

## COVID-19: Relaunch Statement for Alberta Midwives – August 2020

The College of Midwives of Alberta (CMA) provides statements from time to time to support midwives in implementing the CMA Standards of Practice. Statements like this one are living documents and may be revised over time. Please refer back to such statements regularly to ensure you are aware of the most recent advice. Statements are housed on the CMA website.

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### Preamble:

#### **COVID-19 Statement for College of Midwives of Alberta (CMA) Registered Members in Community Settings (Midwifery Clinics and Home births/visits):**

Originally published: May 2020; last updated: August 2020.

NOTE: this statement is applicable for the duration of the COVID-19 pandemic. This particular statement stands IN ADDITION to OH&S requirements, with specifics for midwifery - related care. This information is not intended to exempt midwifery clinic owners/leads from existing occupational health and safety (OH&S) requirements. OH&S questions and concerns can be directed to the OH&S contact center by telephone at 1-866-415-8690 (in Alberta) or online.

CMA thanks all midwives for being professionally responsible and ensuring that midwifery clients receive safe, high quality care during this COVID-19 pandemic. This statement is

developed to support community midwifery in clinics and at home births/visits to reduce the risk of COVID-19 transmission among staff, clients/families, and contribute to the overall safety of the Alberta population. COVID-19 is expected to be with us for the foreseeable future, and may, at times pose a significant change to midwifery practice. While Alberta is relaunching, there may be set-backs, outbreaks, and challenges to face. This statement outlines the infection prevention and control requirements that should be included in midwifery clinic policies and procedures written to address the COVID-19 pandemic response. It is the expectation of the CMA that as a self-regulating profession, these guidelines will be followed.

### **Considerations in Determining Appropriate Services**

CMA advises midwives to follow current advice and orders of the Chief Medical Officer of Alberta. Midwives will still need to make a judgement to determine if provision of a service is in the best interest of the client. For example, virtual care may be a wise option in some cases where there is uncertainty.

Alternately, there are many circumstances where direct contact with the client is needed to ensure adequate care. The decision about when to bring a client into your midwifery clinic or to visit them at home should be made carefully, using the screening guidelines from Alberta Health.

#### Primary Care Provider Questions:

Consider the following questions when deciding to bring a client into your midwifery clinic or to see them at home:

- Is the visit urgent/crucial to the client's health?
- Does the client feel benefit of the clinic appointment outweighing the risk of leaving their home?
- Is the benefit for the client worth the risk to you and your office staff by having the client visit the clinic or you to visit the client home?
- Could any further delay in the provision of care result in a worse outcome for the client?
- Will offering care in your clinic or in the client's home lessen the burden on hospital demands?
- Could scarce resources like acute care labor and delivery, need to be accessed if the clinic or home visit does not go as planned? How will you coordinate this?
- Will any of the care you provide prevent the need for the client to use hospital facilities and resources?
- What mitigation steps would you put in place at your clinic or within the client's home to prevent COVID-19 transmission?
- What on-site IP&C precautions will you put in place in your clinic and for the client home situations?

Once a decision has been made on the best mode of care, the rationale should be documented in the client record of care for each encounter.

For all services offered within AHS facilities, midwives should follow the current AHS guidelines.

### **Clinic and home settings: infection prevention and control (IP&C) precautions**

Written workplace policies and procedures should be made to address the COVID-19 pandemic. A COVID-19 checklist is available to guide your IP&C practices (**Appendix A**): communication with staff, workplace considerations, screening, symptomatic clients, prevention and routine practices.

### **COVID-19 Communication among clinic staff**

The pandemic is likely to be a fact of our daily life for quite some time. Consistent protocols and practices for the prevention and mitigation of COVID-19 are recommended.

All staff within the clinic should learn about the new developments related to COVID-19. Keep staff updated on the changes to the clinic space and procedures to prevent the risk of transmission, and also their changing roles and responsibilities.

Social and Mental Health supports may be needed during this time of heavy ambiguity, constant change, and staff needing to split their attention and performance between work and home. This may be intensified as children return to school. This is also a good time to review your sick leave policy, to make sure that it aligns with public health guidance.

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 or are caring for a child or dependent adult who is required to isolate.

Employees are not required to have a primary care provider “leave” note during COVID-19.

To facilitate quick contact with employees, community midwifery clinics should maintain an up to date contact list for all staff, including names, addresses and phone numbers.

