

Acute and Long Term Care COVID-19 Highlights – Winnipeg

Latest update will appear in blue

Where the term patient is used throughout this document, it shall be interpreted as referring to patient, resident or client unless explicitly stated otherwise.

Contact Site IPC/Designate	<p>For ALL ADMITTED suspected or confirmed cases report to site Infection Control Professional or designate. After hours leave a voice message for follow up and if urgent, contact IP&C designate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children’s Hospital - Pediatric ID: 204-787-2071 <input type="checkbox"/> St. Boniface Hospital – Dr. Evelyn Lo: 204-237-2053 <input type="checkbox"/> HSC and all other sites - Dr. John Embil: 204-787-2071 		
INFECTION PREVENTION & CONTROL MEASURES			
Screening Criteria	<p>Testing is recommended for all new admissions and readmissions per Acute and LTC guidance, except those patients/residents who have tested positive for COVID-19 within the last 180 days.</p>		
	Exposure Criteria	History Criteria	Signs & Symptoms Criteria
	<p>Staff asks in the past 14 days have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Returned from inter-provincial travel within Canada AND are not fully vaccinated*? <input type="checkbox"/> Returned from travel from outside Canada AND are not fully vaccinated* <input type="checkbox"/> Had exposure to a confirmed case of COVID-19 where medical PPE not worn? <input type="checkbox"/> Had exposure in laboratory working with COVID-19 specimens where medical PPE not worn? <input type="checkbox"/> Returned from travel to, or had contact with a returned traveller from, a country requiring quarantine/self-isolation (Botswana, Egypt, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa or Zimbabwe) — regardless of vaccination status? 	<p>Staff asks in the past 14 days have you been <u>directed to self-isolate</u>? If so, why?</p> <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 positive <input type="checkbox"/> COVID-19 exposure (document if/when specimen collected) <input type="checkbox"/> COVID-19 symptoms (document if/when specimen collected) <input type="checkbox"/> Live with/contact with a household member who has been directed to self-isolate either due to travel or because of close contact with a case 	<p>ONE symptom in Category A OR TWO or more symptoms in Category B**</p> <p>A: Fever>38 or subjective fever/chills; cough; sore throat/hoarse voice; shortness of breath/breathing difficulty, loss of taste or smell; vomiting or diarrhea for more than 24 hours</p> <p>B: runny nose; muscle aches; fatigue; conjunctivitis; headache; skin rash of unknown cause; nausea or loss of appetite; poor feeding (in an infant)</p>
	<p>*Fully vaccinated individuals are those who have received both doses (any combination) of an approved two dose COVID-19 vaccine (AstraZeneca, Pfizer, Moderna), OR a single dose of an approved single dose COVID-19 vaccine (Janssen/Johnson & Johnson) with more than 14 days having passed since the second dose (or approved sole dose) was received.</p> <p>** if 1 Category B symptom –implement Droplet/Contact Precautions. If AGMP, per Shared Health protocol. Test for COVID-19.</p>		
Source Control	<ul style="list-style-type: none"> • Signage at entrances • Hand hygiene (HH) and respiratory etiquette • Apply medical mask on patient and accompanying persons immediately • Separate waiting areas for persons with potential infection if unable to immediately isolate 		
Additional Precautions & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Enhanced Droplet/Contact Precautions for COVID-19 Suspect and Positive patients • Post appropriate signage on room door • Implement Personal Protective Equipment Supply Management and Stewardship Planning and Guidance Framework principles and recommendations as appropriate for setting and services provided • Dedicate patient equipment. If not able to dedicate, clean/disinfect after use 		
Patient Accommodation	<ul style="list-style-type: none"> • Single room. If cohorting necessary, consult IP&C; only possible for COVID-positive, including variants of concern (VOC) • For AGMPs if no AIIR, close door to single room 		
Testing	<ul style="list-style-type: none"> • Collect 1 nasopharyngeal (NP) swab placed in viral transport medium or NP aspirate in addition to routine investigations; video https://vimeo.com/398627117/e35232c036 • Include travel history or other relevant screening criteria, relevant symptoms, and request for COVID-19 on requisition. Clearly identify on the requisition if the patient is a healthcare worker/first responder, and/or an inpatient, transport worker (e.g. bus driver, trucker, rail worker, airline personnel, etc.), or childcare/education worker • More severely ill patients may also require deep lung specimens be submitted, such as sputum, ETT secretions or broncho-alveolar lavage specimens 		
Patient Transport	<ul style="list-style-type: none"> • Transport out of the isolation room for medically essential purposes only • Notify Transport Services and receiving department regarding Additional Precautions required in advance of transport • Patient applies medical mask and performs Hand Hygiene 		
Patient Items	<ul style="list-style-type: none"> • Ensure items dropped off for patients are dedicated to the intended patient only and not shared amongst patients • Newspapers and books are allowed but must be single-use for Orange and Red zones 		

