COVID-19 Specific Disease Protocol (Winnipeg) – Acute & 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.

Infection Prevention and Control Practices

Implement universal PPE practices as appropriate for the setting and services provided. Follow Routine Practices and Enhanced Droplet/Contact Precautions 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).
    - 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. Reschedule non-emergent appointments

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Remove any frequently handled unnecessary items from waiting rooms, i.e. magazines and toys.

**Accommodation**
Implement **Enhanced Droplet/Contact Precautions**
- 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 or 14 days since symptoms started and/or until 72 hours after symptoms resolved, whichever is longer.
- 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 healthcare workers shall wear a N95 respirator 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 or other relevant screening criteria, relevant symptoms, and request for COVID-19.
- More severely ill patients may also require deep lung specimens be submitted, such as ETT secretions or broncho-alvelolar 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.

**Specimen Collection**
Follow Routine Practices as well as Enhanced Droplet/Contact precautions at all times when handling specimens. Process:
- Assemble all supplies outside isolation space.
  - Dedicate specimen collection equipment to the specific patient
  - Do not take phlebotomy trays/carts into the room/-space
  - Plan and take all required equipment into the room at the start of the procedure after donning PPE
1. Perform hand hygiene
2. Put on personal protective equipment
3. Collect specimen per laboratory sample collection manuals
4. Remove gloves and gown
5. Exit room/space
6. Deposit specimen(s) into an impervious, sealable bag immediately following removal from the patient room. Each site might vary in the process of how to achieve this step, with the goal to ensure the outside of the bag does not become contaminated
7. Perform hand hygiene
8. Remove eye/face protection and mask
9. Perform hand hygiene

Environmental Cleaning
Only use 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 table, 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.

Food and Beverages
- Packaged food must allow for cleaning/disinfection upon arrival (e.g. plastic container)
- No cardboard boxes or Styrofoam are permitted. Staff should call ahead to the...
external food provider to confirm packaging complies with IP&C requirements
  o Single serving beverages allowed (i.e., coffee/tea, pop)
− Food deliveries should be placed at the entrance and social distancing must be maintained at the hand off.
  o Prior to receipt of delivery, staff must perform hand hygiene.
− Staff should remove food from outer transport container/warmer/bag (dispose or return to the delivery person as appropriate) AND wipe the exterior transport container with a site-approved disinfectant wipe (every effort must be made to ensure food inside the container is not exposed to the chemicals during the enhanced cleaning protocol)
− Allow the container to air dry
− Perform hand hygiene following cleaning of the container
− Move container to an appropriate area for consumption (normal restrictions regarding food and beverage consumption in specific work areas continue to apply)
− Ensure hand hygiene is performed after serving the meal and prior to eating
− Unit kitchenettes
  o Close all unit kitchenettes to direct patient access
    ▪ Staff will need to get patient’s snacks, drinks and are to come up with a unit process to meet this requirement
− Ice Machines
  o Accessed by unit staff only
    ▪ Hand Hygiene prior to use
    ▪ Frequently clean/disinfect high touch areas/surfaces throughout the day
− Staff Break Rooms
  o Social distancing protocols must be practiced in all meeting rooms, staff lounges and lunch room areas:
    ▪ Place signs with suggested maximum persons per room
    ▪ Wherever possible, decrease seating in these areas to adhere to appropriate distancing
    ▪ Follow proper hand hygiene protocols and disinfect any surface you touch in common areas.
  o All communal foods either donated or brought in by staff should follow the principles above
  o Perform hand hygiene if touching any shared utensils or condiments prior to eating
  o Staff can continue to bring their own personal food and related supplies for their shift. Personal food can be stored in staff fridges and microwaves will continue to be available. Anything placed into a staff fridge must be wiped down; containers/lunch bags must be made of a material that can be disinfected, e.g. no paper.
  o High touch areas must be frequently cleaned/disinfected throughout the dayStaff to bring their lunch kit with what they need for shift and all other foods be removed from staff fridges

