

# IPC Recommendations for Residential Treatment Centres

Refer to the [AHS website](#) for a comprehensive listing of all [Infection Prevention and Control](#) (IPC) resources. If you have any questions or comments, contact [ipcsurvstdadmin@ahs.ca](mailto:ipcsurvstdadmin@ahs.ca).

This document applies to AHS and AHS contracted Residential Treatment facilities and programs, including any day programs and groups that fall under the scope of residential treatment. These recommendations must be used to reduce the risk of communicable disease exposures and transmission in clients and staff.

## 1. Environmental and equipment cleaning

- 1.1 Consider removing all non-essential or non-cleanable items from common areas. Whenever possible, remaining items are to meet Infection Prevention and Control (IPC) furniture replacement requirements.
- 1.2 Environmental cleaning is a joint responsibility between facility cleaning services and the facility staff. Implement (at least) **daily** environmental cleaning.
- 1.3 High touch surfaces
  - Implement **daily** cleaning for all high touch surfaces (twice daily preferable).
  - Use an AHS-approved low-level disinfectant.
  - Examples of high touch surfaces include but are not limited to:
    - doorknobs
    - light switches
    - handrails
    - workstations
    - eating spaces
- 1.4 Client shared items
  - Ensure all shared client care items are **cleaned after each client use**, including those used for client entertainment or recreation.
  - Shared items should be cleaned by either the client or staff member.
    - Encourage clients to clean shared items before and after each use.
  - Use an AHS-approved low-level disinfectant in a ready-to-use (RTU) wipe.
    - Perform hand hygiene before and after using RTU wipe.
    - Examples of shared items include (but are not limited to) fitness equipment, board games/game pieces and pool cues.
    - Note: Cards and other paper materials are excluded. Perform hand hygiene before and after use.
  - In addition to cleaning, hand hygiene must be performed before and after use of shared client equipment.
- 1.5 Always clean and disinfect non-critical equipment between clients with low-level disinfectants or [ready-to-use disinfectant wipes](#) as directed by the manufacturer instructions for use (MIFU).
- 1.6 Consider sign out requirements where user would be responsible for appropriate cleaning.
- 1.7 Non-public/resident rooms require routine cleaning, as per facility cleaning schedule.

## 2. Linen handling

- 2.1 If handling bedding or clothing, staff should wear personal protective equipment (PPE) in case of any soiling with blood and/or body fluids.
  - This includes gown, gloves, well-fitting medical mask and eye protection.
  - If a gown is not available, regular clothes covering all skin surfaces should be worn and laundered immediately after.
- 2.2 Perform hand hygiene before and after touching soiled items.
- 2.3 **Avoid shaking laundry** as this disperses particles into the air and surrounding surfaces.
- 2.4 Place dirty laundry in a sealed or tied leak-proof bag (e.g., black plastic garbage bag). Do not use a fabric bag.
- 2.5 Wash personal laundry in a standard washing machine with hot water (70 degrees Celsius). See [Linen in Community-Based Services](#).
- 2.6 Ensure laundry is dried completely in a dryer.

## 3. Physical environment

Respiratory and gastrointestinal infections tend to spread rapidly in enclosed, small spaces with many people; increasing space between people reduces the risk of transmission. Display appropriate signage at entrance to encourage immediate hand hygiene. In addition, symptomatic individuals should mask in the following scenarios:

- 3.1 When in common area and group activities/communal dining (indoor or outdoor)
  - Physical distancing as able, and
  - Symptomatic clients should mask until symptoms resolve.
- 3.2 Dining rooms
  - Asymptomatic: Clients may eat at the same table. Physical distancing as able.
  - Symptomatic: Clients should dine in room or at a table by themselves.
  - Hand hygiene is performed before and after using shared client items (i.e., coffee machines, vending machines, microwaves, toasters and beverage containers). Include these items in routine daily cleaning.
  - Limit client contact with cutlery and condiments. Dispensing by staff is preferred. Perform hand hygiene prior to handling cutlery and/or condiments.
- 3.3 Fitness centre: Maintain physical distancing as able. Limit symptomatic clients until symptoms resolve.
- 3.4 Restrict access to non-client care areas including:
  - clean supply,
  - food preparation, and
  - facility staff only areas.
- 3.5 Clean bathrooms daily as per facility cleaning schedule. More frequent cleaning may be needed if bathroom is visibly soiled.
- 3.6 Maintain differentiation between clean and dirty areas for supplies and equipment.

