

COVID-19 Specific Disease Protocol (Provincial) – Acute and Community Settings

This guidance is informed by currently available scientific evidence and expert opinion, and is subject to change as new information on transmissibility and epidemiology becomes available.

Cause/Epidemiology

The causative organism is a coronavirus. Transmission is described as occurring from animal host to human and later from human to human host. The initial animal host is not yet confirmed. There are known exposure risk factors outlined in the clinical presentation case definitions (Appendix C).

Infection Prevention and Control Practices

Follow [Routine Practices](#) and [Droplet/Contact Precautions with Airborne Precautions for aerosol-generating medical procedures \(AGMPs\)](#) in addition to the following:

Entrance Screening Points

- Ensure appropriate signage available in all patient entry locations (e.g., triage, registration, clinics, out-patient labs, diagnostic imaging)
 - Clinics without appropriate space and precautions may consider posting signage at the front entrance instructing patients that screen positive to NOT enter and instead call Health Links – Info Santé to be redirected to a site prepared to assess/test for COVID-19
- Encourage patients to perform respiratory hygiene/cough etiquette, and provide surgical/procedural masks, tissues, alcohol-based hand rub and a waste receptacle
- Assess patients presenting with exposure criteria in a timely manner
 - Ensure staff asking listed questions for active case finding (e.g., travel or exposure history questions).
If exposure
 - Have patient and escort perform hand hygiene
 - Mask all symptomatic patients (procedure or surgical) and escort (even if asymptomatic)
 - Segregate immediately into a single room; maintain 2 metre separation
 - If not possible to immediately isolate, direct symptomatic patient(s) and escort to a segregated waiting room/area that is physically separate from the main waiting room/area and allows a 2 metre separation between patients
 - Screen escort for signs and symptoms of acute respiratory illness, refer for medical assessment where appropriate, and manage as per this document
- Clinics should screen via telephone before scheduling an appointment for a patient who screens positive for COVID-19. If the clinic does not have the appropriate space and precautions to perform COVID-19 assessment and/or testing, direct patient to call Health Links – Info Santé to be directed to a site prepared to assess and test for COVID-19. Non-emergent appointments should be rescheduled.
- Remove any frequently handled unnecessary items from waiting rooms, i.e. magazines and toys.

Accommodation

Implement Droplet/Contact Precautions, with Airborne Precautions for AGMPs

- Place appropriate signage at the entrance to the room to indicate necessary precautions required for staff and visitors
- Patients who have been advised to self-isolate must be isolated for 14 days from last potential exposure
- Patients who have been advised to self-monitor (i.e., close contact with a person with ILI who has travelled in the past 14 days) must be monitored twice daily for development of increased temperature as well as respiratory signs/symptoms
- Do not cohort COVID-19 suspects. Cohorting is only possible for patients with confirmed COVID-19 infection. If cohorting is necessary, consult Infection Prevention and Control.
- Maintain a 2 metre separation between patients with signs/symptoms and exposure criteria consistent with COVID-19 infection and all other patients and/or visitors
- For aerosol-generating medical procedures (AGMPs) ideally transfer to airborne infection isolation room (AIIR). If no AIIR available, use single room with door closed. All health-care workers shall wear N95 respirators in addition to gloves, gown, and eye/face protection.

Laboratory Specimens

Only test persons who are SYMPTOMATIC

- In addition to routine investigations relevant to the patient's symptoms and care, testing for COVID-19 requires a nasopharyngeal (NP) swab placed in viral transport medium or NP aspirate. If such a specimen is being collected for ILI or presumed viral RTI, then a second swab is not required.
- At this point in the epidemic, for COVID-19 testing to occur, the following information must be included on the CPL General Requisition: travel history, relevant symptoms, and request for COVID-19. **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 ETT secretions or broncho-alveolar lavage specimens.
- There is currently no serological test for the COVID-19 virus.
- Additional laboratory testing for surveillance purposes only: COVID-19 virus testing has been added to all respiratory virus testing. Positive results will be reported to Public Health and Infection Prevention and Control.

