



**NOVEL CORONAVIRUS (COVID-19):
Interim Infection Prevention and Control Guidance
Outpatient and Ambulatory Care Settings**

INFECTION PREVENTION AND CONTROL GUIDANCE	
PATIENT SCREENING	<ul style="list-style-type: none"> • Call and pre-screen patient* prior to and upon entry to facility for scheduled appointment using SHA Inpatient, Outpatient and Continuing Care Screening Form • Consideration to reschedule appointments for patients that screen positive for COVID-19 unless deemed medically necessary by most responsible provider (MRP)
PATIENT ACCESS POINTS	<ul style="list-style-type: none"> • Minimize the number of access points and ensure that partitions or clear transparent barriers are placed in any areas where screening of staff, patients and family members/support persons might occur • The physical layout should be adjusted to facilitate IPAC measures to prevent transmission of COVID-19 (e.g., spacing chairs 2 metres apart in waiting rooms, placing indicators on floors where queues may occur) and the volume and timing of appointments should take into consideration available space (e.g. scheduled appointments) • To reduce crowding, consideration should be given to asking patients and family members/support persons to remain outside if appropriate (e.g., stay in their vehicles) until they are called in for their appointment • Screening of all staff, patients, family members/support persons, contractors or outside care providers for symptoms or known exposure to COVID-19 should be conducted at all access points, prior to entry • Screeners should be provided with appropriate PPE (Refer to Continuous and extended PPE use guidelines for Outpatient Settings/Primary Health Care) • Alcohol based hand-rub (ABHR), tissues, masks and waste receptacles should be readily available at each entrance • Encourage patients and family members/support persons to perform hand hygiene and respiratory etiquette
HAND HYGIENE	<ul style="list-style-type: none"> • Health care workers (HCWs) and visitors should perform hand hygiene according to SHA Hand Hygiene Policy • Education should be provided to patients and visitors about how and when to perform hand hygiene
POINT OF CARE RISK ASSESSMENT (PCRA)	<ul style="list-style-type: none"> • Always perform a PCRA before every clinical encounter regardless of COVID-19 status: Point of Care Risk Assessment
PLACEMENT FOR PATIENT WHO SCREENS POSITIVE FOR COVID-19 <ul style="list-style-type: none"> • NO AEROSOL GENERATING MEDICAL PROCEDURE (AGMP) REQUIRED 	<ul style="list-style-type: none"> • Follow: Outpatient Clinic and Endoscopy Suite COVID-19 Algorithm for patients who screen positive for COVID-19 <ul style="list-style-type: none"> ○ Place patient in a single room with hard walls, a door and private bathroom (or commode) ○ If exam room not ready, direct patient to waiting room ensuring physical distancing is in place. Consider asking patient to wait in vehicle, when feasible • Droplet/Contact Plus*precautions signage should be placed at the entrance to the room



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<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 Device Inhaler (MDI). Contact MRP regarding medical need to continue CPAP and BiPAP 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) 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 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 <p>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</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Air exchanges per hour</th> <th style="padding: 5px;">99%</th> </tr> </thead> <tbody> <tr style="background-color: #f2f2f2;"> <td style="padding: 5px;">2</td> <td style="padding: 5px;">138</td> </tr> <tr> <td style="padding: 5px;">4</td> <td style="padding: 5px;">69</td> </tr> <tr style="background-color: #f2f2f2;"> <td style="padding: 5px;">6</td> <td style="padding: 5px;">46</td> </tr> <tr> <td style="padding: 5px;">12</td> <td style="padding: 5px;">23</td> </tr> <tr style="background-color: #f2f2f2;"> <td style="padding: 5px;">15</td> <td style="padding: 5px;">18</td> </tr> <tr> <td style="padding: 5px;">20</td> <td style="padding: 5px;">14</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 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 can be removed. N95 respirators are no longer required <p>Note: Some patients may require ongoing or continuous AGMPs (e.g., CPAP, BiPAP, Optiflow). Under these circumstances airborne precautions sign/aerosolize settle time must remain posted for the duration of the therapy and up until therapy has been discontinued and air settle time has been achieved</p>	Air exchanges per hour	99%	2	138	4	69	6	46	12	23	15	18	20	14
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<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 an Outpatient or Ambulatory Care Center where there will be direct or indirect contact with patients 														



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PERSONAL PROTECTIVE EQUIPMENT (PPE)	<ul style="list-style-type: none"> • For PPE requirements, refer to: <ul style="list-style-type: none"> ○ Continuous and Extended PPE Use Guidelines for Outpatient Settings/Primary Health Care • PPE should be put on prior to entering the patient’s room • 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
STAFF ATTIRE/PERSONAL ITEMS	<ul style="list-style-type: none"> • Refer to Ways to Stay Safe at Work and Frontline Worker Safety Guide
PATIENT MOVEMENT/ TRANSPORT OUTSIDE OF ROOM	<ul style="list-style-type: none"> • Patient movement and/or transport should be restricted to essential tests and procedures • 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 family member/support person ○ Staff must maintain Droplet/Contact Plus* precautions during patient transport • If patient must leave their room for medically necessary tests, they should: <ul style="list-style-type: none"> ○ Perform hand hygiene ○ Put on a procedure mask on if tolerated ○ 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
PATIENT CARE ITEMS AND EQUIPMENT	<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
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



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<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 patient exam room surfaces that are considered "high-touch" (e.g., examination tables/bed, bedrails, bedside table, chair arms, charting desks or tables, touch screens, keyboards, handwashing sink handles) should be cleaned and disinfected between every patient • SHA approved ready-to-use disinfectant wipes with the recommended contact time should be used to disinfect smaller patient care equipment (e.g., blood pressure cuffs, electronic thermometers, oximeters, stethoscopes) after each use • 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) • All central area surfaces that are considered "high-touch" (e.g., telephone, chair arms, door handles and buttons, light switches, handwashing sink, bathroom sink, toilet and toilet handles, grab bars, outside of paper towel dispensers) should be cleaned and disinfected twice daily and when soiled • After discharge, transfer or discontinuation of Droplet/Contact Plus* precautions, follow your facility’s cleaning protocol. Additional precaution signs should not be removed until environmental cleaning has been completed • Outpatient and ambulatory care settings that are located in hospital facilities should follow established environmental cleaning and disinfection policies and procedures
<p>LINEN AND DISHES</p>	<ul style="list-style-type: none"> • No special precautions are required; routine practices are sufficient
<p>WASTE MANAGEMENT</p>	<ul style="list-style-type: none"> • No special precautions are required; routine practices are sufficient



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

World Health Organization. Infection prevention and control during health care when COVID-19 is suspected. Interim guidance [Internet]. Washington: World Health Organization; 2020 [cited 2020 Apr 30]. Available from: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

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