Advisory Statement:

Providing Services During a Pandemic

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Providing Services During a Pandemic

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Alberta College of Speech-Language Pathologists and Audiologists

Providing Services During a Pandemic

Advisory Statement: *Addresses the legislated obligations that apply to speech-language pathologists and/or audiologists. Advisory Statements inform regulated members about legislation, provide suggestions for compliance, and direct members to relevant resources.*

Overview

This advisory statement has been developed and updated as required to provide direction to **regulated ACSLPA members** who **practice** outside of the **public health system** to reduce the risk of COVID-19 transmission amongst staff, volunteers, and clients. All regulated ACSLPA members are expected to develop, implement and follow policies and procedures prior to providing services.

This document describes ACSLPA's minimum requirements for safe practice and compliance with the Standards of Practice (including 4.1 Safety and Risk Management). Regulated ACSLPA members are expected to use good judgement and may exceed these minimum requirements when they deem it is appropriate to do so. Where necessary, ACSLPA members are encouraged to seek out additional supports for their practice such as legal advice and/or infection prevention and control advice.

This advisory refers to Alberta Health Services (AHS) resources which are intended for use by AHS workers and health care workers practicing outside of AHS.

A. Definitions:

The words listed below have the following meanings within this document.

regulated ACSLPA members: any speech-language pathologist or audiologist on an ACSLPA register, which includes the general register or the courtesy register

practice: providing a *health service* or a *professional service* as those terms are defined in the Health Professions Act (HPA), to any person, employer, group, or community, whether for a fee or freely given

public health system: Alberta Health Services (AHS), including wholly-owned subsidiaries such as Alberta Precision Laboratories, Carewest and CapitalCare Group, and entities covered by a cooperation and services agreement with AHS such as Covenant Health. This does not include school boards, municipalities, workers compensation, or work that falls under other government ministries

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B. Effective Date

This advisory statement came into force **May 4, 2020** and shall continue until it has been declared not in force by the Registrar of ACSLPA. It is updated regularly to ensure information is in compliance with evolving public health directives and best practices. Members should review the document frequently and confirm they are using the latest version.

C. Requirement to practice during COVID-19 pandemic

While sole-practitioners or businesses may practice at this time, subject to the requirements described in this document, they are not required to do so.

ACSLPA members who are sole-practitioners, business owners/operators, or who represent their employer to their subordinates, have a responsibility to create policies and procedures that meet ACSLPA's and legislative requirements and that will safeguard their staff, volunteers, and clients.

To date, it is ACSLPA's understanding that regulated health professionals employed/contracted by schools are required to adhere to guidance prepared by their respective regulatory bodies.

Regulated ACSLPA members should refrain from practicing if they:

a. do not have appropriate policies, procedures, or training in place,

b. do not have sufficient cleaning/disinfecting supplies and/or personal protective equipment (PPE) to practice safely in accordance with this document, or

c. have determined that they are unable to sufficiently minimize the risks of COVID-19 transmission.

Regulated ACSLPA members who are employees should follow their employer's requirements except if their employer's requirements do not meet or exceed ACSLPA's requirements. Employees should use appropriate dispute resolution methods to resolve any concerns with their employer's direction, which may include processes that involve human resources (HR), occupational health and safety (OH&S), employment standards, or unions, as the situation dictates.

D. Regulated ACSLPA members practicing in the public health system

Regulated ACSLPA members who practice in the public health system should follow the instructions of their employer when they are working in the public health system. The direction provided in this document applies any time a regulated ACSLPA member practices outside of the public health system.

E. Relationship with other Rules and Legislation

This advisory statement is not intended to exempt employers or employees from being informed of and observing:

- directives, guidance, and/or public health orders issued by Alberta's Chief Medical Officer of Health (CMOH),
- Occupational Health and Safety (OHS) requirements,
- Employment Standards requirements, or
- existing collective agreements.

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In the event of a conflict between this advisory statement and other rules or legislation, regulated ACSLPA members must either comply with all rules or seek guidance from the appropriate authorities to resolve the conflict.

