



# **Infection Prevention & Control Guidance: Management of Patient Exposures to COVID -19– All Phases**

### **Process**

In an effort to decrease the risk of COVID-19 transmission, Infection Prevention and Control (IPC) works collaboratively with Employee Health Services (EHS) and Public Health in the management of patients exposed to COVID-19 during a visit or admission to a Horizon healthcare facility. IPC notifies EHS and Public Health about new patient cases and EHS will notify IPC about new healthcare workers (HCWs) cases to ensure prompt contact tracing of patients and HCWs.

### **Management of HCWs exposed to a COVID-19 positive Healthcare Worker (HCW)/Patient**

1. Following notification of a COVID-19 positive HCW; EHS interviews the HCW and completes a risk assessment to determine the dates the HCW was potentially infectious and identifies the patient care units or departments where the HCW worked during this time frame.
  - **Symptomatic HCW**, the HCW is considered potentially infectious 2 days before symptoms first appeared.
  - **Asymptomatic HCW**, EHS works with the HCW to determine if they may have had a COVID-19 exposure in an effort to determine the period of when they were infectious.
    - **If an exposure is identified.** The HCW is considered potentially infectious beginning 2 days after the exposure.
    - **If the date of exposure cannot be determined.** The HCW is considered infectious 2 days prior to date of specimen collection.
2. EHS notifies IPC of the positive HCW and informs the team of the patient care areas and dates when the possible exposure has occurred.
3. IPC notifies EHS when it is identified that a COVID-19 positive patient visited or was admitted to a Horizon healthcare facility and was not managed under Droplet/Contact Precautions.
4. EHS completes HCW contact tracing. A risk assessment is completed with all HCWs who were exposed to the infected HCW/Patient to determine if the HCW had prolonged, close contact and what PPE they were wearing. HCWs are managed as per the *EHS guideline Assessing a Health Care Worker Following Occupational Exposure to a COVID-19 Case*

### **Management of Patients exposed to a COVID-19 positive Healthcare Worker (HCW)/Patient**

1. IPC initiates patient contact tracing
  - The Most Responsible Physician (or Designate) notifies inpatients/substitute decision maker of the exposure situation and of testing requirements
    - The disclosure process is completed in accordance with the Patient Safety Incident Management: Harmful Incidents, No Harm Incidents, Near Misses and Multi-Patient Events (HHN-SA-002) policy.
2. All inpatients who had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with the infected HCW/Patient (two days before a positive health care worker/Patient's symptom onset date or specimen collection date) are considered exposed.
3. All exposed inpatients are placed on Droplet/Contact precautions and are monitored every 4 hours for signs and symptoms of COVID-19 until 14 days after their last exposure. This applies to all patients, irrespective of whether they have been fully vaccinated
4. IPC identifies patients who have recently been transferred off the unit to other wards or facilities; notify other wards or facilities of the suspected exposure and ensure all transferred patients are in Droplet/ Contact Precautions and monitored every 4 hours while awake for signs and symptoms of COVID-19 until 14 days after their last exposure.

5. Patients who require urgent transfer to another unit for medical reasons are transferred on Droplet/Contact Precautions and remain on precautions for 14 days after their last exposure.
6. IPC notifies Public Health of all exposed discharged patients or when an exposed patient is being discharged within 14 days after their last exposure.
7. Patients who are within 3 months of onset of prior COVID-19 infection may not require isolation or testing if they remain asymptomatic. This decision is made in consultation with IPC and Infectious Diseases/Medical Microbiologist.

### **Patient Placement**

1. All exposed inpatients may be cohorted and isolated separately in their bedspace with other similarly exposed patients who do not have COVID-19 symptoms.
2. If bed capacity and single patient rooms are limited, and as a last resort an exposed asymptomatic patient may have to be cohorted with a non-exposed patient, a point-of-care risk assessment is performed to determine patient placement and/or suitability for cohorting. In this situation the following factors are considered
  - Select appropriate roommates (fully vaccinated)
  - Avoid placing patients at high risk of complications, if they become infected, in rooms with patients with transmissible infections, diarrhea or open wounds
  - Delineate the boundary of the potentially contaminated patient area within the shared room, the privacy curtain between beds should be closed to minimize opportunities for direct contact
  - Prevent transmission risks from sharing of sinks and toilets
  - Assess activities of the roommates and their visitors. Roommates are selected for their ability and the ability of their visitors to comply with necessary precautions.

### **Testing**

All exposed patients are rapid tested for COVID-19 following notification of exposure, patient testing is repeated on days 5 and 10 and 14 post exposure if patient remains hospitalized. If an inpatient develops symptoms post exposure a rapid test is completed. Post exposure testing regimens may be adjusted following consultation with Infectious Diseases/Medical Microbiologist. This may include PCR testing performed by the Provincial Laboratory.

### **Additional IPC Measures**

- Enhanced cleaning measures are implemented on the unit where the COVID-19 exposure occurred.
- The need for continuous eye protection will be determined following consultation with IPC and EHS.
- Visitation is not permitted for those patients who have been exposed to a COVID-19 positive HCW.
- An internal memo will be issued to advise staff of the potential COVID-19 exposure (attached).