## 4. Hand hygiene

- 4.1 Ensure sufficient hand hygiene stations and supplies are available and accessible to staff and clients.
- 4.2 Performing hand hygiene with [hand sanitizer](#) (i.e., alcohol-based hand rub [ABHR]) is the preferred method for hand hygiene; however, there are times when handwashing with [soap and water](#) is more effective such as:
  - During gastrointestinal illness (i.e., vomiting and/or diarrhea)
  - When hands are visibly soiled, and
  - when availability of hand sanitizer is limited.
- Ensure friction and wet time for a minimum of 20 seconds when using soap and water.
- 4.3 Staff and clients perform hand hygiene:
  - Before, during, and after preparing food
  - Before and after eating food
  - After going to the bathroom or using the toilet
  - After changing diapers/incontinence products or assisting anyone who has used the toilet
  - Before and after caring for someone who is sick with vomiting or diarrhea
  - Before putting on and after removing a mask
  - After blowing your nose, coughing, or sneezing
  - Before and after treating a cut or wound
  - After touching garbage
  - Before and after handling needle and syringes.

In addition, clients should be encouraged to perform hand hygiene when engaging in sexual activity.
- 4.4 Assist clients who are unable to perform hand hygiene independently.
- 4.5 Follow ABHR Product Ingestion [Risk Screening and Dispenser](#) Placement Guidelines to address safety concerns related to [ingestion](#).
- 4.6 Refer to MyHealth.Alberta.ca [Handwashing](#) page for more information.

## 5. Staff preparation

- 5.1 Review the [General Guidance for COVID-19 and Other Respiratory Infections](#).
- 5.2 Complete a site-based risk health and safety assessment to guide IPC practices at your site(s).
- 5.3 Continue to follow and encourage public health best practice for:
  - hand washing – see [Section 4](#)
  - cleaning – see [Section 1](#), and
  - [respiratory etiquette](#).
- 5.4 Consider completing annual IPC training/review about [Personal Protective Equipment](#).
- 5.5 Staff at AHS owned or contracted facilities: see [Fit for Work](#).
- 5.6 Shared personal products, food or drink are not recommended in staff areas.

## 6. Daily operations

### 6.1 Screening

- Initial and ongoing symptom assessments should continue for all clients and staff.
- Designated family/support persons (DFSPs) and visitors should self-monitor for symptoms, but site entrance screening is not required.

### 6.2 Staff

- Self-monitor for symptoms.
  - Staff should stay at home if sick or feeling unwell.
  - See [Fit for Work](#).
- If respiratory symptoms develop with or without a positive test for COVID-19 (or other respiratory viruses) then refer to:
  - [Attending Work Directive](#)
  - [Changes to the Attending Work Directive Frequently Asked Questions \(FAQ\)](#)
- Remain diligent with hand hygiene.

### 6.3 Clients

- Assess all clients for respiratory and gastrointestinal symptoms.
  - For initial and daily assessment use [Appendix 1: Client Screening](#).
- All clients are to have an [IPC Risk Assessment \(IPC RA\)](#) completed as they may require PPE for non-COVID symptoms as per the [Community-Based Services Resource Manual](#).
- Symptomatic clients should be isolated or physically separated whenever possible. Continue until symptoms resolve.
- If private spaces unavailable for symptomatic clients, then group together clients who have similar symptoms.
- If a symptomatic client needs to leave their bed space:
  - Maintain a “clean front”
    - clean hands
    - clean clothes
    - clean mask (only if respiratory symptoms present)
  - Maintain physical distance as best as possible.

### 6.4 DFSPs/Visitors

- Restrictions, exceptions, and screening (including parent/guardians accompanying children) are outlined in [Family/Visitors of Patients & Residents](#).

## 7. Personal Protective Equipment (PPE)

### 7.1 Clients

- Perform hand hygiene as outlined in [Section 4](#).
- Symptomatic clients who leave their room or bed space should maintain a clean front. See [Section 6.3](#).