ACSLPA members work in a variety of contexts/settings and therefore need to be aware of any public health orders/guidance applicable to their employment setting.

F. Required considerations for Sole-Practitioners and Business Owners/Operators

1. While some decisions can be made for an entire business/practice, in many cases decisions will also need to be made on a client-by-client basis.
2. Ensure staff and volunteers have information about the COVID-19 outbreak and preventative measures. See Appendix A – Communication Related to COVID-19 for Staff and Volunteers.
3. Prepare your practice or business for the unusual circumstances inherent with practicing during the COVID-19 pandemic. Alberta Biz Connect provides information to support businesses in their provision of services. See Appendix B – COVID-19 Specific Workplace Considerations.
4. Ensure you are familiar with COVID-19 symptoms and be aware of your obligations and the obligations of others if symptoms are present. Develop strategies for managing symptomatic clients, staff, or volunteers or those who become symptomatic while attending at your location. See Appendix C – Symptomatic staff, clients, or volunteers.
5. Develop and provide information to staff, volunteers and clients about any specific requirements related to the services that are available or not available currently.

   Provide information for how clients can seek service alternatives or other resources if you are unable to provide a typical service.

   Develop a strategy for handling enquiries and concerns from clients and staff/volunteers. This includes questions from those who are sick or self-isolating.
6. Ensure hand hygiene (soap and water/hand sanitizer) is available to staff, volunteers, and clients.

   Direct clients to soap and water hand washing facilities or have hand sanitizer available at the door and facilitate its use by clients.

   Consider whether you will have a staff member at the door to ensure clients and visitors are performing hand hygiene.
7. Consider posting signage that:
   a. asks clients to reschedule if they are:
      i. experiencing symptoms of COVID-19,
      ii. have just returned to Canada from travelling within the last 14 days, or
      iii. have flu-like symptoms (cough, fever, fatigue, sore throat, runny nose, difficulty breathing and/or shortness of breath)
   b. encourages self-isolation when feeling sick, and
   c. encourages hand hygiene.
8. Avoid greetings such as handshaking or hugging/touching.

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9. If providing services in a client's home, consult with your liability insurance provider to see if any special coverage or riders are required for home visits if they are not part of your normal practice.

G. Specific Strategies to Reduce the Risk of Transmission of COVID-19

A key consideration when providing services is to minimize the risk of transmission of COVID-19.

- Risk to Clients – when providing services, practitioners must take care to identify risks to clients related to COVID-19 and take steps to minimize these risks.
- Risk to Workers/Staff – hazard assessments are required under Alberta Occupational Health and Safety legislation to identify risks (including COVID-19) for workers.

Where possible, hazards and risks to clients and staff/volunteers should be eliminated. Where it is not possible to eliminate these risks/hazards, they must be controlled. There are several types of controls that can be implemented. They are hierarchically determined with engineering controls being considered the first level, administrative controls as the second level, and personal protective equipment (PPE) as the third. In most cases, ACSLPA registrants will need to use all types of controls to appropriately minimize the risk of COVID-19 spread and to ensure compliance with ongoing public health orders.

According to public health advice, COVID-19 spread can be minimized through a combination of overlapping strategies working in concert to minimize and control hazards/risks. All strategies must be employed vigorously to be successful. The strategies are:

- Minimizing the risk of contact,
- Physical distancing,
- Handwashing, personal cleanliness/sanitization, personal hygiene and respiratory etiquette,
- Cleaning and disinfecting surfaces and contact areas,
- Cleaning and disinfecting equipment, and
- Personal protective equipment (PPE).

1. Minimizing the risk of contact

Minimizing the risk of contact will help to reduce the risk of COVID-19 transmission. Contact refers to that made with clients, caregivers, practitioners, support staff and others.

a. Avoid unnecessary risks

- Use professional judgement to determine if some services for some clients create risks that cannot be managed or that outweigh the benefits.
- Services should be postponed if risks cannot be appropriately managed/controlled.
- Refrain from providing services to clients who have symptoms or who have been confirmed as having COVID-19. Services can resume for the client once the requirements for self-isolation have been met.
- Consider forgoing any cancellation fees to remove pressure for clients to attend who might be feeling unwell.

