

**Regional Hospitals Infection Prevention & Control
Effective at Hamilton Health Sciences, St. Joseph's Healthcare and
Associated Health Care Facilities**

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Applies to: all healthcare workers, staff, Hospital Affiliates, members of the Medical, Dental and Midwifery staff of the Hamilton Health Sciences, St. Joseph's Healthcare and associated /Health care facilities including the Juravinski Cancer Center, St. Peter's Hospital and Children's Hospital. (This is a Hamilton Infection Prevention and Control Policy and Procedure).

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1.0 Purpose

- 1.1** To outline the procedure for the management and care of a patient with known or suspected COVID-19.
- 1.2** To prevent transmission and protect staff, other patients and visitors while managing the care of a patient with confirmed known or suspected COVID-19.
- 1.3** To comply with Federal and Provincial Public Health requirements and Infection Prevention and Control (IPAC) best practices.

2.0 Equipment/Supplies

- Additional Precaution signage
- Aerosol Generating Medical Procedure (AGMP) signage for COVID
- Portable HEPA filter Unit
- Disposable disinfectant wipes / microfiber mops
- Disposable bedpan/urinal/washbasins and disposable absorbent commode liners
- Designated or disposable equipment including stethoscope

2.1 Personal Protective Equipment (PPE)

PPE refers to the physical barriers between the Health Care Workers (HCW) and an infectious agent/infectious source to minimize exposure and prevent transmission. PPE barriers to consider based on Point of Care Risk Assessment (PCRA):

- gloves
- gown (cloth gown, fluid resistant or impervious gown)
- surgical/procedure mask or fit-tested N95 respirator
- eye protection (including safety goggles, face shield or mask with visor attachment)

The following topics are covered in PPE education provided to ensure competency on the appropriate selection, use and stewardship of PPE:

- [CORP - Point of Care Risk Assessment](#)
- [CORP - Personal Protective Equipment \(PPE\) Requirements](#)
- [CORP - Personal Protective equipment \(PPE\) Stewardship and Conservation](#)
- [CORP - Putting on Personal Protective Equipment \(PPE\)](#)
- [CORP - Taking off Personal Protective Equipment \(PPE\)](#)
- [CORP - Extended Use of Personal Protective Equipment](#)
- [Donning and Doffing Videos](#)
- [CORP - Acceptable Eye Protection at HHS](#)
- [CORP - COVID-19 Eye Protection Update Infographic](#)
- [CORP - Patient and Visitor Masking Infographic](#)
- [CORP - Masking 101 for Staff and Physicians](#)

PPE conservation strategies are to be initiated to optimize PPE supplies when there is a shortage. This includes:

- cancel elective surgeries
- work practices designed to reduce patient contact
- select re-usable PPE that can be effectively reprocessed
- use expired PPE for all training
- [CORP - Extended Use of Personal Protective Equipment](#) such as respirators, face masks and eye protection beyond a single patient contact.

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- prioritize PPE for select care activities such as reserving N95 respirators for Aerosol Generating Medical Procedures (AGMPs) and patient care with airborne microorganisms such as TB, measles and varicella
- reprocessing single use respirator based on current literature
- Universal masking of HCW to reduce transmission between HCW and HCW and, HCW and patient during respiratory pandemic.
- Universal eye protection is required for HCW in ED, Urgent care centers, Assessment Centers, Labour and Delivery as well as COVID units and Units in COVID outbreak.
- Patient Facing Eye Protection is required for HCW when within two meters of an unmasked patient.
- Patients are encouraged to wear a mask during close interaction with HCW, visitors or other patients, when ambulating on the clinical unit or when leaving the unit to go to common areas or for tests.

3.0 Policy Statements

3.1 Hand Hygiene and Cough Etiquette are to be followed as per Routine Practices.

3.2 Droplet/Contact Precautions in addition to Routine Practices must be used to care for all patients who are suspected or confirmed COVID-19.

3.3 For aerosol generating medical procedure(s) (**AGMP**) Refer to [AGMP Care Guidelines During COVID.](#)

3.4 Compliance with Infection Prevention and Control practices and use of appropriate PPE is mandatory under the Ontario Occupational Health and Safety Act. RSO 1990 c.0.1. and associated Regulations including Healthcare and Residential Facilities-0. Reg. 67/93.

3.5 Healthcare workers (HCW) are to self-screen and report signs and symptoms of respiratory infection to EHS/OHS prior to coming in to work. EHS/OHS protocols for HCWs, are to be followed for post exposure work restrictions. See [EHS - Report of Health Care Worker Exposure to Communicable Disease for Employee Health Services \(EHS\) Follow-Up](#)

3.5 PPE conservation strategies are to be initiated to optimize PPE when there is a shortage of supplies as directed by Senior Leadership.

