transmission](#), Government of Canada.
3. [Clean & Disinfect](#), US Centers for Disease Control and Prevention.
4. [Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities](#), US Centers for Disease Control and Prevention.
5. [Getting your workplace ready for COVID-19](#), World Health Organization.
6. [Interim Guidance for Business and Employers](#), US Centers for Disease Control and Prevention.