Environmental Cleaning

- Only use a facility-approved disinfectant.
- Ensure manufacturer's wet contact time is maintained on surfaces.
- Increase frequency of cleaning and disinfection of high-touch surfaces. This includes all waiting rooms/areas and public washrooms.
- Clean and disinfect all surfaces, especially those that are horizontal and frequently touched, at least twice daily and when soiled.

- Follow isolation room discharge cleaning protocols after discharge, transfer, or discontinuation of precautions.
- Clinic rooms should have all high-touch surfaces as well as any additional surfaces the patient or health-care worker has come in contact with disinfected after each patient has left (e.g., patient chairs, exam tables, door knobs, counter tops, desk tops).

Patient Care Equipment

- Minimize equipment and supplies in the room as much as possible.
- Dedicate all reusable equipment and supplies, along with toys, electronic games, personal belongings, and so on to the use of the patient with signs and symptoms and exposure criteria consistent with COVID-19.
- If use with other patients is necessary, clean and disinfect equipment and supplies (that can tolerate disinfection) before use with another patient with a facility-approved disinfectant.
- Discard items that cannot be appropriately cleaned and disinfected.
- Discard single-use disposable equipment into a no-touch waste receptacle after use.

Personal/Other Items

- Appropriately clean and disinfect essential personal use items (e.g., dentures, hearing aids), with care, upon arrival.
- All items delivered by family/visitor to a health-care facility should be:
 - In unopened/sealed packages that allow for the surface to be appropriately cleaned and disinfected, with a facility approved disinfectant, upon arrival
 - All items delivered, such as toys and electronic games should be appropriately cleaned and disinfected upon receiving at the site entrance and prior to removing from entrance of the facility
 - If unable to appropriately clean and disinfect on arrival then items are not accepted (i.e., plants, flowers, cards, stuffed animals). Consult IPC where specific consideration required (e.g., palliative/end of life exceptions)
 - Dedicated to the intended patient only

Handling Linen, Cutlery and Dishes

- No special care is required for handling linen, cutlery or dishes. Routine Practices are sufficient.

Waste

- No special care is required for handling patient waste. Routine Practices are sufficient.

Duration of Droplet/Contact Precautions, with Airborne Precautions for AGMPs

The decision to discontinue precautions for a patient who is COVID-19 positive requires collaboration between the Attending Physician and Infectious Diseases, considering both the clinical and laboratory findings. Two consecutive negative tests for COVID-19, at least 24 hours apart, are required. Minimally this should be nasopharyngeal (NP) specimens, with consideration for both NP and throat swabs at all sampling times to maximize sensitivity for detecting the virus.

Handling Deceased Bodies

- Routine practices, along with additional precautions should be used for handling deceased bodies, preparing bodies for autopsy, and transferring bodies to mortuary services.

Notification

- For ALL ADMITTED suspected or confirmed cases notify site/region/SDO IP&C/designate.

Mother/Child

- Follow Droplet/Contact precautions with Airborne Precautions for AGMPs
 - The infant can remain with the mother
 - Breast-feeding: mother can breast feed while wearing a procedure or surgical mask. Prior to breast-feeding she must:
 - Perform hand hygiene AND
 - Clean/wash her skin (chest/breast area) with soap & water

Note: Obstetrical deliveries are NOT considered an AGMP.

Patient/Family/Visitor

- Persons who have had exposure to a confirmed case of COVID-19 are not to visit in health-care facilities (HCF). Note: Exposure may include scenarios like large events or settings with confirmed case(s) of COVID-19. Health-care providers should confirm setting AND how the individual was 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 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

Social Distancing

- Use intentionally to reduce close contact between people to try to stop the progression of transmission of any virus. This means:
 - minimize prolonged (more than 10 minutes), close (less than 2 metres) contact with other individuals
 - avoid greetings that involve touching, including handshakes and hugs
 - frequent disinfection of regularly used surfaces, electronics and other personal belongings
 - follow public health advice, including self-monitoring or self-isolation if have travelled or been exposed to someone who is ill with the virus, EVEN if not displaying any symptoms; and
 - strongly considering avoiding travel, crowded places and large events, especially if at
 - higher risk for influenza-like illnesses