3.6 To maintain a healthy environment in the workplace, wear mask appropriately uphold social distancing of greater than 2 meters (6 feet) especially when mask is off for eating and/or drinking.

4.0 Procedure for Screening

4.1 Conduct active and passive screening for COVID-19, includes surveillance for any one of the following symptoms such as **fever, and or cough, shortness of breath, runny nose, sore throat, loss of smell or taste, headache, muscle aches, nausea diarrhea.**

Passive screening:

- Signage to be posted at all entry point and at triage areas to prompt self-screening by patients, visitors, healthcare workers.
- Signage to prompt visitors, healthcare workers and patient to self-identify to a specific location/person if they screen positive using the case definition.

Active screening

- For surgical/procedures, all patients should be screened for COVID exposures and symptoms two weeks prior and 1 to 2 days prior to date of surgery/procedure. Advise Patient to self-isolate or practice physical distancing and wear a mask when in public as

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appropriate. Refer to [CLINICAL - Surgical/Procedural Guidelines - COVID Non-Low Epidemiology](#)

- Employees should self-screen for COVID using web base App and follow hospital screening process.

COVID Testing:

Symptomatic Testing:

The following risk group of patients with symptoms of COVID-19 should be tested:

- Patients with travel history within 14 days of onset.
- Patient with exposure to confirmed or suspected COVID-19.
- Out patients including:
 - Health care workers and staff working in health care facilities.
 - Residents and staff in long term care facilities, retirement homes, residential housing and group homes, jails, shelters and homeless.
 - Members of remote, isolated, rural and/or indigenous communities.
 - Patients with co-morbidities putting them at risk for complications of COVID-19 or influenza.
- Hospitalized patients with new onset fever, worsening lower or upper respiratory symptoms, or gastrointestinal symptoms.

Asymptomatic Testing:

The following group of asymptomatic individuals should be tested:

- Newborns of positive moms.
- Upon the request of Infection Prevention and Control as part of point prevalence, contact tracing, outbreak management within the organization.
- Patients with exposure to COVID in the last 10 days that require an aerosol generating medical procedure (AGMP) to be tested prior to AGMP
- Patients who are COVID exposed in the last 10 days are tested around day 7
- Upon request by a receiving facility for transfers (e.g. long term care facilities (LTCFs)).
- New admits to St Peter's Hospital as directed by Infection Control.
- Patients being admitted from localized outbreak: (e.g. LTCFs/retirement homes, group homes, shelters, indigenous reserves, congregate work facilities, production lines)
- Patients admitted to psychiatry units from detention centers or penitentiaries
- Individual who requests to be tested for COVID-19
- During non-low epidemiology, the following unvaccinated, asymptomatic, unexposed patients will also require testing:
 - Prior to patient undergoing an AGMP:
 - Between day 1-7 test within 48 hours of initiation: if requiring an ongoing AGMP, follow up test on day 7 or 48 hours after baseline swab, whichever is greater
 - Following day 7 of admission only one test is required when initiating an AGMP
 - Prior to all surgical or procedural care requiring an AGMP or at high risk of conversion
 - Patients admitted from another health care facility (including HHS), **Refer to CRS Order set** on hospital Policy Library.

Refer to [CLINICAL - AGMP Care Guidelines During COVID](#).

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Medical Directive [MAC – MD - No. 49006 - Collection of Nasopharyngeal Swab for COVID-19 Testing/Screening at Hamilton Health Sciences](#) should be followed for the collection of a nasopharyngeal swab as per criteria for COVID-19 Testing.

5.0 Laboratory Testing

- Collect one **nasopharyngeal swab** (NPS) for all patients identified in the risk group above.
- **For COVID-19 testing only** i.e. screening HCW, Pre-Op etc. Order test NPS COVID19.
- For full respiratory panel including COVID-19, Order NPS, virology test as per **CRS Orderset**.
- If the NPS swab is negative, and the patient has a productive cough/pneumonia, a lower respiratory specimen, sputum (do not induce) or endotracheal aspirate (ETA) may be submitted if moderate to high risk for COVID. For sputum/ ETA, order **COVID19**.
- Swabs collected for pre-operative COVID-19 screening must be **collected one or two days before scheduled surgery** to ensure the result is available before the surgery.
- **All specimens** for COVID testing other than blood vacutainers **must be transported by Porter and not by pneumatic tube system**.