Public health tracing of close contacts may need to be done; employers should be able to provide:

Roles and positions of all people working in the clinic or midwives at the client home

Names of all people who were working on site at any given time, or at the client home

Names of clients in the clinic by date and time, and

Names of all staff who worked on any given shift, in the clinic or at the client home.

Out of Canada travel poses extra considerations for exposure for staff and also the need to self-isolate once back in Alberta. The Government of Canada's travel advisory will change, according to the rate of infection world-wide.

Reception staff who screen clients, accept payments, book appointments are best protected behind a barrier (e.g. plexiglass) when possible.

Keep the waiting room as empty as possible. This can be done a number of ways, including spacing out appointments, and having clients wait in their car until they can be called in by phone for their appointment.

Alberta Health has a set of posters that can be downloaded and printed. These posters need to be placed in a prominent appropriate spot within the clinic. Topics include: Entrance information on who can enter ("Please do not enter if:"), Physical distancing, hand hygiene, etc. and are downloadable at: Alberta COVID-19. This information is especially important on doors, public/shared washrooms, and clinic rooms.

### **COVID-19 specific clinic and home considerations**

#### Screening of staff and clients:

Clients should be screened over the phone when making appointments or when reception calls to confirm an appointment (see Appendix B and C). Any client who answers "Yes" to any of the screening questions needs to have the midwife consider the above questions to decide what mode of care is most appropriate (in-person, virtual, delayed visit, hospital outpatient, etc.).

Clients with COVID-like symptoms should not come to the midwifery clinic and should complete the AHS online self-assessment tool and be tested for COVID-19.

Screening must occur each time a staff member or client/family enters the clinic space, including all involved midwives, clients and family at home births/visits.

Please see the infographics on COVID-19 Protocols that CMA has developed for you to use for staff and clients/families (Appendix B and C). These infographics can be sent electronically to clients for use at home, can be used in public spots within the clinic and for staff. Temperature-taking may also have merit within the screening process.

Staff who answer "Yes" to the screening questions **NEED** to isolate and **must not** be at work. A midwife's client load and responsibilities must be delegated for up to 14 days among other midwives.

Isolating and quarantine periods are required (Medical Officer of Health order), for those with symptoms, close contact to confirmed cases, self-isolating, and those returning from international travel, according to AB Health guidelines.

Asymptomatic clients and all client encounters: midwives and clients wear face masks the entire time, and wash hands upon entry to the clinic/home/room where the client is. The rationale for wearing masks when providing direct client care is to reduce the risk of transmitting COVID-19 from individuals who are asymptomatic.

Symptomatic clients: Ensure staff are aware of CMOH Order 05-2020, which states that any person who is confirmed to have COVID-19 or symptoms, must be in isolation. When providing in person care to a **symptomatic** client or an **asymptomatic** client who is isolating or who **requires** quarantine time, please continue to use current AHS IP&C recommendations for COVID-19. Midwives should use Contact/Droplet precautions and face mask; eye shield, gown and gloves. Donning and doffing will be required; midwives will require limited family members in attendance; the client will wear a mask.

Those who have/develop symptoms while at clinic or during a home birth/visit need to follow AHS Interim IPC Recommendations. See also the COVID-19 checklist – symptomatic clients on site – Appendix A. In addition, the staff or clients who develop symptoms should be given a mask and sent home immediately in a private vehicle and avoid public transportation if possible. Staff and clients should complete the online self-assessment once they get home and also be tested for COVID-19.

Clinic staff or clients who test positive for COVID-19 also need to follow Alberta Health Guidelines (see COVID-19 checklist, Appendix A), before returning to the clinic/work. If a staff member or client is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, AHS will be in contact with the clinic to follow up.

Please also refer to the Primary Care Provider questions in this document to determine if a client being seen directly by a midwife is warranted, and what type of provision of care is needed.

Once a symptomatic staff or client has left the site, clean and disinfect all surfaces and areas that were touched.

Records/contact lists will be requested for contact tracing and may be sought for up to two days before the staff member or client developed symptoms.

#### Exceptions (where care cannot be delayed)

If in-person care is required, as the midwife determines after reviewing the Primary Care Provider questions, consider the following:

Provide some of the care virtually, to decrease the in-person contact time (much like what you have been doing for prenatal clinic visits); provide the client with a surgical/procedure mask; assess if IP&C precautions are needed and additional PPE beyond mask needs to be worn.

Those **symptomatic** clients in labor will have to go to hospital for birth.

For those in pregnancy, or for postpartum, assess the need for a visit in person and use alternate ways of monitoring, consultation, referral or defer an in-person meeting.