Patient Movement and Activities

Restrict patients with signs/symptoms and exposure criteria consistent with COVID-19 infection to their room until symptoms resolved or 14 day self-isolation period has passed, whichever is longer. Defer participation in group activities until symptoms resolved or 14 day self-isolation period has passed, whichever is longer. Restrict patient movement and/or transport should to essential diagnostic tests and therapeutic treatments. **Transfer within and between facilities should be avoided unless medically indicated.**

Group Activities

- Maintain spatial separation between each person (2 metres/6 feet)
- Frequent hand hygiene, no handshaking
- Reduce size of the gathering
- Improving venue to allow for space
- Minimize contact and shared time together (10 minutes)
- No sharing of items
- Consider the population attending
 - Do not include:
 - Immune compromised patients (e.g., cancer, congenital immune deficiencies, on immune modulator medications)
 - Patients with significant co-morbidities (e.g., diabetes, heart disease, chronic lung disease, conditions treated with immune modulators as above)
 - Younger children (e.g., under 5 and those who cannot follow procedures)
 - Sick persons

Patient Transport

- Transport patient out of the isolation room for medically essential purposes only. Notify **Patient Transport Services** and the receiving department regarding the need for precautions *in advance* of the transport.
 - Two individuals should be available to transport the patient if necessary
 - Determine how traffic pathways will be controlled and secured prior to transport (e.g., dedicate corridors and elevators). Hallways may require clearing in advance
 - During transport, the ‘clean’ person (no patient contact) shall open doors and push elevator buttons
 - The chart shall be carried by the ‘clean’ person or placed in a protective cover (e.g., plastic bag) and transported on the bed. *NOTE – the outside of the protective cover is contaminated*
 - If the patient is being transported in his/her own bed, clean and disinfect siderails
 - footboard, and headboard prior to transport
 - Cover transport chair or stretcher with a sheet prior to transport
 - Clean and disinfect transport chair or stretcher after use
 - Health-care workers involved in transport shall perform hand hygiene and wear appropriate, clean PPE
- Patient
 - Cover open patient wounds
 - Perform hand hygiene when leaving the room and wear clean clothes, housecoat, or cover gown. Do not place the patient in isolation gown
- Transporting the patient (No artificial airway):
 - Put a procedure or surgical mask on the patient if tolerated
- Transporting the patient (with an artificial airway):
 - Ideally, transport infants in an incubator
 - Resolve any air leaks prior to transport
 - Inflate/maintain inflation of endotracheal tube (ETT) cuff, (if present) for the duration of the transport; to minimize contamination
 - If an air leak occurs during transport and is not readily resolved, consider extubation and a tube exchange
 - Exhaled gases must be N100 filtered
 - For special circumstances consult Respiratory Therapy for guidance regarding airway management during the transport, as well as the site Infection Control Professional