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b. Provide services using alternative means when possible

- Continue to offer services by virtual, telepractice, or other means (i.e., pick up/drop off services) where it is effective to do so.
- Ensure that the standards of service delivered virtually or via telepractice are comparable to the standards expected in traditional delivery methods. Existing guidelines should be used to guide the provision of member services in telepractice, recognizing that some modifications may need to be made (for example, the lack of ability to complete tasks that may require physical cueing/contact).
- In some cases, services may include both telepractice and face-to-face components.
    - Consider starting with a virtual or telephone consultation and move to a more direct service after the consultation. This will enable practitioners to minimize in-person contact time with the client and will enable any additional planning required to conduct appointments safely.
- There will be situations where services must be provided in a face-to-face manner and practitioners will need to take appropriate precautions to do this safely.
- Where appropriate, reduce the need for clients to attend in person by providing a 'drop-off' or 'pick-up' program to service equipment, receive supplies, or to distribute resources. Consider creating a secure drop-off box secured outside your clinic/office or other service sites (e.g., supportive living environment) where clients can drop off or receive equipment or resources.
- Where appropriate, implement more mailing and courier service deliveries.

c. Screening

- When providing in-person services, members should implement a rigorous pre-screening and Point of Care Risk Assessment (PCRA) protocol to minimize COVID-19 exposure and transmission. See Appendix D – Point of Care Risk Assessment. If providing services in a client's home, conduct the PCRA for *anyone* who is present in the home.
- If providing services in a client's home, members should implement an additional screening protocol to determine if services can and should be provided in the client's home (i.e., is the home environment safe for the practitioner and conducive to providing effective services).

2. Physical Distancing

Physical distancing requirements remain in place under the current public health orders. This includes:

- Maintaining a physical distance of 2 metres between clients, between co-workers, and practitioners and clients whenever possible.
- Limiting size of gatherings as per public health orders.

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When physical distancing cannot be maintained in the workplace or while providing certain in-person procedures, additional precautions must be taken.

a. Considerations for an office/clinic environment

i.	Schedule clinic appointments to minimize the number of people in the clinic at any time to allow a safe distance between people, especially those in high-risk groups (age 60+ and patients with pre-existing health conditions).
ii.	Limit the number of caregivers/family members attending with the client.
iii.	Keep in mind that people will move around the office or clinic when they are present. Considerations should include the movement of people through restrictions within the space such as hallways and doorways.
iv.	Ensure waiting room chairs are properly placed to ensure the 2-metre physical distance.
v.	If the clinic is likely to attract walk-in traffic, consider methods of restricting access to the clinic space to maximize social distancing within the space.
vi.	If needed, provide a place for people to line up in a queue outside the clinic and encourage safe social distancing practices for individuals in the queue.
vii.	Reinforce the safe physical distancing strategies with clients, staff, or volunteers, whenever violations are observed.
viii.	Develop a plan or strategy for how services will be delivered safely when they must be performed near the client (within 2 metres). (i.e., can you approach from the side? Should the client wear a mask?) See additional information in Section 6 PPE.
ix.	Increase the spatial separation between desks and workstations as well as individuals.
x.	Consider the use of physical obstructions such as tables, counters, or other objects to encourage space between individuals. If physical objects cannot be used to provide a safe working distance, consider other visual cues including tape lines on the floor.
xi.	Consider installing physical barriers where a 2-metre distance cannot be maintained (e.g., Plexiglas at counters). See additional information in Section 6 PPE.
xii.	Consider limiting the hours of operation or setting specific hours for at-risk client populations.

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b. Additional considerations for home visits

i.	Before the visit, explain any special requirements or considerations arising from practice during the COVID-19 pandemic, including the need for social distancing in the home for the duration of the visit. The conversation should also include sharing of information about cleaning/disinfecting, any PPE requirements, and anything else that might affect the visit.

