



INFECTION PREVENTION AND CONTROL GUIDANCE	
SCREENING	<p>Patients should be screened for symptoms and exposure criteria for COVID-19 using the following tools:</p> <ul style="list-style-type: none"> • SHA Inpatient, Outpatient and Continuing Care Screening Form • SHA Emergency Department Rapid Triage COVID-19 Screening Form
TRIAGE AND PATIENT ACCESS POINTS	<ul style="list-style-type: none"> • Health care facilities should minimize the number of access points and ensure that partitions or clear transparent barriers are placed in any areas where patients present directly for care (e.g., triage and reception desks, screening desks/tables, patient reception desks, Emergency rooms) • Alcohol based hand-rub (ABHR), tissues and masks should be readily available at all triage and patient access points • To ensure prompt identification of all patients presenting with influenza-like illness: <ul style="list-style-type: none"> ○ Post <u>signs</u> at all points of public or patient access (e.g., patient entry locations, triage, and registration areas) reminding symptomatic patients to alert staff ○ Provide face mask to patients and accompanying family member/support person ○ Identify separate waiting areas (with 2 metre separation or a physical barrier) for suspect COVID-19 patients, if unable to isolate immediately ○ Encourage patients and family member/support person perform hand hygiene and respiratory etiquette
HAND HYGIENE	<ul style="list-style-type: none"> • Health care workers (HCWs) should perform hand hygiene according to SHA Hand Hygiene Policy • Education should be provided to patients and family member/support person about how and when to perform hand hygiene
POINT OF CARE RISK ASSESSMENT (PCRA)	<ul style="list-style-type: none"> • Always perform a point-of-care risk assessment (PCRA) before every clinical encounter regardless of COVID-19 status: Point of Care Risk Assessment
PATIENT PLACEMENT (NO AGMP REQUIRED)	<ul style="list-style-type: none"> • Follow the COVID-19 Acute Care Placement and Precautions Algorithm when admitting patients who meet the screening criteria for COVID-19 <ul style="list-style-type: none"> ○ Place patients in a single room with hard walls, a door and toilet ○ If a single room is unavailable, refer to Appendix A - Patient Placement Priority for Private rooms and consult with IPAC and/or the most responsible physician about cohorting • Droplet/Contact Plus*precautions signage should be placed at the entrance to the room



**PERFORMING
AEROSOL GENERATING
MEDICAL PROCEDURES
(AGMPs)**

- Refer to [Aerosol Generating Medical Procedures \(AGMPs\) List](#)
- AGMPs should be limited to those that are medically necessary
- Limit the number of HCWs in the room
- Place patient in a private room with hard walls and a door. Ensure the door is closed
- If available, place patient in an Airborne Infection Isolation Room (AIIR)
- If AIIRs are limited, consider prioritizing patients into these rooms (e.g., critically ill patients with confirmed COVID-19 due to the likelihood of requiring AGMPs on a regular basis)
- [Droplet/Contact Plus*precautions](#) and Airborne precautions/[aerosolize settle time signage](#) should be placed at the entrance to the room
- Airborne precautions/[aerosolize settle time signage](#) should remain in place until after AGMP has been performed and [air settle time](#) has been achieved. The settle time should never impact patient care needs and should not delay essential patient or staff movement in and out of the room.
- If the number of air changes per hour is unknown, then air settle time for a patient room is 2 hours or 120 minutes
- If the number of air changes per hour is known, refer to Table 1

Table 1: Time in Minutes Needed (by number of air exchanges per hour) to Reduce Airborne Contaminants by 99%. Adapted from Airborne Contaminant Removal –Centers of Disease Control, USA

Air exchanges per hour	99%
2	138
4	69
6	46
12	23
15	18
20	14

- Before [air settle time](#) has been achieved: Do NOT admit a new patient. If entering room, wear an N95 respirator
- After [air settle time](#) has been achieved: Airborne Precautions/[aerosolize settle time signage](#) can be removed. N95 respirators are no longer required

Note: Some patients may require ongoing or continuous aerosol generating treatments (e.g., CPAP, BiPap, Optiflow). Under these circumstances airborne precautions sign/[aerosolize settle time signage](#) must remain posted for the duration of the therapy and up until therapy has been discontinued and [air settle time](#) has been achieved



<p>CONTINUOUS MASK USE</p>	<ul style="list-style-type: none"> Follow Continuous Mask Use guidelines for use of masks by HCWs who work in a clinical area/facility where there will be direct or indirect contact with patients
<p>PERSONAL PROTECTIVE EQUIPMENT (PPE)</p>	<ul style="list-style-type: none"> For PPE requirements, refer to Continuous and Extended PPE Use Guidelines Acute Care All PPE should be put on prior to entering the patient’s room All PPE to be removed before leaving the patient’s room. EXCEPTION: When an AGMP is performed, N95 respirator + facial/eye protection to be removed OUTSIDE of room (or as per facility protocol) Staff should refer to and follow the instructions for putting on (donning) and taking off (doffing) PPE
<p>STAFF ATTIRE/ PERSONAL ITEMS</p>	<ul style="list-style-type: none"> Refer to Ways to Stay Safe at Work and Frontline Worker Safety Guide
<p>PATIENT MOVEMENT/ TRANSPORT OUTSIDE OF ROOM</p>	<ul style="list-style-type: none"> Patient movement and/or transport should be restricted to essential tests and procedures; exceptions require consultation with IPAC or the most responsible physician When movement is required: <ul style="list-style-type: none"> Notify the receiving area, before departure, of the need for Droplet/Contact Plus* precautions Use predetermined transport routes to minimize exposure for staff, other patients and visitors Staff must maintain Droplet/Contact Plus* precautions during patient transport When transport with an AGMP underway is required: <ul style="list-style-type: none"> Use the most direct route to the destination Ensure other staff, patients and visitors are at least 2 metres from the transferring patient Any HCWs involved in the transport should follow Droplet/Contact Plus* precautions and wear an N95 respirator Any high touch surfaces such as hand rails or door handles/push buttons along the route taken should be immediately cleaned and disinfected Refer to CV-19 WS0011 Transfer and Temporary Location of a Patient on Droplet/Contact Plus Precautions If patients must leave their room for medically necessary tests, they should: <ul style="list-style-type: none"> Perform hand hygiene Put on clean clothing or hospital gown/housecoat Put on a procedure/surgical mask Minimize touching or contact of surfaces outside of room If inter-facility transport is required, notify EMS and the receiving facility about Droplet/Contact Plus* precautions prior to transport