If birth is expected to happen over the next few weeks, careful COVID-19 assessment and recording of names of close contacts, no matter where the birth occurs (hospital, birth center or home) needs to happen.

### **Prevention of the spread of COVID-19:**

Hand hygiene: follow Alberta Health Guidelines (see Resources below) and mandate handwashing/sanitizing for **everyone** upon entry to a space – clinic, home, room where the client is laboring.

Hand washing with soap and water for at least 20 seconds is recommended. In addition, with the use of alcohol-based sanitizer (minimum 60%), hand sanitize often.

Frequent and proper hand hygiene for staff and clients needs to be promoted.

Glove use alone is no substitute for proper frequent hand washing.

Respiratory etiquette should also be ensured. This includes: coughing or sneezing into a bent elbow, getting rid of used tissues in the garbage as soon as possible, and washing hands right away.

Environmental cleaning: Over the past number of months, we have learned many things about this virus and the transmission routes. This virus can live on surfaces for extended periods of time, depending on the type of surface.

Two steps are involved in environmental cleaning: cleaning and disinfecting. Cleaning refers to the removal of visible soil. Cleaning does not kill bacteria and viruses but is very good at removing them from the surface. Disinfecting only works after the surface has been cleaned. Use disinfectants that have a Drug identification Number (DIN) in accordance with label instructions. Look for an eight-digit number normally found near the bottom of the disinfectant's label.

Communicate to the appropriate staff about the need for enhanced environmental cleaning and disinfection, and ensure that consistent, frequent cleaning of high traffic surfaces is occurring.

Use disposable equipment as often as possible.

Develop a schedule for ensuring that high traffic areas and surfaces are cleaned and disinfected frequently. (e.g. door knobs, light switches, computers, phones, lab counter tops, bathrooms).

Remove all communal items that cannot be easily cleaned: magazines, toys etc.

Staff should ensure that hand hygiene is done before touching any equipment and clean and disinfect this after client use:

Any healthcare equipment (BP cuffs, dopplers, stethoscopes), in accordance with manufacturer's instructions.

Any shared client care equipment before and after each use by clients

All staff equipment (carts, computers, desks, tables, telephones, chair arms, charts) at least daily and when visibly soiled.

Keep a good supply of soap, paper towel, toilet paper, hand sanitizer etc.

PPE: Continuous masking is a requirement for all staff providing direct client care, during work in client areas, or who are working in an area where physical distancing or barriers are not possible.

Conditions where staff who are working separately from direct client care areas do not have to wear a mask if:

- a physical barrier is in place, and
- physical distancing can be maintained.

Clients are also required to wear masks while at the clinic and for home visits, and need to be made aware of the rationale: asymptomatic transmission. Consideration must also be made for local legislation around wearing masks indoors in public places (City of Calgary, Walmart stores, for example).

N95 masks and full PPE are not routinely required for community midwifery clinics, unless performing Aerosol Generating Medical Procedures (AGMP). If performing AGMP, refer to specific regulatory body guidance. Entonox use and labor/pushing breathing do not generally require N95.

Staff providing care to any client with COVID-like symptoms must do a point-of-care assessment with screening questions (see Infographic sheets – Appendix B and C), and use the appropriate PPE for protection, exactly the same as when providing care for people with suspect or confirmed COVID-19.

Physical distancing strategies: there is a growing body of knowledge of the COVID-19 virus may be spread from asymptomatic people. This is where physical distancing of two meters apart among non-cohort individuals is preferred in any health care setting. Clients that are from the same household can be cohorted.

The use of face masks for those people and times when the two meter distance cannot happen (e.g. direct client care, tight clinic space, labor support etc.) is recommended.

Limiting the number of people in shared spaces (workstations and lunchrooms) is also advised. Physical space should be arranged in clinics and homes as much as possible with well-marked taped areas, by removing chairs and putting in barriers (e.g. plexiglass barrier on reception desk).

Appointments can be spaced out.

Non-essential gatherings can be moved to virtual meeting platforms.