3. Handwashing, cleanliness/sanitization, hygiene and respiratory etiquette

i. Handwashing must be available to staff, volunteers, and clients.

- 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). A list of Health Canada approved hand sanitizers is available.
- Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
- Practitioners and staff/volunteers must wash their hands regularly and often throughout the day. Hands should be washed before starting work, before and after providing any services to a client, after handling equipment or waste, after performing cleaning, after using the toilet, after blowing your nose, sneezing or coughing, after eating, drinking, or smoking and after handling money.

ii. Hand hygiene must be performed prior to touching any equipment used with clients.

iii. Clients should be instructed to wash their hands when entering the clinic and again just before leaving.

iv. Handwashing must be completed upon entering a client's home and again after leaving. Be sure not to touch any surfaces after leaving the client's home until you have washed your hands. Hand sanitizer is likely required for handwashing after exiting the client's home.

v. Employers should make every effort to ensure respiratory etiquette. It is imperative to shield coughs and sneezes to prevent the spread of droplets. Cough or sneeze into a tissue, immediately dispose of the tissue, and then wash your hands immediately. If this is not possible, be sure to cough or sneeze into your elbow. Clients should be encouraged to follow respiratory etiquette.

vi. It is important to avoid touching your eyes, nose and mouth, particularly when conducting client care or when with clients.

vii. Personal cleanliness and hygiene are always important. These include matters such as clean and tidy clothing, trimmed and clean fingernails, and rigorous handwashing. Consider laundering clothing more frequently and clothes worn when in contact with clients should be laundered before wearing again.

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4. Cleaning and disinfecting surfaces and contact areas

Cleaning and disinfecting will be different in a clinic setting versus when serving clients in the home. There is greater control over cleaning/disinfecting at the clinic setting.

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.

Cleaning and disinfecting must happen with greater frequency and rigor with COVID-19. Surfaces and contact areas should be cleaned and disinfected on a regularly scheduled basis and at the very least must be completed after each client visit.

All surfaces, especially those that are horizontal and frequently touched, must be cleaned at least twice daily and when soiled or after being touched.

a. Appropriate cleaning and sanitizing supplies

i. Cleaning and disinfecting are two steps. Surfaces should be cleaned first, then disinfected. The process of cleaning removes any debris while disinfecting is the process of "sanitizing".

ii. Products used for sanitizing must have a DIN number and be on Health Canada list for approved products.

iii. ACSLPA members must read and follow manufacturer's instructions for safe use of cleaning and disinfection products including the required contact time.

b. In the clinic setting

i. Surfaces that cannot be cleaned and sanitized should be removed from client areas (e.g., books, magazines, cloth chairs).

ii. Surfaces and contact areas that must be cleaned and disinfected regularly include (but are not be limited to):

- Desks
- Keyboards/mice/monitors
- Worktables/workstations
- Countertops
- Shelves
- Printers/photocopiers
- Doorknobs/handles
- Pens (and other shared objects)
- Light switches
- Chairs – including armrests, backs and seats
- Sinks (including faucets), toilets (including flush handle), towel bars
- Railings
- Cash machines/pin pads.

iii. Ensure handwashing facilities are available to clients and staff.

- If sinks are not available, ensure the availability of alcohol-based hand sanitizer.
- Ensure tissues and no-touch garbage receptacles are readily available.
- Keep bathrooms stocked with soap and paper towels.

iv. Where possible, consider going cashless and ensure hand hygiene after exchange of money or items.

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v. Avoid sharing communal office equipment/supplies (e.g., pens, phones, tablets).

vi. Consider developing a checklist for required cleaning/disinfection. Consider including a spot for staff to document the time cleaning occurred and their initials.

c. In a client's home or similar environment

When in a client's home, you may not be able to guarantee surfaces are cleaned and disinfected. This presents greater risk of transmission between the client and the provider.

i. If possible, clean and disinfect any areas you need to touch with appropriate cleaners/disinfectant both before and after, which may include door handles and chairs (arms, backs).

ii. Practitioners may choose to use a barrier between the client's table/work surface and any equipment/materials being used.
   - A covering (e.g., sterile pad, tablecloth) will help to create a sterile surface.
   - It is recommended that the covering be disposable and then thrown away after the visit. If it is not disposable, it must be bagged after use and then laundered before being used again or before coming into contact with other equipment/materials.

