



INFECTION PREVENTION AND CONTROL GUIDANCE	
SCREENING	<p>Residents 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
ACCESS POINTS	<ul style="list-style-type: none"> • Facilities should minimize the number of access points • Partitions or clear transparent barriers are encouraged in any areas where screening of staff, patients and family members/support persons might occur • If a transparent barrier is not in place, screeners should be provided with appropriate PPE. Refer to Continuous and Extended PPE Use Guidelines for Continuing Care • Screening of all staff, residents, and family members/support persons and contractors or outside care providers is conducted at all access points, with signage, and assessment for symptoms or known exposure to COVID-19 prior to entry • Provide face masks to staff, residents, family members/support persons and contractors or outside providers • Alcohol based hand-rub (ABHR), tissues, masks and waste receptacles should be readily available at each entrance • Ensure residents and family members/support persons 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 residents and family members/support persons about how and when to perform hand hygiene
RESIDENT WHO IS SYMPTOMATIC FOR COVID-19	<ul style="list-style-type: none"> • Droplet/Contact Plus*precautions signage should be placed at the entrance to the room • Place resident in a single room with hard walls, a door and toilet, if possible • If a single room is unavailable, consult with Infection Prevention and Control (IPAC)/Medical Health Officer(MHO) and/or the most responsible provider (MRP) about cohorting staff and/or residents • Roommates of symptomatic residents should not be moved to new shared rooms, and instead should be moved to a new single room for isolation and monitoring for symptoms if possible, or maintained in place if a 2 metre separation and privacy curtains can be implemented and remain closed at all times • If initial COVID-19 test is negative, follow Modifications of Precautions for COVID-19 Negative Inpatients and Residents for residents who meet screening criteria for COVID-19
NO AEROSOL GENERATING MEDICAL PROCEDURE (AGMP) REQUIRED	



<p>PERFORMING AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)</p>	<ul style="list-style-type: none"> • Refer to Aerosol Generating Medical Procedures (AGMPs) List • AGMPs should be limited to those that are medically necessary. If possible, convert to Metered Dose Inhaler (MDI). Contact MRP regarding medical need to continue CPAP and BiPAP • Limit the number of HCWs in the room • Place resident in a private room with hard walls and a door. Ensure the door is closed • If available, place resident in an Airborne Infection Isolation Room (AIIR) • If AIIRs are limited, consider prioritizing residents into these rooms (e.g., critically ill residents 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 resident care needs and should not delay essential resident or staff movement in and out of the room • If the number of air changes per hour is unknown, then air settle time for resident room is 2 hours or 120 minutes • Before air settle time has been achieved: 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 <p>Note: Some residents 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>
<p>CONTINUOUS MASK USE</p>	<ul style="list-style-type: none"> • Follow Continuous masking principles and guidelines for use of masks by all health care providers who work in a continuing care facility where there will be direct or indirect contact with residents
<p>PERSONAL PROTECTIVE EQUIPMENT (PPE)</p>	<ul style="list-style-type: none"> • For PPE requirements, refer to Continuous and Extended PPE Use Guidelines Continuing Care • PPE should be put on prior to entering the resident’s room • PPE to be removed before leaving the resident’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>RESIDENT MOVEMENT/ TRANSPORT OUTSIDE OF ROOM</p>	<ul style="list-style-type: none"> Resident 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 residents and essential family members/support persons Staff must maintain Droplet/Contact Plus* precautions during resident transport If residents 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/resident housecoat Put on a procedure mask if tolerated Minimize touching or contact of surfaces outside of room If inter-facility transport is required, notify EMS (if applicable), or other transportation service and the receiving facility about Droplet/Contact Plus* precautions prior to transport
<p>RESIDENT ACTIVITY</p>	<ul style="list-style-type: none"> Non-essential outings should be cancelled All group activities should be reassessed for their potential to unnecessarily bring residents in close proximity to each other Residents should be spaced as far as possible from each other, maintaining a minimum distance of 2 metres between each other Group activities should be restricted to a single unit or floor Resident activities in continuing care should ensure that any materials (e.g., electronic tablets or other devices, craft supplies, bingo cards, magazines, books, cooking utensils, linens, and tools) are not shared among residents unless they are cleaned and disinfected between uses for each resident. If items cannot be easily cleaned and disinfected, they should not be shared among residents
<p>RESIDENT CARE ITEMS AND EQUIPMENT</p>	<ul style="list-style-type: none"> Use disposable equipment when possible All reusable equipment and supplies, along with electronic devices and personal belongings should be dedicated to the resident If reusable equipment cannot be dedicated to a single resident, clean and disinfect thoroughly with a health care approved disinfectant before use on another patient Items that cannot be appropriately cleaned and disinfected should be discarded upon resident transfer or discharge



OUTBREAK MANAGEMENT	<ul style="list-style-type: none"> Follow SHA COVID-19 Response Guidance for LTC Facilities
FAMILY MEMBERS/SUPPORT PERSONS	<ul style="list-style-type: none"> Family members/support persons to any healthcare 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
ENVIRONMENTAL CLEANING AND DISINFECTION	<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 twice daily and when soiled, in addition to facility cleaning protocol for Droplet/Contact Plus* Precautions All surfaces or items, outside of the resident 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 resident's personal hygiene and environmental cleaning have been completed
LINEN AND DISHES	<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 Modifications 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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