6.0 Managing Suspected or Confirmed Patients

6.1 Roles and Responsibilities

6.1.1 The Charge Nurse or delegate will:

- Instruct patient and accompanying household members, to clean hands with alcohol based hand rub and put on surgical/procedure mask.
- Put patient in appropriate Additional Precautions (#PD7218) in a private room or suitable alternative (i.e. semi-room) with precaution sign posted.
- Use **Droplet Contact Precautions** (surgical/procedure mask, cloth gown, gloves and eye protection) for routine care.

When [Aerosol Generating Medical Procedure](#) (AGMP) is planned or anticipated use Droplet/Contact with N95 respirator precautions (N95 respirator, gloves, gown, and eye protection) in a negative pressure room (AIIR) or private room with portable HEPA filter Unit. Post AGMP Procedure In Progress Droplet Contact with N95 sign (see [IC-New Isolation Signage during COVID-19](#)).

6.1.2 Physician/MRP will:

- Assess and order testing for patients outlined in the symptomatic and asymptomatic risk groups above.
- If patient is well and can be discharged home, give them a mask and provide Public Health Ontario handouts for [How to Self-Isolate](#) and [Self-Isolation Caregivers](#).

6.1.3 Infection Prevention and Control will:

- Review patient's need for Additional Precautions.
- Fax daily positive COVID Inpatient acuity report to Local Public Health Unit.
- Notify Employee Health Services when there is an exposure related to a positive COVID patient.
- Follow Outbreak Management policy when required. Refer to the [IC-Outbreak Investigation and Management Policy](#).

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6.1.4 Local Medical Officer of Health will:

- Notify or instruct the Employee Health services when an Employee or in-patient is identified COVID positive by a Public Health (external) testing laboratory via an Assessment Center.
- Notify or instruct client (out-patient) with recent visit to hospital, to notify Infection Prevention and Control when client is identified COVID positive.

6.1.5 Employee Health will:

Notify Infection Prevention and Control when an Employee is identified COVID positive with potential exposure to patients. Attached EHS/OHS contact tracing protocol.

6.1.5 Laboratory Will

Report COVID positive cases to the Local Public Health Unit as per Reportable Disease Protocol.

6.2 Caring for Suspected or Confirmed COVID-19 Patients

6.2.1 Admitted patients from other healthcare facilities units/areas that are in **COVID-19 outbreak or those in home self-isolation** due to a COVID-19 exposure must be placed in **Droplet/Contact Precautions for 10 days** from last exposure date or until discharge.

6.2.2 The healthcare worker providing care to the patient are responsible to:

- Put on appropriate PPE based on Additional Precaution sign and [Point of Care Risk Assessment](#) (PCRA) prior to contact with patient or their environment.
- Use **Droplet/Contact** Precautions for routine care of suspected or confirmed COVID patients.
- Use Additional Precautions plus fit tested N95 respirator when an AGMP treatment is in progress.
- For ongoing [AGMP](#) that may be required during course of disease, an AIIR is preferred to reduce aerosols. However, if not available, a private room with the door closed and a portable HEPA filter Unit may be used; if not available, a private room with the door closed may be used. If washroom is not available, use disposable commode liners and dedicated commode for patient waste management. Post AGMP procedure in progress with Additional Precaution sign.
- Negative Pressure room or Portable HEPA filter unit is not needed for brief AGMPs such as intubation/extubation.
- Healthcare workers should take care to avoid self-contamination when removing PPE after patient interaction or when extended use of PPE is required for optimization strategies during PPE shortages.
- Post appropriate Additional Precaution sign and when required, an "AGMP use additional precautions progress – Droplet Contact with N95" sign outside patient room.

6.2.3 If the room has an ante-room, it must be designated clean or dirty.

6.2.4 Limit the number of healthcare workers entering the room to those necessary to the patient's care.

6.2.5 Follow hospital protocol for Family/Visitors during COVID-19 pandemic. Refer to [CORP – Essential Caregiver/Support Person Presence Guidelines during COVID-19](#).

6.2.6 Care should be taken to prevent the exposure of mucous membranes or inhalation of droplets generated from the patient's respiratory secretions. All persons entering the patient room are responsible to follow infection prevention and control procedures.

6.2.7 No special precautions are recommended for handling linen, dishes and cutlery. Use Routine Practices. Nutritional Service staff must wear the appropriate PPE when delivering meal trays (within 2 meters) to patients in Droplet Contact Precautions as per Additional Precautions protocol.

6.2.8 Clean hands with alcohol based hand rub or with soap and water as per the 4 moments for hand hygiene and as per donning and doffing of PPE instructions.