	<ul style="list-style-type: none"> ○ Green Zones: if not possible to achieve single use, reuse no sooner than the following day may be considered if not visibly soiled, and if stored at least overnight in a clean, dry, and secure space (without being handled during that time) • Ensure hand hygiene before and after interaction with items
Contact Tracing/ Management	<ul style="list-style-type: none"> • Refer to Updated IP&C COVID-19 Contact Management in Acute and Long-Term Care Facilities algorithm and COVID-19 Low Risk Contact Management in Acute and Long Term Care Facilities
Discontinuation of Precautions	<p>COVID POSITIVE</p> <ul style="list-style-type: none"> • To discontinue precautions for a patient who is COVID-19 positive consult IP&C/designate. 10 days from symptom onset and 72 hours while asymptomatic must have passed, whichever is longer. • If client is in the ICU, was in the ICU and/or required Optiflow – refer to SDP for further guidance. • Where patients with confirmed COVID-19 infection have been cohorted and one has recovered, this patient may be moved into the Green Zone as required <hr/> <p>COVID SUSPECT</p> <ul style="list-style-type: none"> • To discontinue precautions for an asymptomatic COVID-19 suspect patient with known exposure history consult IP&C/designate. If symptoms develop, collect specimen. If positive, follow protocols for positive patient management. If negative, continue to isolate for the remainder of 10 days and until symptoms resolve. • Where there are negative COVID-19 test results in a patient that does not meet the 'exposure' criteria or 'History' criteria (see sections above) in patients with respiratory symptoms: <ul style="list-style-type: none"> ○ Consult IP&C/designate. Patient management maybe adjusted to follow seasonal viral respiratory management protocols (i.e., droplet/contact precautions and discontinuation of precautions when symptom(s) resolve) ○ Decisions are based on relevant epidemiological data (i.e., known COVID-19 case(s) in a facility, community or congregated/work setting, or outbreaks). Those with known exposure history (contact, travel, or lab exposure) would not change additional precautions, regardless of swab results
Discharge	<ul style="list-style-type: none"> • Discharge COVID-19 Positive <ul style="list-style-type: none"> ○ COVID-19 positive patients may be discharged home positive. Refer to the WRHA COVID-19 Discharge Package: <ul style="list-style-type: none"> COVID-19 Staff Discharge Planning Self-Isolation Assessment COVID-19 Caregiver Discharge Instructions COVID-19 Patient Discharge Instructions Government of Manitoba Self-Isolation Handout Follow Discharge Transport - COVID-19 Positive or Suspect (Acute Care) processes for patients who are COVID positive or suspect. • Discharge COVID-19 Suspect <ul style="list-style-type: none"> ○ Refer to: COVID-19 Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results and Province of Manitoba Case Contacts and Monitoring (gov.mb.ca). Follow Discharge Transport - COVID-19 Positive or Suspect (Acute Care) processes for patients who are COVID positive or suspect.
Visitor Management	<ul style="list-style-type: none"> • Visitor access is limited. Explore alternate mechanisms for interactions between patients and other individuals (e.g., video call on cell phones or tablets) • Follow Shared Health visitation principles • Visitor exceptions must be approved by site and/or regional leadership based on guidance provided by incident command: <ul style="list-style-type: none"> ○ Guidance on restrictions for Acute Care settings: https://sharedhealthmb.ca/wp-content/uploads/covid-19-inpatient-visit-principles.pdf ○ Guidance on restrictions for Long Term Care settings: https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf ○ In the select situations where visitation is approved, visitors must be screened for COVID-19 risk factors upon entry each time they attend a facility • Visitors must follow hand hygiene, physical distancing, respiratory hygiene, and PPE recommendations as outlined • Screen and manage visitors as a suspect if they have signs and symptoms and/or exposure criteria consistent with COVID-19 infection • Instruct visitors to speak with a nurse or physician before entering room to assess risk to visitor's health and ability to adhere to Routine Practices and Additional Precautions • Provide visitors with instructions on and supervision with appropriate use of PPE for Enhanced Droplet/Contact precautions; visitors should not be present during AGMPs
Physical Distancing	<p>To try to stop progression of virus transmission:</p> <ul style="list-style-type: none"> • Limit close contact (within six feet/two metres) • Avoid greetings that involve touching, including handshakes and hugs • Frequent disinfection of regularly used surfaces, electronics and other personal belongings

Change tracker:

- Jan. 11, 2022: Change of isolation time from 14 days to 10.
- Dec. 6, 2021: Updated Exposure section with return from international travel to countries requiring self-isolation/quarantine.
- Oct. 13, 2021: Changed the period of time a patient is considered recovered from 90 to 180 days following the date of the positive COVID test.
- Aug. 18, 2021: Added clarification re: 1 category B symptom; LTC and Acute combined into one document; duration of precautions updated; screening criteria updated; fully vaccinated info added.
- Feb. 18, 2021: Changed definition of prolonged exposure from 15 minutes to 10 minutes.
- Jan. 29, 2021: Updated exposure criteria to include travel to anywhere outside Manitoba.