

CMA Update for Midwives on COVID 19 Endemic Process

March 1/22

Albertans have heard the Phase 2 announcements from the Premier related to relaxed protocols around COVID 19. The **exceptions** to this include: public transport, **AHS facilities and settings**, and continuing care facilities. This guidance has been prepared in collaboration with AHS protocols, to assist midwives and clinics in understanding requirements for preventing infections within their professional settings.

The CMA goal continues to focus on mitigation and prevention of COVID 19 transmission among your staff and clients, as a public safety mandate.

Pregnant people who contract COVID 19 continue to be at higher risk for severe outcomes, therefore precautions to reduce transmission in midwifery settings remains in place.

CMA confirms that all registered midwives initially will need to continue with all of the previous safety measures instituted during the pandemic itself. The Health Minister has acknowledged that there will most likely be a surge in COVID 19 infections after the announcement of relaxation of restrictions. CMA would like to monitor this trend before any changes are made to COVID 19 precaution protocols.

These expectations apply to: **AHS facilities**, to **midwifery practice clinics** (as contracted settings of AHS), and for the **community settings** where midwives serve clients (homes, birth centres, birth suites, etc.). Preventing the spread of infection remains a priority within community midwifery settings.

Routine Practices: Clinic and Community Settings:

1) POC Risk Assessments for COVID 19 symptoms

POC Risk Assessments will occur **each time**:

- A Midwife and/or staff enters a clinic space or engages with clients.
- A client enters the clinic (either electronically, phone, text or in person)
- A midwife, client and/or family member participates at a community birth.
- Midwives and midwifery clinic staff may ask clients about vaccination status, recent travel history and if they have recently been tested for COVID 19 as part of the clinic's POC risk assessment. However, clinics cannot require clients to take a COVID 19 test before their appointment.
- Midwives and clinic staff are not required to disclose their immunization status to clients.
- Choose appropriate procedures and PPE based on the results of the POC Risk Assessment (AHS has a new memo, dated February 26/22 addressing masks).

- When seeing a COVID-positive client, or a client with COVID-like symptoms, a surgical/procedure mask, gown, gloves and protective eyewear that provides adequate coverage against secretions and other droplets entering the eyes is considered minimally essential, AND consider setting a dedicated time of day and a dedicated exam room for this or refer clients to hospital for assessment.
- Symptomatic or COVID 19 positive staff need to stay home or be sent home or to other care facilities (if they develop symptoms at work), and follow updated AB health guidelines for symptomatic people.

2) Masks and PPE will be worn by all midwives and staff

- Continuous masking is a requirement for all staff providing direct client care, during work in client areas, or when working in an area where physical distancing or barriers are not possible.
- Even those who are fully vaccinated can still acquire, carry and transmit COVID-19. The vaccination status of a midwife, staff member or client does not forego the need to wear equipment (e.g., masks) or take precautions (e.g., physical distancing, barriers) that prevent the risk of transmission of infection.
- To help keep their midwives healthy, clients are encouraged to wear masks while at the clinic and for home visits, and need to be made aware of the rationale: prevention and mitigation of transmission of COVID 19 in settings where midwives practice.
- As per AHS direction, all clients entering a midwifery clinic (an AHS setting) are required to wear a mask. However, clients cannot be refused service or treatment if they choose not to wear a mask.
- At this time, when a client is assessed to be asymptomatic for COVID 19, a surgical/procedure mask, eye protection and do hand hygiene are considered minimally essential. Midwives and staff who interact with that client are not required to wear enhanced PPE, although they may choose to do so.

3) Hand Hygiene

- By all midwives and staff frequently (soap and water for at least 20 seconds, or frequently use an alcohol-based hand sanitizer - 60-90 per cent alcohol content), and in between client interactions.
- Using gloves alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.
- Perform when coughing or sneezing into a bent elbow and promptly disposing of used tissues in the trash.
- Clients upon entry to clinic; ensure that hand sanitizer is available.

4) Physical distancing between people from different households

- Reception staff who screen clients, accept payments, book appointments are best protected behind a barrier (e.g., plexiglass) when possible.
- To maximize physical distancing, keep the waiting room as empty as possible. This can be done a number of ways; midwives may consider spacing out appointments, and giving clients the option to wait in their car until they are called in by phone for their appointment.
- Ask clients to only be accompanied to appointments by those who are necessary.
- Increase separation between chairs, desks and workstations or remove furniture.
- Spread out appointment times so clinic rooms can be properly cleaned and the number of people in the waiting room is reduced.
- Continue to choose virtual media platforms like teleconference or video conference instead of in-person meetings.
- Limit the number of staff in shared spaces (reception, and lunch rooms, etc.)

5) Virtual visit/appointment options

- Midwifery clinics should continue to offer client services by appointment, when possible, to better facilitate effective point-of-care risk assessments.
- Consider providing some care virtually, where appropriate, based on the POC Risk Assessment, your clinical judgement, best practice protocols and client need/preferences.

6) Environmental Cleaning and Disinfecting

- In between clients/appointments.
- Frequently used spaces (e.g., bathrooms, door handles, light switches, computers, phones, lab counter tops, etc.).
- Use disposable equipment as often as possible.
- Enhanced surface cleaning protocols as previously directed by AB Health, at appropriated intervals, e.g., hourly or q 4h.
- Maintain an adequate supply of soap, paper towel, toilet paper, alcohol-based hand sanitizer and other supplies.
- Use disinfectants that have a Drug Identification Number (DIN), or are otherwise approved in the interim, by Health Canada and do so in accordance with labelled instructions.
- Minimize the presence of communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.

7) Administrative Controls

- Vaccination or regular rapid testing of all staff and midwives (as per the process established with AHS PMAO).
- Continue to follow the infection prevention and control requirements that should be included in midwifery clinic policies and procedures written to address the COVID-19 pandemic response. These include: Hand hygiene, point of care risk assessment, selection and use of personal protective equipment, environmental cleaning and disinfecting, and staff illness policies. It is the expectation of the CMA that as a self-regulating profession, these guidelines will be followed.
- Staff must be trained on infection prevention and control, and training must be documented.

8) International Travel

- This remains a cautionary situation, with returning midwives, staff or clients. Use extra caution if returning to work or going to clinic within 14 days of return from international travel. This may include: maintaining physical distancing, wearing extra PPE, and being vigilant about all of the other routine practices listed above.

CMA thanks all midwives for being professionally responsible and ensuring that midwifery clients receive safe, high quality care during this next endemic phase of COVID 19.

CMA will be monitoring hospital and ICU admissions and numbers of reported COVID positive cases.

PLEASE refer your clients who have questions to the CMA website – COVID 19 News – For Midwifery Clients, or call (403) 474-3999.

Sincerely,
College of Midwives of Alberta