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- 6.2.9 Disposable equipment such as stethoscopes, should be used as much as possible. Reusable equipment should be dedicated to the patient (see [CLINICAL - Cleaning of Stethoscopes](#)).
- 6.2.10 For management of patients undergoing surgery, refer to CLINICAL - Surgical/Procedural Guidelines During COVIDy
- 6.2.11 Follow IPAC principles for Patients that require a [Leave of Absence from Hospital](#).
- 6.3 Discontinuing Precautions**
- 6.3.1 Discontinuing Additional Precautions must be done in consultation with Infection Prevention and Control (IPAC).
- 6.3.2 Patients with a COVID positive history that are cleared by Infection Control should not be a barrier to transfers (e.g. rehab) even in the same admission.
- 6.3.3 For Patients under investigation (PUI)
- Precautions may be discontinued when a negative test result is obtained to rule out COVID and there is another etiology PLUS the patient is not in self-isolation for 10 days for the follow reasons:
 - Recent travel within 10 days of onset of symptoms
 - Admitted from an outbreak unit
 - Contact of an individual with COVID or as specified by IPAC
- 6.3.4 For In-Patients with confirmed COVID:
- To discontinue Droplet Contact precautions for patients with mild-moderate infection or patients on non-invasive ventilation and not immune compromised, the patient must be:
 - at 10 days after symptom onset (or 10 days from positive test collection date if never had symptoms) and
 - afebrile with improving symptoms for at least 24 hrs. Refer to [IC - Discontinuing Precautions for COVID-19 Positive Inpatients](#). Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
 - Ongoing supplemental oxygen is not a contraindication to this approach, provided oxygen needs are stable/declining or at baseline.
 - For patients with severe infection (ventilated or shock) AND who are currently in the ICU, PICU, NICU and all immunocompromised, the patient must be:
 - At least 20 days from symptom onset or from positive test collection
 - Afebrile with improving symptoms for at least 24 hrs. For further details refer to [IC - Discontinuing Precautions for COVID-19 Positive Inpatients](#).
 - For patients who are unable to be cleared using the symptom based approach at day 20, begin a test based approach. A test based approach requires two negative or high cycle threshold positive PCR tests after day 20 separated by 24 hrs. For those with lower respiratory tract infection sputum /ETT aspirate is preferred, if not possible two negative COVID only NPS swabs are acceptable
 - After day 20, if positive result on a single sample, test every 3-7 days until cleared.
- 6.3.5 For discharged/re-admits or outpatient clinic visits
- If returning within 10 days from onset/tested positive (whichever is last), use Droplet Contact Precautions until clearance as above.
 - Apply clearance criteria as above when returning after 10 days.
 - Pediatric immunocompromised outpatients may require isolation beyond 10 days for clearance; up to 20 days on a case by case basis as directed by the Medical Team and Infection Control.

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6.4 Environmental

- 6.4.1 Customer Support Services (CSS) / Environmental Services (EVS) or clinical staff trained in IPAC practices and use of PPE should be assigned to perform cleaning tasks and follow [CSS - Droplet/Contact Precaution COVID-19 Environmental Cleaning Protocol](#)
- 6.4.2 CSS/ EVS staff cleaning the patient room must use the same PPE as other healthcare providers. Hospital grade disinfectants used following the manufacturer's recommendations are sufficient for cleaning the room.
- 6.4.3 Rooms with patients with confirmed COVID -19 should be cleaned twice daily.
- 6.4.4 Disposable cleaning wipes and equipment are preferred.
- 6.4.5 Upon discharge of patient, a discharge/terminal cleaning of the room should follow the recommended practices for cleaning of a room on Droplet/Contact Precautions. Housekeeping staff must don PPE as indicated by the Precaution signage.
- 6.4.6 Soiled linen should be placed in a laundry bag as per routine practice.
- 6.4.7 Gloves should be changed and hand hygiene performed after completed cleaning and handling of items for disposal.
- 6.4.8 Handle waste as per routine practice.
- 6.4.9 Commodes should be wiped with disinfectant wipes and sent to a cart wash if available.
- 6.4.10 Hospital approved Air Purifier units may be used as an added measure to purify indoor air in patient rooms when required to enhance air quality. Refer to Appendix A Operation and instructions.