5. Cleaning and disinfecting equipment

Infection Prevention and Control (IPC) practices must be stringent. Regulated ACSLPA members should refer to and follow ACSLPA's advisory statement on Infection Prevention and Control for Reusable and Single Use Medical Devices

i. Cleaning and disinfecting are two steps. Equipment should be cleaned first, then disinfected. The process of cleaning removes any debris while disinfecting is the process of "sanitizing".

ii. Any equipment used in either the clinic or a home environment must be cleaned and disinfected prior to its next use. This includes bags/suitcases/carts in which equipment is stored or transported.

iii. Where possible, single-use items should be considered. Discontinuation of the use of certain toys, activities or equipment may be appropriate during the pandemic.

iv. Reusable non-critical equipment that has been in direct contact with a client or in that client's environment should be cleaned and disinfected before use with another client.

v. Items that cannot be cleaned and disinfected between clients should not be used during the COVID-19 pandemic, or if appropriate should be left with the client (for example, crayons may be left behind as single use items if appropriate).

vi. Consider whether it's appropriate and feasible to have the client bring/supply their own toys for the session. In client homes, it may be easier to provide treatment using toys and materials available within the home.

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vii. In all cases, equipment should be cleaned according to the Manufacturer's Instructions for Use (MIFU). The MIFU may include information about detergents to use, water type/temperature and any cleaning methods required.

viii. Some equipment (including toys) may not have a MIFU. In these cases, practitioners will need to determine the appropriate cleaning and disinfecting protocol.

ix. Mixing of "clean" and "dirty" objects must not occur.
   - Practitioners should take additional precautions in the transport/storage of equipment between sites and clients. Any equipment used for one visit should be placed into a "dirty" bin that is closed. The "dirty" objects cannot be used again, nor come into contact with objects that have been cleaned and disinfected.

6. Personal protective equipment (PPE)

The risk of transmission of COVID-19 can be reduced when choosing and wearing appropriate PPE.

NEW

Masks are meant as respiratory protection and different masks offer different levels of protection. ACSLPA members should strive to use masks that meet Health Canada's specifications for COVID-19 and are authorized for sale in Canada. There may be some non-medical masks that meet these specifications, and members should exercise their due diligence to provide a good level of protection for their clients and themselves. In addition, members may wish to familiarize themselves with the advantages and disadvantages of different types of PPE.

ACSLPA members should wear a mask that meets Health Canada's specifications if they are either involved in direct client/patient contact (see iii below) or when a minimum distance of 2-metres cannot be maintained between the member and the client. Other types of masks (such as cloth masks) may be suitable for interactions with coworkers where 2 metres distance cannot be maintained.

NEW

Following Alberta Health Services' (AHS) lead on the approval of the use of a clear-window medical-grade mask for their employees, ACSLPA is making members aware that this mask may be an option for use where a typical medical-grade mask presents barriers. The medical mask's model number is **MFTW-15-M1** and is available through MedSup Canada. Note that the medical-grade mask is not shown on the company website and members would need to contact MedSup for further information and/or ordering. ACSLPA members should continue to exercise their due diligence if choosing to use this mask; this mask would not be sufficient if working with individuals who are sick or who are on contact and droplet precautions.

NEW

Following Public Health guidance, ACSLPA recommends that members wear eye protection in addition to their mask when unable to maintain 2 metres of distance during client interactions. Eye protection should be worn:

- any time a client has symptoms and the service cannot be deferred (note that additional PPE may also be warranted); or
- if your eyes could be splashed or sprayed with oral or nasal secretions during service provision with clients who:
  - are unable/not required to wear a mask and cannot perform adequate respiratory etiquette or
  - cannot reliably report symptoms; or
- in areas where there are ongoing high levels of community transmission.

