

Ministry of Health

COVID-19 Guidance: Acute Care

Version 3 – March 19, 2020

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, case definition, FAQs, and other information:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

Screening

1. The latest case definition for screening is available on the MOH [COVID-19 website](#).
2. All acute care settings should undertake active and passive screening. Visitors should be limited to only those who are essential.
3. [Signage](#) should be posted on all entry points and at triage areas in acute care facilities. Signage should prompt visitors, health care workers (HCW), volunteers and patients to self-identify to a specific location/person if they screen positive using the case definition.
4. HCWs conducting screening should ideally be behind a barrier to protect from Droplet/Contact spread. A plexiglass barrier can protect reception HCWs from sneezing/coughing patients.
5. Acute care settings must instruct all HCWs, students and volunteers to self-monitor for COVID-19 at home. All HCWs should be aware of early signs and symptoms of acute respiratory infection (such as fever, cough or shortness of breath). HCWs, students and volunteers with symptoms of an acute respiratory infection must not come to work and must report their symptoms to the acute care setting.

Positive Screening: What to do

6. Provide the patient with a surgical/procedure mask. Place the patient in a room with the door closed on arrival (do not cohort with other patients), where possible, to avoid contact with other patients in a common area of the acute care facility (e.g., waiting rooms). Encourage the patient to use respiratory hygiene/cough etiquette, and provide surgical/procedural masks, tissues, alcohol-based hand rub and a waste receptacle.
7. HCWs should provide routine care or obtaining specimens from patients with suspect or confirmed COVID-19 using Droplet and Contact Precautions. These precautions include wearing the following Personal Protective Equipment (PPE) - gloves, gown, surgical/procedure masks and eye protection (goggles, face shields) for routine care.
8. HCWs should carry out aerosol generating medical procedures (AGMP) using Droplet, Contact and Airborne Precautions. These precautions include wearing the following PPE – gloves, gown, N95 fit tested respirators and eye protection (goggles/face shields).
9. Detailed precautions for HCWs, by activity and procedure are listed in PHO's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).
10. In acute care settings, airborne infection isolation rooms (AIIR) should be used, if available, for AGMP. Negative pressure should be validated daily. Should an AIIR not be available, a single room may be used with the door closed.
11. HCWs who must wear PPE should be properly trained in appropriate donning (putting on) and doffing (taking off) of PPE with emphasis on ensuring hands are clean before any contact with their face.

Reporting of Positive Screening

12. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).

- 13.** The hospital should contact the local public health unit to report a suspect or confirmed case of COVID. If the suspect case has been tested, with results pending and the person does not require hospital admission, please notify/consult with the hospital infection prevention and control department and the local public health unit prior to discharge.
- 14.** Laboratory results will be communicated through [routine processes](#) for reportable diseases in Ontario which include the local public health unit and the ordering physician.

Testing for COVID-19

- 15.** Naso-pharyngeal (NP) swabs are the preferred sample but throat swabs can be used (less yield). NP swab collection is not considered an aerosol generating procedure and should be collected by applying Droplet/Contact Precautions. PPE to be worn for this procedure include – gloves, gowns, surgical/procedure mask and eye protection (goggles/face shield).
- 16.** Specimens are to be sent to Public Health Ontario Laboratory (PHOL) or where applicable, a hospital laboratory with testing capacity.

HCW Safety Measures

- 17.** Assess availability of PPE and other infection prevention and control supplies that would be used for the safe management of suspected and confirmed COVID-19 patients. These supplies would include: gloves, gowns, surgical/procedure masks, eye protection (goggles, face shields), N95 respirator (for AGMP only), hand hygiene supplies (e.g. alcohol-based hand rub).
- 18.** Train all HCWs who are required to wear PPE in the use, care and limitations of the PPE; HCWs must use the PPE appropriately for their own health and safety to treat and screen patients, with emphasis on ensuring their hands are clean before contact with their face.
- 19.** Have written measures and procedures for worker safety, developed in consultation with the joint health and safety committee, including measures and procedures for infection prevention and control.

- 20.** Persons in a shared clinic space at a distance greater than 2 metres away from the patient do not require PPE.
- 21.** Where possible, dedicated equipment should be provided for use in a room where a confirmed or suspect patient is being cared for. At minimum, dedicated equipment must be thoroughly cleaned/disinfected using an approved hospital-grade disinfectant prior to being used elsewhere. Further details on disinfection are provided below.

Cleaning and Disinfection

- 22.** Acute care settings must clean and disinfect any areas that the patient occupied. HCWs should use an approved hospital-grade disinfectant. The disinfectant is to have a Drug Identification Number (DIN). Follow the manufacturer's recommendations use. Equipment used to clean and disinfect contaminated areas should be disposable. Particular attention should be paid to high touch surfaces in both patient and common spaces (i.e., bed rails, remote controls, handles).

Occupational illness

- 23.** In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour,
- Joint Health and Safety Committee (or health and safety representative), and
- trade union, if any.

- 24.** Occupationally-acquired infections and illnesses are reportable to the WSIB.

Work restrictions for healthcare workers

25. If COVID-19 is suspected or diagnosed, the HCW must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed. The acute care facility should consult with the local public health unit to determine when the HCW can return to work. HCWs should also report to their Employee Health/Occupational Health and Safety department prior to return to work. Detailed general occupational health and safety guidelines for COVID-19 are available on the MOH [COVID-19 website](#).