<p>DAY PASSES (for essential medical reasons only)</p>	<ul style="list-style-type: none"> • Patient day passes/essential appointments will be determined by the care team • If a day pass is issued, the patient must be re-screened upon return to the facility as per SHA Inpatient, Outpatient and Continuing Care Screening Form • If patient screens negative, no special precautions are required; routine practices are sufficient • If patient screens positive, they must be placed on Droplet/Contact Plus* precautions following the COVID-19 Acute Care Placement and Precautions Algorithm
<p>PATIENT CARE ITEMS AND EQUIPMENT</p>	<ul style="list-style-type: none"> • Use disposable equipment when possible • All reusable equipment and supplies, along with toys, electronic games, personal belongings, etc., should be dedicated to the patient until discharge • If reusable equipment cannot be dedicated to a single patient, clean and disinfect thoroughly with a low-level disinfectant before use on another patient • Items that cannot be appropriately cleaned and disinfected should be discarded upon patient discharge or transfer
<p>FAMILY MEMBER/SUPPORT PERSON</p>	<ul style="list-style-type: none"> • Family members/support persons to any health care facility will only be permitted for compassionate reasons as per the Family Member/Support Person Presence Guidelines • If approved, family members/support persons will be screened using the Family and Support Screening Tool
<p>ENVIRONMENTAL CLEANING AND DISINFECTION</p>	<ul style="list-style-type: none"> • Cleaning/disinfection products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient as long as manufacturer’s instructions are followed (e.g., dilution, application and contact time) • All surfaces, especially those that are horizontal and frequently touched, should be cleaned at least twice daily and when soiled, in addition to facility cleaning protocol for droplet/contact precautions • All surfaces or items, outside of the patient room, which are touched by or in contact with HCWs (e.g., computer carts, medication carts, charting desks or tables, computer screens, telephones, touch screens) should be cleaned at least daily and when soiled (Refer to WS0001 Electronic Devices Cleaning Recommendations) • After discharge, transfer or discontinuation of droplet/contact plus precautions, follow your facility’s terminal cleaning protocol • Additional precaution signs should not be removed until both patient’s personal hygiene and environmental cleaning have been completed
<p>LINEN AND DISHES</p>	<ul style="list-style-type: none"> • No special precautions are required; routine practices are sufficient



WASTE MANAGEMENT	<ul style="list-style-type: none">No special precautions are required; routine practices are sufficient
DISCONTINUATION OF PRECAUTIONS	<ul style="list-style-type: none">Refer to Modification of Precautions for COVID-19 Negative Inpatients and Residents
HANDLING DECEASED BODIES	<ul style="list-style-type: none">Refer to the work standard for Death, Care of the Body in PUI or Confirmed COVID-19

**Additional Resources:**

Government of Saskatchewan website: [Video: Correct Donning and Doffing of Personal Protective Equipment](#)

Infection Prevention and Control for Clinical Office Practice: [Saskatchewan guideline](#)

References

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Appendix A: Patient Placement Priority for Private Rooms – IPAC Guidance

Priority	Organisms or ARO	Type of Isolation	Guidelines
HIGH	Tuberculosis, Chicken Pox, Disseminating Herpes Zoster and Measles	Airborne or Airborne/Contact Precautions	Always require a single private room with dedicated bathroom, negative pressure, and door closed at all times
	Confirmed COVID-19 cases with potential need for AGMPs	Droplet/Contact Plus*	Negative pressure room recommended. If no negative pressure room, private room and dedicated bathroom <hr/> Confirmed positive cases of COVID-19 can be cohorted in the same room if necessary
	Symptomatic COVID-19 (Awaiting test results or negative test) or Asymptomatic with exposure criteria	Droplet/Contact Plus*	If private room is not available, place asymptomatic patients that meet the same exposure criteria in shared room (Refer to Acute Care Placement and Precautions Algorithm)
	Confirmed or suspected <i>C. Difficile</i> or Norovirus or Diarrhea NYD	Contact Precautions with Soap and Water for hand hygiene	Private room recommended. Washroom cannot be shared
	Confirmed Carbapenemase-producing organism (CPO)	Contact Precautions	Private room recommended. Washroom cannot be shared
	Other suspected or confirmed viral Influenza-like Illness (Influenza A or B, Rhinovirus, etc.)	Droplet/Contact	Private room recommended. If unavailable, may cohort with lab confirmation of the same viral organism
	Other organisms ⁺ spread by the droplet or droplet/contact route ⁺ diphtheria, mumps, rubella, etc.	Droplet/Contact	Private room recommended. If unavailable, may cohort with lab confirmation of the same organism
LOW	ARO Infections (MRSA or VRE) Not colonization	Contact- uncontrolled drainage or body fluids Droplet/Contact - pneumonia	Private room if possible. If unavailable, may cohort with lab confirmation of the same organism