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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
  o 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)
  o 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 Enhanced Droplet/Contact Precautions
To discontinue precautions for a COVID19 positive patient consult IP&C/designate. 14 days from symptom onset and 72 hours while asymptomatic must have passed, whichever is longer. COVID19 positive patients may be discharged home positive; they do not have to stay in a facility. Where there are negative COVID-19 test results in the following patients with respiratory symptoms:
  - Symptomatic health-care worker (respiratory symptoms), OR
  - Symptomatic resident or worker in a remote or isolated community or congregate setting, such as a correctional facility, shelter, long term care or residential facility, or a remote work camp
    o Consult IP&C. Patient management maybe adjusted to follow seasonal viral respiratory management protocols (i.e., droplet/contact precautions and discontinuation of precautions when symptom resolve)
    o Decisions are based on relevant epidemiological data (i.e., known COVID-19 case(s) in the 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
Fax WRHA Population and Public Health at (204) 940-2690 with the COVID19 positive patient demographic information (name, date of birth, PHIN) as well as contact information (phone numbers and address). Provide patient with appropriate Public Health fact sheets, available at Public Health resources on https://sharedhealthmb.ca/covid19/providers/.
Follow Discharge Transportation of COVID-19 Patient/Resident/Client processes for patients who are COVID positive or suspect.
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, and COVID-19 related deaths report to site Infection Control Professional or designate. After hours leave a voice message for follow up. If urgent, contact IP&C designate:
- 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

Mother/Child
- Follow Enhanced Droplet/Contact precautions
  - 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
- Visitor access is not permitted. Exception can be considered for compassionate reasons (e.g., palliative) on a case-by-case basis provided visitor screening criteria below are met. Appropriately screen and limit to ONE VISITOR AT A TIME (e.g., immediate family member or parent, guardian, or primary caregiver). For compassionate reasons, if approved, there may be up to 5 visitors at a time.
  - Persons who have had exposure to a confirmed case of COVID-19 are not to visit in health care facilities (HCF).
  - Persons who’ve returned from travel, including outside Manitoba (not including Nunavut and NW Ontario, 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).
- 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 Enhanced Droplet/Contact precautions.

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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 two 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
- strongly consider avoiding travel, crowded places and large events, especially if at higher risk for influenza-like illnesses
- for appointments, consider alternate options such as telephone, video conferencing, or other available options

Patient Movement and Activities
Restrict patients with signs/symptoms and exposure criteria consistent with COVID-19 infection to their room until 14 days after symptoms started and 72 hours after symptoms resolved, or 14 day self-isolation period has passed, whichever is longer. Defer participation in group activities for this entire time. Restrict patient movement and/or transport to essential diagnostic tests and therapeutic treatments. Transfer within and between facilities should be avoided unless medically indicated.

Non-COVID Group Activities
- Maintain spatial separation between each person (2 metre/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
  - Elevators do not require cleaning and disinfection following COVID patient transport, unless visible soiling of the environment occurs
- 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
- Healthcare workers involved in transport shall perform hand hygiene and wear a clean gown and gloves while still wearing same mask and eye/face protection
- 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
- Where possible, intubate patient prior to transport, rather than transporting on high-flow oxygen
- 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 Enhanced Droplet/Contact Precautions 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 (if not already wearing)
      - 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 gloves and gown before exiting the room and perform hand hygiene
      - Apply clean gloves and gown 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 gloves and gown and perform hand hygiene
5. Intraoperative Care
   a. Post Enhanced Droplet/Contact Precautions sign on the OR Theatre door.
   b. 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

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and eye protection.

c. Patient chart: if the outside of the chart becomes contaminated, clean and disinfect with facility approved disinfectant.

d. 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.