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ACSLPA members should remain up-to-date on guidance related to mask use in order to make informed decisions for purchasing. Up-to-date PPE information for all health care providers is available through Alberta Health Services. Please check this site frequently as it is updated as new information becomes available.

It is ACSLPA's position that face shields can be worn in clinical and school settings under specific conditions when it is necessary for the delivery of effective professional services and if it can be done in a manner that protects client and practitioner safety. ACSLPA members should only wear face shields in accordance with the guidance below (section iv).

Specific to the use of face shields in schools, it is our understanding that this practice does not violate CMOH Order 33-2020 because it is consistent with and exceeds the minimum requirements laid out in section 8(f) of the Order, however, different interpretations exist and so consistent with the guidance referenced above, regulated members should confirm that the use of a face shield does not violate their employer's minimum policies or standards for the prevention of COVID-19 transmission.

i. Personal protective equipment (PPE) should be chosen based on level of risk and is only one of several preventive measures/ controls to reduce the risk of transmission of COVID-19.

ii. If PPE is required in a clinic or home setting, and it cannot be procured, services must be deferred.

iii. Transparent Barriers

Transparent barriers should only be considered for direct client care once all other engineering, administrative and PPE controls have been considered. A transparent barrier may be utilized where members are not able to wear a mask or maintain 2 metres distance with clients for therapeutic reasons.

It is important to adhere to best practices for design and size of the barrier to adequately protect both the client and the practitioner.

Transparent barriers must be cleaned and disinfected between clients.

iv. Face Shields

Although ACSLPA guidance requires members to wear a mask meeting Health Canada specifications when providing direct client care or when adequate distancing cannot be maintained, consistent with AHS guidance, face shields can be used as a substitute for a face mask ***in certain specific situations*** when ***specific conditions can be met***.

Specific situations in which a face shield might be worn in place of a face mask;

a. Continuous masking interferes significantly with the efficacy of intervention or significant impairs the interaction because;
   i. communication is significantly impaired where visualization of the regulated member's mouth and face is essential to meet care needs, or
   ii. clients who have significant negative or emotional response to the regulated member wearing a mask, and
b. All other strategies for reducing the spread of COVID-19 have been considered and/or attempted and were determined to be inadequate for the purpose of providing an effective professional service (i.e. maintaining 2m distance, telehealth, clear barriers, etc.), and

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c. A point of care risk assessment has been completed for the client and practitioner, and the regulated member's professional judgement indicates it is safe to do so, and
d. All other sanitization strategies are employed (i.e. hand sanitization, sanitization of surfaces, etc.), and
e. The use of a face shield does not violate employer policies or standards.

Specific conditions that must be met when using a face shield in place of a face mask;

a. The Regulated member must document their decision-making process for each client (or client group if group services are employed) that lead to the decision to use a face shield, and
b. The face shield used must be at least 19cm, or 7 ½ inches long and provide adequate protection for eyes, nose, mouth and face. The face shield should ideally be contoured below the chin, or if not, should be worn close enough to the chin to minimize droplets (produced while speaking or exhaling) from falling down onto the client or onto client-contact surfaces, and
c. The regulated member uses additional care to avoid touching their mouth, nose, and face (subconscious touching is of particular concern), and
d. The face shield is sanitized regularly using the procedure provided by AHS at https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid-ppe-eye-protecton-z0-emerging-issues.pdf.

v. N95 masks are not required in SLP and Audiology settings unless performing Aerosol Generating Medical Procedures.

vi. Clients can be asked to wear a mask during their visit. A clean, homemade mask would be sufficient for the client.

vii. Practitioners may determine gloves should be worn for interactions with particular clients or in particular settings (e.g., home or clinic). If practitioners are touching clients, gloves are a reasonable PPE measure.

viii. ACSLPA registrants may choose to wear gloves for direct client contact. Glove use alone is not a substitute for hand hygiene. Hands must be cleaned before and after using gloves. Gloves need to be changed after each client.

ix. Correct donning and doffing is imperative if using PPE as a preventive measure. Incorrect usage can place a practitioner at additional risk.

x. SLPs and audiologists working outside of Alberta Health Services should attempt to procure their PPE from their regular suppliers. Additional supplier information is available at the Alberta Biz Connect website.

xi. If providing home visits, practitioners may want to have a pair of shoes that are dedicated to wearing when inside client homes. If attending multiple homes, soles of shoes should be cleaned between homes.

