

INFECTIOUS DISEASE AND INFECTION PREVENTION AND CONTROL COVID-19 COMMITTEE

Bulletin #195b - COVID-19 - ID-IPC - Updated Guidance Documents - Mar 3 2022

COVID-19 Infection Prevention & Control (IPC) Guidance

Shortened 10-day quarantine (isolation) period

The ID/IPC COVID-19 Committee has reviewed emerging data and determined the quarantine (isolation) period for COVID-19 suspect patients can be safely reduced from 14 days to 10 days.

Isolation for new admissions or inpatients identified as close contacts of a COVID-19 positive case will be discontinued at Day 10 with a negative test result. If patient refuses testing, a 14-day isolation will be required.

This will shorten the COVID-19 outbreak period of two viral cycles from 28 days to 20 days, and exposures will be declared over in 10 days after one viral cycle.

This change in practice will improve patient flow and decrease the workload of frontline health care workers.

This recommendation was approved by Horizon EOC on March 3, 2022.

Domestic travel no longer considered a risk factor for COVID-19

The ID/IPC COVID-19 Committee supports that risk factors associated with domestic travel be removed and that patients/visitors only be screened for international travel.

The patient/visitor active screening criteria has been revised to query travel outside of Canada in the last 14 days. This change will take place on Monday March 7, 2022.

This recommendation was approved by Horizon EOC on March 3, 2022.

Update: Continuous use of eye protection in non-clinical settings

The ID/IPC COVID-19 Committee has reviewed the requirement for continuous eye protection in non-high-risk clinical settings and non-clinical settings. The Committee noted with the ongoing high risk of exposure to the Omicron variant in the community and the risk of transmission between health care workers (HCWs), the continuous use of eye protection would remain in place for all clinical settings in all Horizon facilities.

For HCWs working in non-clinical settings, the continuous use of eye protection will revert back to the previous practice and will be optional.

Non-clinical settings: The continuous use of eye protection (safety glasses) is optional for HCWs working in non-clinical settings.

Clinical settings: All HCWs working in high-risk clinical settings (i.e. COVID-19 units, ERs, All ICUs, ORs, and COVID-19 Assessment Centres) will wear facial protection, N95 respirator / a *well fitted medical grade face mask and eye protection (goggles/face shield), continuously, at all times in all areas of their workplace when a physical barrier (i.e., plexiglass) is not in place to prevent transmission of infection. This includes all interactions with patients, coworkers, and others.

All HCWs will wear facial protection, N95 respirator / a *well fitted medical grade face mask and eye protection (goggles/face shield), when providing care to suspect/confirmed COVID-19 patients.

All HCWs working in non-high risk clinical settings will wear facial protection, N95 respirator / a *well fitted medical grade face mask and eye protection (safety glasses), continuously, at all times in all areas of their workplace when a physical barrier (i.e., plexiglass) is not in place to prevent transmission of infection. This includes all interactions with patients, coworkers, and others.

*A well fitted medical grade face mask covers your nose, mouth, chin, and fits snugly against the sides of your face with no gaps.

Please visit the [IPC Resources COVID-19 Skyline Page](#) for COVID-19 information.