6.5 Patient Movement/Transport

- 6.5.1
- The movement of patients with suspected or confirmed COVID should be restricted to essential tests and procedures. Time spent outside of the room should be minimized.
 - Patient must wear surgical/procedure mask when outside of their room. If patient is on supplemental oxygen a non-rebreather mask should be used for transport
 - Porters are to follow the [IC-Infection Control during Transport](#) protocol when transporting patients in additional precautions. Adhere to Hospital universal mask and eye protection practices. Need for additional PPE is based on risk assessment.
 - Patients in Airborne or Droplet Contact precautions should wear a surgical/procedure mask if tolerated during transportation.
 - Healthcare teams transporting critical care, (code blue and OR patients) patients on high flow oxygen or ventilated should follow Appendix B [Transportation of Intubated Patients with Suspected or Confirmed COVID-19](#).
- 6.5.2 When a patient MUST be moved within the hospital:
- All patients are to be transported on a stretcher or in a wheelchair unless specific circumstances dictate otherwise.
 - Ensure receiving area is notified and ready before transfer to minimize time outside of room.
 - HCW transporting the patient to wear appropriate PPE as required if there will be contact with the patient during the transport.
 - Take the most direct and shortest route through the hospital avoiding patient care areas.
 - Put procedure/ surgical mask on patient and place a clean sheet on the patient for transport.
- 6.5.3 When transport from one facility to another or discharge home/community:
- Plans for those for discharge home or to another facility that require self-isolation or monitoring are made in consultation with Public Health Unit.
 - Communicate with EMS services and receiving facility regarding the patient's diagnosis, condition and required precautions.

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- Sending Facility to review with transport services (EMS or other transport services) the required precautions and PPE necessary prior to transport.

7.0 Patient that require Aerosol Generating Medical Procedure (AGMP) during COVID Pandemic

7.1 Aerosol-generating medical procedures (AGMP) are interventions that produce aerosols as a result of artificial manipulation of a person's airways. Refer to Guidance for [CLINICAL-AGMP Care Guidelines During COVID](#).

7.2 Portable HEPA Filtration Unit: There is no waiting period required upon completion of an AGMP. Upon completion of an AGMP requiring the use of a portable HEPA filtration unit, the portable HEPA filtration unit should be powered off; the exterior of the unit wiped down with a hospital disinfectant and returned to the designated storage area.

The pre-filter only needs to be changed when the Portable HEPA Filter Unit maintenance light indicator turns on. Replace filter as per [Portable HEPA Filter Care, Storage and Maintenance Protocol](#)

For additional information on HEPA Filter distribution during COVID refer to "[HEPA Filter prioritization Algorithm](#)**" and "**[information sheet](#)**"**

8.0 Visitors

8.1 Restrict the number of available entrances into the health care setting

8.2 Discontinue or restrict visitors to reduce risk of transmission of COVID.

8.3 Use Public Affairs and Communications to provide information to visitors to explain restrictions and requirement. Refer to [Essential Caregiver/support person Presence Guideline during During COVID-19](#)

8.4 Visitor and patients may be required to wear a mask. Refer to [CORP - Patient and Visitor Masking Infographic](#)

9.0 Post Mortem Care Precautions

- 9.1**
- After death, the human body is not generally a serious risk for COVID-19 infection.
 - All staff should continue to use the precaution in place prior to death and use the appropriate PPE based on risk assessment of exposure to blood and body fluids (gloves, long sleeve gown, procedure mask, eye protection), treating all human remains as potentially infectious.
 - Family is permitted to view the body on the unit prior to preparation of the body (one family member at a time). Family must wear appropriate PPE.

10.0 Management of Health Care Worker with Unprotected Exposure

Healthcare workers identified with an unprotected exposure to someone with COVID-19 must be assessed by Occupational Health and Safety (SJHH) / Employee Health Services (HHS) and follow the work restriction protocol to limit further spread of the virus.

10.1 Management of Contacts for Patient Exposures

Contact tracing is used to identify, educate and monitor individuals who have had close contact with someone who is infected with the COVID-19 virus 48 hours prior to the onset of symptoms. The Infection Control team will work collaboratively with OHS/EHS and Public Health Unit to identify contact staff and patients who had an exposure to a confirmed COVID-19 case.

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- Develop a line list of the patient and staff contacts
- Contacts in the community will be required to self-isolate at home and will be followed by local Public Health Unit
- Hospitalized patients with an exposure, will be placed in Droplet/Contact Precautions and monitored for symptoms for 10 days from the time of exposure.
- If patient discharged before 10 days, provide them with Provincial (PHO) Guidelines for [How to Self-Isolate](#), [Self-Isolation guide for Caregivers](#), and [How to Monitor](#) and notify the local Public Health Unit which will continue to monitor for the remainder of self-isolation.
- Notify receiving healthcare facility when transfer between facilities

10.2 Exposure Follow-up Roles and Responsibilities

Area Managers:

- Work with Occupational Health and Safety (SJHH) / Employee Health Services (HHS) and Infection Prevention and Control in the initial communication with staff contacts.

