**Acute and Long Term Care COVID-19 Highlights – Provincial**

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
For ALL ADMITTED suspected or confirmed cases report to site/region/SDO Infection Control Professional or designate
After hours, ensure contact information is available specific to your site/region/SDO

### INFECTIOUS PREVENTION & CONTROL MEASURES

Testing is recommended for all new admissions and readmissions, except those patients/residents who have tested positive for COVID-19 within the last 90 days.

#### Exposure Criteria
- Staff asks in the past 14 days have you:
  - Returned from inter-provincial travel within Canada AND are not fully vaccinated**?
  - Returned from travel from outside Canada AND are not fully vaccinated*
  - Had exposure to a confirmed case of COVID-19 where medical PPE not worn?
  - Had exposure in laboratory working with COVID-19 specimens where medical PPE not worn?

#### History Criteria
- Staff asks in the past 14 days have you been directed to self-isolate? If so, why?
  - COVID-19 positive
  - COVID-19 exposure
    - (document if/when specimen collected)
  - COVID-19 symptoms
    - (document if/when specimen collected)
  - Live with/contact a household member who has been directed to self-isolate either due to travel or because of close contact with a case

#### Signs and Symptoms Criteria
- ONE symptom in Category A OR TWO or more symptoms in Category B**
  - 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
  - B: runny nose; muscle aches; fatigue; conjunctivitis; headache; skin rash of unknown cause; nausea or loss of appetite; poor feeding (in an infant)

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### Source Control
- 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)
- **Droplet/Contact Precautions with Airborne Precautions** for aerosol-generating medical procedures (AGMPs) for COVID Suspect and Positive patients
- Post appropriate signage on room door
- Implement [Personal Protective Equipment Supply Management and Stewardship: Planning and Guidance Framework](https://www.hubnetwork.ca/en/infopages/health-care-professionals) principles and recommendations as appropriate for setting and services provided
- Dedicate patient equipment. If not able to dedicate, clean/disinfect after use

### Patient Accommodation
- 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
- Collect 1 nasopharyngeal (NP) swab placed in viral transport medium or NP aspirate in addition to routine investigations; video [https://vimeo.com/398627117/e35232c036](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
- Transport out of the isolation room for medically essential purposes only
- Notify Patient Transport Services and receiving department regarding Additional Precautions required in advance of transport
- Patient applies medical mask and performs Hand Hygiene

### Patient Items
- 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
  - 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

### Patient Management
- Refer to [Updated IP&C COVID-19 Contact Management in Acute and Long-Term Care Facilities algorithm](https://www.hubnetwork.ca/en/infopages/health-care-professionals) and COVID-19 Low Risk Contact Management in Acute and Long
Term Care Facilities

**Discontinuation of Precautions**

**COVID POSITIVE**
- 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.

**COVID SUSPECT**
- 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 (10 days from symptom onset and 72 hours while asymptomatic). If negative, continue to isolate for the remainder of the 14 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:
  - 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**
- Discharge COVID-19 Positive
  - COVID-19 positive patients may be discharged home positive
  - Provide information on self-monitoring and self-isolation
  - Fax/contact Public Health with the COVID-19 positive patient demographic information (name, date of birth, PHIN) as well as contact information (phone numbers and address)
- Discharge COVID-19 Suspect
  - Provide information on self-monitoring and self-isolation
  - For high risk contacts, notify Public Health
  - Follow Discharge Transport - COVID-19 Positive or Suspect (Acute Care) processes for patients who are COVID positive or suspect
  - Provide patient with appropriate Public Health fact sheets. Resources available at https://manitoba.ca/covid19/fundamentals/self-isolation.html

**Visitor Management**
- 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:
  - For guidance on restrictions for Long Term Care settings, please see https://sharedhealthmb.ca/files/covid-19-pch-visitation-principles.pdf
- 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 the room to assess risk to the 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 Droplet/Contact precautions with Airborne Precautions for AGMPs; visitors should not be present during AGMPs

**Physical Distancing**
- To try to stop progression of virus transmission:
  - 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:**
- 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.