### 7.2 Staff

- Use gown and gloves if there is **any** risk of a blood or body fluid splash.

- Also use mask and eye protection if there is a risk of a blood or body fluid splash (including respiratory droplets) to the face or eyes whether client has symptoms or not. Refer to [IPC Risk Assessment \(IPC RA\)](#).
- Consider using mask and eye protection when doing intake since there may be unanticipated exposures to communicable diseases in settings that are initial points of contacts for patients and/or the public (e.g., screening and intake areas).
- Masks/respirators and disposable eye protection should be immediately changed and safely disposed of as a unit when one or both becomes visibly contaminated or moist/wet, following an AGMP or when going on breaks or shift change. Reusable eye protection can be disinfected.
- Perform hand hygiene immediately before accessing PPE supplies and after doffing each piece of PPE.

### 8. Routine practices

- 8.1 [Routine Practices](#) should be used for all client encounters.
- 8.2 [IPC Risk Assessment \(IPC RA\)](#) affirms the use of appropriate personal protective equipment based on the blood or body fluid exposure risk (in addition to transmission-based precautions).
- 8.3 Encourage proper [Personal Protective Equipment \(PPE\)](#) use.
  - Hand hygiene must be performed immediately before accessing PPE supplies.
  - Ensure that PPE is personal (fits you well) and protective (is worn properly).
    - Procedure/surgical masks must be well-fitting.
    - N95 respirators must be fit tested, and fit testing must be current (i.e., within the last 2 years).
    - Both options are considered safe practice. **Exception: AGMP (see below).**
  - When applicable, utilize visual aids to encourage appropriate [isolation/additional precaution compliance](#), [donning](#) and [doffing](#) in designated clinic locations.
  - Promote the use of PPE champions through the [Provincial PPE Safety Coach Program](#).
- 8.4 [Aerosol-Generating Medical Procedures \(AGMP\)](#)
  - Use a fit tested N95 respirator + eye protection + gown + gloves during any [active AGMP](#) occurring on clients who have:
    - tested positive for any respiratory virus including COVID-19, **or**
    - respiratory symptoms, **or**
    - expanded symptoms of COVID-19.
  - No settle time is required after an AGMP is completed.

### 9. Wound care

- 9.1 Perform hand hygiene before and after touching or treating a cut or wound.
- 9.2 Cover any draining wounds.
- 9.3 Use PPE as needed based on risk assessment.

## 10. Vaccination

- 10.1 Continue to encourage routine vaccination as a primary means of communicable disease control.
- 10.2 Facilitate vaccination for clients and staff as able.
- 10.3 If post-vaccine symptoms develop, then isolate as above based on specific symptoms (see [Section 6.3](#)) and access medical care as needed.

## 11. Outbreak management

- 11.1 Public Health does not routinely call respiratory and/or gastrointestinal illness outbreaks in residential treatment facilities.
- 11.2 If multiple clients develop symptoms and they are clustered in space or time, then implement the following measures:
  - Encourage hand hygiene for clients and staff.
  - Encourage masking of clients and staff if respiratory symptoms.
  - Separate symptomatic clients from non-symptomatic clients.
  - Limit movement of clients (i.e., between rooms and between facilities) other than for the purposes of isolation and/or cohorting.
  - Physical distancing during meals and group activities is recommended.
  - Testing is not routinely required. However, it may be recommended in some circumstances (e.g., individual clinical management).
  - Restriction of admissions is not required.
- 11.3 Access IPC for support if additional clients develop symptoms after implementation of the above measures.
- 11.4 Continue to call 811 for any communicable disease questions.

## APPENDIX 1: CLIENT SCREENING

Screening questions for clients

Within the past 5 days have you experienced any of the following symptoms (new or worsened\*)

- Cough
- Runny or stuffy nose
- Sore throat
- Difficulty breathing
- Shortness of breath
- Fever or chills
- Nausea
- Vomiting
- Diarrhea
- Loss or altered sense of taste or smell

\*worsened = if these symptoms are usually associated with allergies or chronic or pre-existing conditions

If **YES**: refer to [Section 6](#)

If **NO**: refer to [Section 8](#)