Public Health Unit:

- Notify, assess and follow all community contacts (friends, family, and associates).

Employee Health Service:

- Follow all staff contacts.

Infection Prevention and Control:

- Follow patient contacts while in the hospital. If discharged, notify Public Health.

11.2 Outbreak Management

- If a single healthcare associated COVID case is detected on a unit, Conduct unit wide Point Prevalence surveillance (PPS) of all patients (exclude known COVID positive, those with a history of COVID in last 90 days and those who are fully vaccinated with no high risk exposure).
- If two or more healthcare associate cases are identified, declare OB and refer [to Outbreak Investigation Management Protocol](#)

12.0 Documentation

Document COVID screening outcome and COVID risk status in electronic record for admitted patients and patient undergoing surgical/procedures requiring AGMP.

Refer to: [Electronic Documentation for COVID Risk Status Protocol](#)

Complete Documentation for when applicable for:

- [HSW - Report of Health Care Worker Exposure to Communicable Disease for Employee Health Services \(EHS\) Follow-Up](#)
- [HSW - Public Health Unit Notification](#)
- [Electronic Documentation of COVID -19 Screening and Risk Status Protocol](#)

13.0 Definitions

Aerosols: Particles of a substance such as droplets that become vaporized and disperse into the air.

Aerosol Generating Medical Procedures: A medical procedure that generates aerosols which may expose staff to respiratory pathogens and are considered to be a potential risk for staff and others in the area.

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Airborne Infection Isolation Room (AIIR): A room that is designed, constructed and ventilated to limit the spread of airborne microorganisms from an infected occupant to the surrounding areas of the health care setting. Also referred to as a negative pressure room.

Anteroom: Room adjacent to a separate room off the isolation room in which positive pressure relative to the isolation room is maintained. This room must be deemed clean or dirty prior to use. It may be used for the storage of supplies and Personal Protective Equipment (PPE) or designated as a space to doff PPE in the case of a suspected or confirmed COVID-19 patient.

Community Setting: is a location outside a hospital inpatient, acute care setting or a hospital clinic setting. A community setting may include, but is not limited to, a home, group home, assisted living facility, correctional facility, hospice, or long-term care facility.

Coronavirus disease 2019 (COVID-19): Is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a new virus that was identified in 2019. Symptoms may include, fever, and or cough, shortness of breath, runny nose, sore throat, anosmia, headache, muscle aches, nausea or diarrhea. Refer to [COVID-19 fact sheet](#).

Contact: A person exposed to an infected individual 48 hours prior to their onset of symptoms illness.

COVID Exposure: Exposure considered if contact was with COVID-19 case during the case's period of communicability generally defined as 48 hrs. before onset of symptoms or until case is cleared. For asymptomatic COVID-19 cases, contact exposure is traced back to 7 days from the positive test.

Control Factors considered to lower risk of exposure are physical barriers separating COVID-19 case and contact, as well as PPE (medical mask, eye protection). In healthcare setting, PPE is use is factored into exposure risk:

- **HCW exposure from patient:** HCW are required to wear medical masks and eye protection when 1) caring for suspected or confirmed COVID cases or 2) for all other adult patients/ visitor/ essential caregiver who are unable to wear a medical mask during close (within 2 meters) interactions or 3) when working on Outbreak Unit.
- **HCW exposure to HCW:** HCW must adhere to universal medical mask policy.
- **Patient exposure to HCW** (COVID status unknown), Patients are encouraged to wear a mask during close interaction with HCW, Visitors or other patients.

Immunocompromised: HIV/AIDS with abnormal CD4; those who are taking certain immunosuppressive drugs including cancer and transplant patients; and those with inherited diseases that affect the immune system.

SARS-CoV-2: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the virus strain that causes coronavirus disease 2019 (COVID-19).