7. Environmental Cleaning
   a. Between Procedure:
      − Each OR theatre must be cleaned and disinfected immediately after each case.
      − Prior to cleaning, remove all trash, linen, and recycling from the room including soiled anesthesia equipment and supplies.
      − All surfaces that have been in direct or indirect contact with the patient or body fluids are considered to be contaminated and therefore are to be cleaned/disinfected with a hospital approved disinfectant.
      − It is the responsibility of the perioperative nurse to ensure OR Theatres are cleaned/disinfected as required after each patient.
      − Environmental cleaning of the OR Theatre will begin after the patient has left the area.
      − Wipe touched objects and areas as well as all items within 6 feet (2 metres) of the patient/bed after each procedure (i.e., control panel, switches, knobs, work area, handles, computer keyboards and components) with a hospital approved disinfectant.
      − Cleaning and disinfectant should progress from least contaminated to most contaminated and top to bottom areas.
      − Clean floors within 1.5 meters of the operative area, extend area if visibly soiled, including floor area under the OR bed.
      − Clean and disinfect walls if soiled or potentially soiled.
      − Items used for patient care and during a surgical or invasive procedure should be cleaned and disinfected, including but not limited to
         o OR beds and reusable straps
         o OR bed attachments (i.e., arm boards, stirrups, head rests)
         o positioning devices (i.e., gel rolls, vacuum pack positioning devices)
         o patient transfer devices
         o overhead procedure lights
         o tables and Mayo stands

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- mobile and fixed equipment (i.e., suction regulators, medical gas regulators, imaging viewers, viewing monitors, radiology equipment, electrosurgical units, microscopes, robots, lasers).

**Note:** Clean and disinfect items used for anesthesia after each patient use, including:
- Anesthesia carts
- Equipment (i.e., IV poles, IV pumps)
- Anesthesia machines
- Patient monitors
- Non-critical equipment such as blood pressure cuffs.

8. **When performing Aerosol Generating Medical Procedures (AGMP)'s in an Operating Room (OR)**

In most instances, ORs are positive pressure to all adjacent spaces (sterile core and circulating corridor) in order to ensure no contaminants from the corridor enter into the OR and contaminate the sterile field. Persons infected with COVID19 present a unique risk when AGMPs or extensive respiratory surgery are performed in the OR, as the positive pressure can have the effect of pushing these contaminants into the adjacent spaces. Even with use of laminar flow diffusers above the OR table and linear slot diffusers to create an air curtain around the sterile field, these are unlikely to contain airborne disease particles from moving. For surgery on persons infected with COVID19:

a. **When performing an AGMP (usually intubation/extubation) related to a surgery** (in order of preference):
   i. Perform in an Airborne Infection Isolation Room (often outside the OR suite – in the PACU or ICU)
   ii. Utilize a negative pressure OR. Depending upon the ventilation control system, switchable positive/negative pressure systems could be created but only if independent pressure monitoring is in place to verify performance.
      - Consider an anteroom on the circulation corridor side.
   iii. Perform the AGMP in a procedure space which is neutral pressure, preferably outside of the OR suites.
   iv. Utilize a portable HEPA air scrubber inside the OR within the curtain of air, placed adjacent to the source of the AGMP, initiating this before the procedure, and operating it for approximately 30 minutes after. Prior to proceeding with use of a HEPA air scrubber, consult Facilities Management to determine an appropriate unit and calculate the clearing time
      - In general this involves turning on the scrubber just prior to intubation, leaving on for 30 minutes after intubation, and turning off prior to first incision. Keep scrubber off for the duration of the surgery. Turn the scrubber back on for extubation, and leave on for 30 minutes after extubation. Keep the door closed until adequate room exchanges occur to clear 99% of airborne particles, depending on the air exchanges for the room.

b. **If performing oropharyngeal or nasopharyngeal surgeries of an infected patient utilize** (in order of preference)
i. A negative pressure OR with an anteroom on the circulating hallway

ii. An Airborne Infectious Isolation Room with an anteroom (often outside the OR suite – in the PACU or ICU) which would have the services to support such a procedure.

iii. A negative pressure OR where independent pressure monitoring exists.

iv. Intubate in an AIIR, and perform the surgery in a normal (positive pressure) OR at the end of the day when fewer cases are present (to lower the possibility of cross contamination with other patients).

v. Supplemental recirculating HEPA filtration system shall NOT be used in an OR throughout these procedures (and when the OR is already achieving 20 air changes per hour). The movement of additional air within the OR will greatly disturb the sterile field by introducing significant non-directional air currents. Use of the recirculating HEPA is acceptable during the AGMP portion only to reduce contaminant load during this period. Ideally the unit should be shutdown and air currents allowed to settle before incisions are made.