## **Resources**

[Alberta Health \(2020\): COVID-19 Info for Albertans](#)

[Alberta Health Services \(2020\) 4 moments of hand hygiene \(poster\)](#)

[Alberta Health Services \(2020\): Interim IPC Recommendations COVID-19](#)

[Alberta Health Services \(2020\): Point of Care Risk Assessment \(PCRA\)](#)

[Alberta Health Services \(2020\): Guidelines for Continuous Masking in Healthcare settings](#)

[Health Canada \(2020\): Hard surface disinfectants and hand sanitizers \(COVID-19\)](#)

[Health Canada Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic](#)

## **FAQ's:**

1. What if a client or a family member does not want to wear a mask?

This can be a challenging situation where some people have strong feelings about mask use. According to the CMA Standards of Practice, care cannot technically be refused. Midwives have the responsibility to fully explain why a mask is required and to determine whether or not other options are available under the situational circumstances. Midwives are particularly good at informed decision-making, in understanding the client/family perspective, clarifying and answering questions, addressing gaps in information, sharing evidence, and problem-solving with the goal of a collaborative understanding as an outcome. All clients should be screened individually at the time of presentation to determine the risk of exposure to midwives, staff, other clients and family. Use of the Infographics in Appendix A and B, especially the screening questions may be very useful. Anyone considered to be high risk for transmission of COVID -19 should be provided with a face mask and isolated immediately. This would include:

- Confirmed cases of COVID-19,
- People showing COVID-like symptoms not related to a pre-existing condition



- People returning to Alberta after international travel
- Close contacts of confirmed cases of COVID-19

None of us want to increase the risk of transmission of the COVID-19 virus. The recommendation for all Albertans is simple: if physical distancing cannot be achieved, a mask needs to be worn, **to decrease the risk for others close by.**

Asymptomatic transfer of COVID-19 is a reality. Options and next steps for asymptomatic clients who refuse to wear a mask even after careful explanation and rationale, provision of care may include: conducting the visit at a physical distance, using other IP&C measures, using virtual means to conduct the visit, rescheduling such people until their mandatory isolation time is done, if the visit is for routine care; if they require urgent attention, then use of the IP&C precautions is required to decrease the risk of transmission.

## 2. What happens if a client or family member requests that the midwife NOT wear a mask?

Please see the FAQ above as well as the following information. It is important to do what we can to decrease the risk of transmission and risk of infection to members of the health care team. At this time continuous masking by providers is recommended, during direct client care, when working in patient care areas, and for staff that cannot maintain physical distancing from clients and co-workers. Midwives and staff need to stay healthy for their other clients.

As always, do not hesitate to contact CMA with any comments, thoughts or questions.

Sincerely,

CMA Council and staff.

## Appendix A: COVID -19 Checklist

### Communication for staff:

- COVID-19 resources- see resource section in this statement
- Available social and mental health supports (for staff and clients)
- Notification of COVID-19 workplace precautions and staff roles/responsibilities
- Cancellation of non-essential travel outside Canada
- Posting of COVID-19 information (see Appendix B and C)
- Language considerations, including information sheets
- Isolation orders from AB Health

### Workplace Considerations:

- Prepare for increased absenteeism, especially with parents of children going back to school
- Review sick leave policies
- Review job-protected leave under Employment Standards Code
- No requirement for Primary Care Provider “leave” notes during COVID-19
- Up-to-date staff contact lists, fan-out phone numbers
- Process that allows contact tracing
- Physical barriers at reception
- Minimize use of waiting room

### Screening:

- Screen staff, and clients (CMOH 05-2020)
- Use the questions in the Infographics (Appendix B and C)
  - Recent cough
  - Fever > 38
  - Runny nose

- Sore throat
- Shortness of breath
- Tested positive for COVID-19 in last two weeks?
- Travelled outside Canada in last 14 days?
- Additional 10 day isolation if sick during initial 14 day isolation
- Staff complete active, daily health assessment screening on arrival (may include temperature-taking)
- Clients screened on the phone when booking appointments, or with appointment reminders
- Clients screened in-person on arrival (may include temperature-taking)
- Have clients wait in their car before their appointment if possible

**Symptomatic Clients:**

- Direct COVID-19 symptomatic clients to online self-assessment

**Symptomatic Clients Onsite:**

- Follow AHS Interim IPC Recommendations for COVID-19
- Provide surgical/procedure mask, send home in private transportation if possible
- Advise to complete online self-assessment when at home
- Clean and disinfect affected areas
- Record names of close contacts

**Symptomatic Clients Onsite-Exceptions (Care cannot be delayed)**

- Follow AHS Interim IPC Recommendations for COVID-19
- Set dedicated time for symptomatic clients (clinic or home)
- Minimize in-person time required (assess portions through virtual care)
- Advise client to wait outside in their car if possible before appointment time
- Provide surgical/procedure mask

- Assess need for Contact/Droplet precautions and PPE
- Dedicate a clinic/exam room or room in client's home
- Clean and disinfect areas between clients