13.0 Cross References

[IC - Routine Practices Protocol](#)

[IC - Additional Precautions Protocol](#)

[IC - Diseases of Public Health Significance Exposure - Process for follow-up of Patients and Health Care Workers \(HCW\)](#)

[CORP – Essential Caregiver/Support Person Presence Guidelines during COVID-19](#)

[Patient Transportation Within or Between Healthcare Facilities-Suspected or Confirmed COVID-19](#)

[IC - Infection Control During Transport](#)

[CSS - Droplet/Contact Precaution COVID-19 Environmental Cleaning Protocol](#)

[Care of the Adult inpatient or Emergency Department Patient following Death Protocol](#)

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[CORP – Hamilton Health Sciences \(HHS\) Patient and Visitor Masking Protocol During the COVID-19 Pandemic](#)

[IC-Electronic Documentation for Screening COVID Risk Status](#)

[MCH Procedure for Patient Admission, Additional Precautions and Family Management for Patient deem COVID risk](#)

[WOM - Guidelines for Antepartum, Intrapartum and Postpartum Patients during COVID-19 Non-Low Epidemiology](#)

[CLINICAL - Leave of Absence \(LOA\) Guidelines During COVID-19 Pandemic](#)

14.0 External References

Ontario Ministry of Health and Long Term Care COVID-19

[PHO COVID-19 Aerosol Generation form Cough and Sneeze](#)

[Provincial Infectious Diseases Advisory Committee, Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in all Healthcare settings, First revision, Feb, 2020.](#)

[Provincial Infectious Disease Advisory Committee \(PIDAC\) Routine Practices and Additional Precautions in all Healthcare Settings, 3rd ed., Nov 2012](#)

[Provincial Risk Assessment Approach for COVID-19 Contact Tracing](#)

15.0 Developed By

Infection Prevention and Control – SJHH, HHSC

Infectious Diseases – SJHH, HHSC

Hamilton Regional laboratory Medicine Program

Infectious Diseases – SJHH, HHSC

Occupational Health and Safety / Employee Health Services – SJHH, HHSC

16.0 In Consultation With

Occupational Health and Safety HHS

17.0 Approved By

Hamilton Infection Prevention and Control Committee

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18.0 Appendices

[Appendix A: Jade Air Purifier](#)

[Appendix B: Transporting intubated Patients in Additional Precautions](#)

Keyword Assignment	COVID-19, Coronavirus, Covid 19, safe work, AGMP, PCRA, stethoscope, self-isolate, self-isolation, masking
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Appendix A: Jade Air Purifier

This unit is stand-alone medical grade air purifier system that kills bacteria and viruses, removes airborne chemicals and odours, and filters dust, pollen and other air contaminants.

The unit is equipped with a HEPA-Rx particulate filter, Activated carbon filter, germicidal UV+C Chamber to kill bacteria and viral microorganisms such as influenza, TB, legionnaires and other airborne diseases and with aerosol generating medical procedures.

Operation:

1. Plug in the power cord until a Beep and the small inter circle turns green. This indicates the air purifier is in "**standby mode**".
2. Use your hand to wave over the sensor to turn the unit on and off and also to adjust the fan speed
Wave 1: Wave your hand the 1st time and the green circle will turn white - low speed.
Wave 2: Wave a 2nd time, the second circle will light up - medium speed.
Wave 3: Wave a 3rd time, the third circle will light up - high speed.
Wave 4: Wave a 4th time, all the circles light up white - turbo speed.
Wave 5: Wave a 5th time, the first circle (green light) and the second circle (white light) will light up together. This is **Auto Mode** - the unit will operate on low speed and will adjust speeds accordingly base on what pollution the sensors pick un in the air.
Wave 6: Wave 6th time, the unit goes back to **standby Mode** and the inner circle turns back to green.

Hover & hold your hand over the sensor for 2 seconds and this will lock the unit at the desired speed. This will prevent accidental or unwanted speed changes.

To unlock this feature, hover & hold your hand over the sensor again for 2 seconds.

OPERATION FEATURES

1. **POWER Button:** Touch the POWER button to start the unit, the unit will run at low speed and the screen displays PM2.5 concentration ($\mu\text{g}/\text{m}^3$) on the screen, re-touch it to stop.
2. **UV LAMP Button:** When the UV LAMP button is touched, it will turn off the UV lamp, touching again will turn on the UV lights. The indicator light will light up when the UV light is on.
3. **LIGHT Button:**When the LIGHT button is touched, all the light indicators will turn off. Touching button again or wave your hand over the top and the indicator lights will turn on again.
4. The different colors indicate the air quality: Green=Good, Orange=Unhealthy, Red=Hazardous

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Safety Precautions:

- Use only a 120 volt outlet with grounding
- Do not use in rooms/areas with high heat, damp or wet places. Best 10-20C
- Unit must be level, do not use if tilted or lying down
- Do not insert fingers or foreign objects into the intake or air outlet
- Do not block the air intake and air outlet
- Do not use air purifier if power cord or plug is damaged
- Remove the power plug by plug not cord
- Do not use near or on hot objects or where it may be exposed to steam
- Unplug for maintenance