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Appendix A

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.
- Ensure staff and volunteers are aware of CMOH Order 05-2020 which states that any person who has 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.
- Ensure staff and volunteers are aware of enhanced cleaning and disinfecting requirements and ensure that it is happening.

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Appendix B

COVID-19 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.
- To enable quick contact with employees, employers 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 about staff and visitors who were onsite at any given time/date. These records should be maintained for 4 weeks.
- Employers should implement active daily screening for symptoms of staff and volunteers.
- 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.).
- Eliminate or restructure any non-essential gatherings (i.e., meetings) in the office.
- Limit the number of people in shared spaces (e.g., lunchrooms) and stagger breaks where needed.
- 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).

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Appendix C

Symptomatic staff, clients, or volunteers

Symptomatic clients/patients

- 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.
- If choosing to serve clients who are symptomatic/positive for COVID-19, ACSLPA members must take additional precautions for cleaning/sanitization and PPE.
- 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.

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.

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

- 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.
- 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.

SUPERSEDED

Appendix D

Client Pre-Screening/Point of Care Risk Assessment (PCRA) Questions

These questions should be asked of clients in preparation for their appointment and again at the time they arrive for their appointment.

Clients should be encouraged to answer the questions truthfully for themselves and for any other person who may be accompanying them to their appointment.

If a client answers YES to any of the questions, the face-to-face service must be deferred until the minimum requirement for self-isolation has been met. Clients and visitors should be observed for symptoms during their visit.

		YES	NO
1.	Do you have any of the symptoms below: • Fever (greater than 38.0 C) • Cough • Shortness of Breath / Difficulty Breathing • Sore throat • Chills • Painful swallowing • Runny nose / Nasal Congestion • Feeling Unwell / Fatigued • Nausea / Vomiting / Diarrhea • Unexplained loss of appetite • Loss of sense of taste or smell • Muscle / Joint aches • Headache • Conjunctivitis (Pink Eye)	❑	❑
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	❑	❑
3.	Have you been in close contact* in the last 14 days with a confirmed case of COVID-19?	❑	❑
4.	Have you been in close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	❑	❑
5.	Are you currently being investigated as having a suspect case of COVID-19?	❑	❑
6.	Have you tested positive for COVID-19 within the last 10 days?	❑	❑

*Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing the public health recommended PPE is not considered to be a close contact.
**Ill/symptomatic means someone with COVID-19 symptoms on the list above.

SUPERSEDED

Appendix E

Revision History

Date	Section Revised	Summary of Revision
May 4, 2020	Multiple	Updated to suit CMOH Order 16-2020
May 8, 2020	Multiple	Additional clarifications added, editorial corrections, and improved readability
June 17, 2020	Section 6 – PPE	Updated mask requirements
June 30, 2020	Section 6 – PPE	Removed reference to ordering PPE through GOA
July 13, 2020	Multiple	Updated to suit CMOH Order 25-2020
August 4, 2020	Section 6 – PPE	Updated information to allow use of face shields under certain circumstances
October 2, 2020	Section 6 – PPE	Updated information regarding use of face shields and the use of face shields in school settings
January 25, 2021	Section 6 – PPE	New information regarding use of eye protection in addition to masks as per Alberta Health recommendation
February 10, 2021	Section 6 – PPE	Clarification that masks must be approved for sale in Canada
	Appendix B	Updated record retention period to 4 weeks
March 23, 2021	Section 6 – PPE	Information about available mask with clear window

SUPERSEDED