RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

Memo

To: All employees

From: Merita MacMillan, Regional Lead, Infection Prevention & Control

CC: Margaret Melanson, Vice President, Quality and Patient-Centred Care

Date: March 16, 2020

Re: **Bulletin 2 b: COVID-19 IPC Update**

This bulletin provides important updates on the ongoing Coronavirus (COVID-19) related to Infection Prevention and Control.

Interim Infection Prevention and Control Guidance
Infection Prevention & Control for Suspect/Confirmed COVID-19

On March 16, 2020 an IP&C guideline document was circulated in your area and provides interim direction for the management of patients presenting with suspect COVID-19 in a health care setting. The full document is enclosed and is partially included below.

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Currently what we know is that among humans, Coronaviruses are most readily transmitted via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Presently these respiratory infections are managed in our healthcare settings following IP&C Droplet/Contact Precautions.

COVID-19 is a rapidly evolving outbreak and this guidance is based on the information available about this illness related to disease severity, transmission efficiency, and shedding duration. It will be revised and updated as more information becomes available and as our response needs change.

Prior to every patient interaction, Healthcare workers (HCWs) have a responsibility to perform a Point of care Risk Assessment (PCRA) to assess the infectious risk posed to themselves and others. A PCRA will help determine the correct PPE required to protect the HCW in their interaction with the patient and patient environment.

IP&C Full Precautions will de-escalate to Droplet/Contact when the Physician/Nurse Practitioner/Nurse has determined that the patient is no longer severe/critically ill and an Aerosol Generating Medical Procedure (AGMP) (listed below) is no longer required

- non-invasive positive pressure ventilation (continuous or bilevel positive airway pressure)

- high-flow nasal cannula (Optiflow or equivalent)
- bag-mask ventilation
- endotracheal intubation and related procedures (e.g., extubation, manual ventilation, open endotracheal suctioning)
- cardiopulmonary resuscitation
- bronchoscopy
- open suction of respiratory tract
- sputum induction
- use of nebulizer therapy
- mechanical ventilation/high frequency oscillatory ventilation

Patients with suspected or confirmed COVID-19 should be cared for in a single room. The use of an Airborne Infection Isolation Room (AIIR) is the recommended standard of care when performing an AGMP. If an AIIR is not available, a single room with the door closed should be used for the procedure. The collection of a nasopharyngeal swab is NOT considered an AGMP.

Clinical Presentation
Reported illnesses have ranged from people being mildly sick to people being severely ill and dying. Symptoms can include:

- Fever [1]
- Cough
- Shortness of breath

Symptoms may appear in as few as 2 days or as long as 14 days after exposure. This is based on what has been seen previously as the incubation period of MERS viruses

[1]*Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever lowering medications. Clinical judgment should be used to guide testing of patients in such situations.*

Suspect / Person under investigation (PUI)
A person with fever and/or cough who meets the following exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested.

Exposure Criteria
In the 14 days before onset of illness, a person who:

- Traveled to an affected area

OR

- Had close contact with a confirmed or probable case of COVID-19

OR

- Had close contact with a person with acute respiratory illness who has been to an affected area within 14 days prior to their illness onset

OR

- Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Factors that raise the index of suspicion should also be considered.

Probable
A person:

- with fever (over 38 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough

AND

- who meets the COVID-19 exposure criteria

AND

- in whom laboratory diagnosis of COVID-19 is
  - inconclusive,
  - negative (if specimen quality or timing is suspect), or
  - positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory by nucleic acid amplification tests (NAAT).

Confirmed
A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory) and consists of positive nucleic acid amplification tests (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.