Appendix A: Operating Room

1. Maintain Droplet/Contact and Airborne Precautions for AGMPs at all times within the OR environment (e.g. pre-op, OR theatre, post-op).
2. Notify Patient Transport Services, receiving area, and recovery area as appropriate, regarding the need for Enhance Droplet/Contact Precautions, in advance.
3. Remove non-essential equipment from OR theatre whenever possible. Equipment that cannot be removed from the theatre shall be removed from the immediate area of the surgery and covered with a clean cover.
4. Transporting the patient to/from the OR
 - a. Precautions relevant to the Patient for Transfer to/from the OR
 - Use a clean stretcher or wheelchair. If the patient’s bed or personal wheelchair is used for transport, wipe the steering handles and side rails with facility approved disinfectant and allow required wet contact time prior to removing it from the room
 - Ensure all wounds are covered
 - Patient to perform hand hygiene on leaving room
 - Patient to wear clean clothes, housecoat or cover gown; no gloves required for the patient
 - Patient to wear a surgical/procedure mask upon transfer
 - b. Precautions relevant to the Health-care Worker for Transfer to/from the OR
 - Perform hand hygiene and don gloves and gown, surgical/procedure mask and eye protection before entering patient room
 - Cover the clean facility transport chair/stretcher with a cover sheet, transfer patient and place a clean cover sheet over the patient
 - If the patient’s bed or personal wheelchair is used for transport, wipe the steering handles and side rails with facility approved disinfectant and allow required wet contact time prior to leaving the room
 - After preparing the patient for transport, remove PPE before exiting the room and perform hand hygiene
 - Apply clean PPE once out of the room/cubicle/bed space, to transport patient
 - Place chart in a protective cover (e.g., plastic bag) to prevent contamination and clean and disinfect with facility-approved disinfectant if outside of the chart becomes contaminated
 - c. Transport patient to the appropriate destination
 - Clean and disinfect the facility transport chair/stretcher when transport is complete
 - Remove PPE and perform hand hygiene
5. Intraoperative Care
 - a. Post appropriate Precautions sign on the OR Theatre door.
 - b. Maintain OR theatre in normal air handling system operation (i.e., positive pressure).
 - c. Apply appropriate PPE:
 - Any staff having contact with the patient or patient environment outside the sterile field shall wear gloves and gowns, procedure mask and eye protection

*** Please note if an Aerosol Generating Medical Procedure is required OR anticipated, staff must wear an N95 respirator in addition to gloves, gown and eye protection.

- d. Patient chart: if the outside of the chart becomes contaminated, clean and disinfect with facility approved disinfectant.
 - e. Code Blue: All personnel entering the OR must wear appropriate personal protective equipment as outlined above.
 - Remove defibrillator from the Code Blue Cart and taken into the OR
 - Designate a staff member to hand any cart supplies requested by the Code Blue Team
 - If the Code Blue Cart or any of its equipment or supplies enters the OR, **all items must be cleaned and disinfected, reprocessed or discarded** according to manufacturer's recommendations
6. Postoperative Care
- a. Notify the receiving area the patient requires Enhance Droplet/Contact Precautions.
 - b. Staff shall wear clean PPE for transport to the receiving area and follow the procedures in 4.

Appendix B: Case Definitions

Person Under Investigation (PUI)

A person with fever and/or cough who meets the exposure criteria and for whom a laboratory test for 2019-nCoV has been or is expected to be requested.

Note: The surveillance mechanisms and systems for identifying a PUI may vary by jurisdiction according to perceived risk, resources, supporting structures and other context

Note: There is limited evidence on the likelihood of COVID-19 presenting as a co-infection with other pathogens. At this time, the identification of one causative agent should not exclude COVID-19 where the index of suspicion may be high.

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 inconclusive¹, not available, or negative (if specimen quality or timing is suspect) or in whom the laboratory test for COVID-19 was positive but not confirmed by the National Microbiology Laboratory (NML)

Note: laboratory confirmation may not be available due to no possibility of acquiring samples for laboratory testing of COVID-19.

Confirmed

A person with laboratory confirmation of infection with COVID-19 which consists of positive real-time PCR on at least two specific genomic targets or a single positive target with sequencing AND confirmed by NML by nucleic acid testing.

Note: this assumes a diagnostic test has been developed.

Note: laboratory tests are evolving for this emerging pathogen, and laboratory testing recommendations will change accordingly as new assays are developed and validated.

Exposure criteria

- Travel to an affected area^a in the 14 days^b before onset of illness

OR

¹ Inconclusive is defined as a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available.

- Close contact^c with a confirmed or probable case of COVID-19 within 14 days before their illness onset

OR

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

OR

- 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^d should also be considered.

- a. *Affected areas are regularly updated at <https://www.gov.mb.ca/health/coronavirus/>*
- b. *The incubation period of COVID-19 is unknown. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days; typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 days). Allowing for variability and recall error and to establish consistency with the World Health Organization's COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.*
- c. *A close contact is defined as a person who provided care for the patient, including health-care workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.*
- d. *Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).*