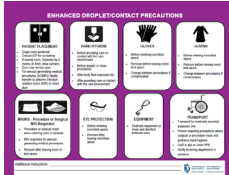


COVID-19 Highlights – Winnipeg	
Contact Site ICP/Designate	For ALL ADMITTED suspected or confirmed cases report to site Infection Control Professional or designate. After hours leave a voice message for follow up and if urgent, contact IP&C designate: <ul style="list-style-type: none"> • Children’s Hospital - Pediatric ID: 204-787-2071 • St. Boniface Hospital – Dr. Evelyn Lo: 204-237-2053 • HSC and all other sites - Dr. John Embil: 204-787-2071
GENERAL INFORMATION	
Screening	Staff asks <i>in the past 14 days have you:</i> <ul style="list-style-type: none"> • Returned from travel, including outside Manitoba; OR • Had exposure* to a confirmed (presumptive positive) case of COVID-19; OR • Had a Lab exposure working directly with biological specimens that contain COVID-19 OR • Are you a symptomatic (respiratory symptoms) health-care worker? OR • Are you a symptomatic resident or worker in a remote or isolated community or congregate setting such as a correctional facility, shelter, LTC or residential facility, or remote work camp? <p>* Exposure includes attendance at large group settings where someone has been confirmed to have COVID-19. Health-care provider should confirm setting and how individual was notified. NOTE- For purpose of IP&C – Patients from Nunavut & NW Ontario are Manitobans <i>Screening criteria are intended to supplement clinical judgement, not supersede it.</i></p>
Signs & Symptoms	<ul style="list-style-type: none"> • Cough, fever, difficulty breathing, sore throat, runny nose, malaise, headache
INFECTION PREVENTION & CONTROL MEASURES	
Patients with signs/symptoms (Source Control)	<ul style="list-style-type: none"> • Signage at entrances • Hand hygiene (HH) and respiratory etiquette • Apply procedure/surgical masks 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 • Post appropriate signage on room door • Gloves, gown, procedure or surgical mask, face/eye protection • For aerosol-generating medical procedures (AGMPs), N95 respirator instead of procedure or surgical mask • Dedicate patient equipment 
Patient Accommodation	<ul style="list-style-type: none"> • Single room. If cohorting needed, consult IP&C; only possible for confirmed infection • For AGMPs if no AIIR, close door to single room
Testing	ONLY SYMPTOMATIC PEOPLE WHO MEET SCREENING CRITERIA <ul style="list-style-type: none"> • Collect 1 nasopharyngeal (NP) swab placed in viral transport medium or NP aspirate in addition to routine investigations • Include travel history, relevant symptoms, and request for COVID-19 on CPL requisition Clearly identify on the requisition if the patient is an inpatient, a health-care worker or a resident of a remote/isolated community or congregate setting. • More severely ill patients may also require deep lung specimens be submitted, such as sputum, ETT secretions or broncho-alveolar lavage specimens • No serological test for the COVID-19 virus
Patient Transport	<ul style="list-style-type: none"> • Transport out of the isolation room for medically essential purposes only • Notify Patient Transport Services and receiving department regarding Enhanced Droplet/Contact Precautions in advance of transport • Patient applies procedure or surgical mask and performs HH • Staff involved in transport must discard PPE as leaving the room, and apply new PPE prior to transport (perform HH, apply isolation gown, procedure or surgical mask, and gloves)
Patient Items	<ul style="list-style-type: none"> • Ensure items dropped off for patients are able to be cleaned and disinfected
Discontinuation of Precautions	<ul style="list-style-type: none"> • Collaboration between the Attending Physician and Infectious Diseases, considering both the clinical and laboratory findings
Visitor Management	<ul style="list-style-type: none"> • Persons who have had exposure to a confirmed case of COVID-19 are not to visit in health care facilities (HCF). Health care providers should confirm setting AND how person notified • Persons who’ve returned from travel, including within Canada, in the last 14 days are not to visit in HCF • Persons with cold or flu-like symptoms are not to visit in HCF • Persons who have tested positive are not to attend HCF until cleared medically • Explore alternate mechanisms for interactions between patients and other individuals (e.g., video call on cell phones or tablets) • Visitor access is not permitted. Exception can be considered for compassionate reasons (e.g., palliative) on a case-by-case basis. Appropriately screen and limit to ONE VISITOR AT A TIME (e.g., immediate family member or parent, guardian, or primary caregiver). • Visitors should not be present during AGMPs • Screen and manage visitors as a person under investigation if they have signs and symptoms and exposure criteria consistent with COVID-19 infection • Instruct visitors to speak with a nurse or physician before entering the room to assess risk to

	<p>the visitor's health and ability to adhere to Routine Practices and additional precautions</p> <ul style="list-style-type: none"> • Provide visitors with instructions on and supervision with appropriate use of PPE for Enhanced Droplet/Contact precautions
<p>Social Distancing</p>	<p>Reduce close contact between people to try to stop progression of virus transmission:</p> <ul style="list-style-type: none"> • minimize prolonged (more than 10 minutes), close (less than 2 metre) contact with others • avoid greetings that involve touching, including handshakes and hugs • frequent disinfection of regularly used surfaces, electronics and other personal belongings