**Staff or Client Diagnosed with COVID-19:**

- Prepare to be contacted by and collaborate with AHS on public health guidance
- Prepare a record of close contacts
- Midwife's client load and responsibilities must be delegated for up to 14 days among other midwives

**Prevention: Routine Practices and Other Considerations:**

- Hand Hygiene
  - Promote and facilitate 4 moments of hand hygiene
  - Wash with soap/water for 20 seconds or use 60-90% alcohol-based hand sanitizer
  - Wash hands if visibly soiled
  - Check AHS hand hygiene education page
  - Wash hands before and after glove use
  - Alcohol-based hand sanitizer available to clients at entry
- Encourage respiratory etiquette
- Enhanced environmental cleaning
  - Clean first to remove soil, disinfect after to kill bacteria and viruses
  - Communicate and monitor enhanced cleaning with staff
  - Product has Health Canada DIN (see label)
  - Use disposable equipment wherever possible
  - Clean high traffic areas often – door knobs, light switches, computers, bathrooms, lab counter tops
  - Remove communal items – newspapers, magazines, stuffed toys, etc.
  - Wash hands before handling equipment

- Clean and disinfect equipment according to manufacturer's rules
- Clean and disinfect shared equipment between clients
- Clean and disinfect staff equipment at least daily and when soiled
- Ensure adequate supplies of soap, paper towel, toilet paper, hand sanitizer
- Personal Protective Equipment
  - Continuous masking (surgical/procedural) during work in client areas
  - Continuous masking (surgical/procedural) if physical distance cannot be maintained
  - Staff awareness of masking rationale – asymptomatic transmission
  - N95s not routinely used (even for labor and pushing breathing or Entonox)
  - Staff perform point-of-care risk assessment with clients and use PPE as indicated
  - Review AB Health PPE guidelines and AHS PPE FAQs
- Physical distancing and gathering
  - Maintain 2 meters apart between individuals
  - Restrict number of staff, clients in one room at any time
  - Space out appointments
  - Install physical barriers (e.g. plexiglass) where possible
  - Increase separation of desks and workstations
  - Get creative around staff meetings and other gatherings (virtual)
  - Limit people in shared spaces (lunchroom), stagger break times
  - Limit hours of operation or set specific hours for at-risk clients



**Appendix B: Infographic: COVID-19 Protocol for Midwifery Clinics**

**COVID 19 Protocol for Midwifery Clinics**  
*Committed to the Health and Safety of Albertan Families*

**Screening Questions Before Your Visit**

Have you, your family or close contacts had any of the following symptoms?

- Recent cough
- Fever > 38
- Runny Nose
- Sore throat
- Shortness of breath

Have you, your family or close contacts:

- Tested positive for COVID-19 in the last 14 days?
- Travelled outside of Canada in the last 14 days?



2



**For Your Appointment, You and Your Family Will:**

- Limit the number of people at the clinic with you
- Review screening questions above with your midwife
- Wash your hands at the entrance
- Maintain physical distance (2m)
- Wear a mask when unable to maintain physical distance (2m)

**When Leaving the Clinic, You and Your Family Will:**

- Wash your hands



**For further information, please email or call us at:**

- [info@albertamidwives.org](mailto:info@albertamidwives.org)
- (403) 474-3999
- [www.albertamidwives.org](http://www.albertamidwives.org)



## Appendix C: Infographic: COVID-19 Protocol for Home Visits/Home Births

### COVID 19 Protocol for Home Visits/Home Births

*Committed to the Health and Safety of Albertan Families*

#### Screening Questions Before Your Visit

Have you, your family or close contacts had any of the following symptoms?

- Recent cough
- Fever > 38
- Runny Nose
- Sore throat
- Shortness of breath

Have you, your family or close contacts:

- Tested positive for COVID-19 in the last 2 weeks?
- Travelled outside of Canada in the last 14 days?



#### 2 When Your Midwives Arrive at Your Home They Will:

2



- Review screening questions above with you and everyone at your home
- Wash their hands
- Wear a mask all of the time
- Wear eye protection (goggles/visor for birth)

#### When Your Midwives Arrive at Your Home You Will:

- Maintain physical distance – 2m distance from midwives
- Wear a mask when unable to maintain physical distance (2m)



#### 4 When Your Midwives Arrive at Your Home Your Family Will:

4



- Limit number of people in the same room with you
- Wash their hands often, especially when in and out of your room
- Maintain physical distance – 2m distance from midwives
- Wear a mask for labour support and while helping you and your midwives

For further information, please email or call us at:

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