Care and Maintenance

- Care and Maintenance should only be performed by qualified and trained individuals.
- Personal Protective equipment including N95 respirator must be worn when providing maintenance.
- To maintain optimum performance of this air purifier, the HEPA-Rx Filter, the Activated Carbon Filter and the Germicidal UV-C+ Bulb need to be replaced when the indicator lights are flashing. If in an atmosphere with heavy dust, particulate or pet dander, you may need to periodically vacuum the filters for optimal performance.
- This product complies with the maximum allowable concentration of ozone of 0.050 parts per million by volume (ppmv) in a 24-hour period. The Health Canada Guideline 2010 recommends that the maximum exposure limit, based on an averaging time of 8 hours, is 0.020 ppmv or less when tested in a sealed, controlled room approximately 30 m³.

Main Unit

- Wipe with a dry, soft cloth for stubborn stains or dirt.
- Do not use volatile fluids, benzene, paint-thinner or polishing powder as this may damage the surface.
- Do not use detergents as detergent ingredients may also damage the unit.
- Keep the unit away from water.
- When the "POWER" indicator light flashes, the HEPA-Rx filter needs to be replaced.
- When the "LIGHT" indicator light flashes, the Activated Carbon Filter needs to be replaced.
- When the "UV" indicator light flashes, it is time to replace the Germicidal UV-C+ bulb.

Replacing the HEPA-Rx filter

When the "POWER" indicator light flashes, the HEPA-Rx filter needs to be replaced.

1. Stop the operation and unplug the unit.
2. Take out the used HEPA-Rx filter and replace with a new one (See page 8 & 9).
3. Hold the POWER button 3 seconds to reset the indicator light.

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Replacing the Activated Carbon Filter

When the "LIGHT" indicator light flashes, the Activated Carbon Filter needs to be replaced.

1. Stop the operation and unplug the unit.
2. Take out the used Activated Carbon Filter and replace with a new one (See page 8 & 9).
3. Hold the LIGHT button 3 seconds to reset the indicator light.

Replacing the Germicidal UV-C+ bulb

When the UV indicator light flashes, it is time to replace the Germicidal UV-C+ bulb.

1. Stop the operation and unplug the unit.
2. Open the bottom, disconnect the power cord from Germicidal UV-C+ bulb, remove screw and then twist to open the UV Lamp Set to take out the used Germicidal UV-C+ bulb.
3. Replace with a new one and put new Germicidal UV-C+ bulb back in the unit, close the UV Lamp Set, re-connect the power cord and put the bottom back on (See page 8 & 9).
4. Hold the UV button 3 seconds to reset the indicator light.

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Appendix B: Transporting intubated Patients in Additional Precautions

Patients in DROPLET or AIRBORNE PRECAUTIONS

Intubated COVID-19 Suspect or Confirmed Patient:
N95 respirator and eye protection should be worn by transporter

Prior to transfer

I. Team Huddle

- Determine HCW(s) - role elevator buttons, clear elevator, use phone outside of unit if required. Clarify all roles and all prior tasks listed are completed
- Ensure team has code blue key (if available/appropriate)

II. Communication

Sending Unit:

- Call receiving unit/service (e.g., medical imaging) to ensure:
 - Awareness of Additional Precaution requirements and diagnosis
 - Which door/room to enter receiving unit through
 - Prepare equipment/medications currently running

Receiving Unit/Service:

- Confirms door and room, equipment, and medications are prepped
- Checks hallway to ensure clear path of entry (service elevators to unit)
- Alert receiving team of transport on their way

III. Equipment

- Transport monitor
- Transport boxes (intubation/meds)
- I.V. Pumps
- Resuscitation bag with appropriate filter and mask
- O2 tank and transport ventilator
- Stretcher/bed
- Consider suction machine to remain with clean HCW for use if required

IV. Patient Preparation

- Consider paralytics when transporting ventilated COVID-19 patients.
- Connect patient to appropriate monitors IV pumps moved to transport pole or pole on stretcher/bed
- Suction patient with in-line suction prior to departure
- Place bedside ventilator on stand-by, clamp endotracheal tube when disconnecting (if applicable)
- Attach transport ventilator (or resuscitation bag with filter) to O2 tank and patient, unclamp endotracheal tube
- Clean/disinfect stretcher/bed handles and IV pole handle (if not on stretcher pole)

PPE for HCW

- N95 and eye protection will be worn following current guidelines

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- If required, clean gown and gloves are donned for transport
- Hand hygiene is performed by HCW accessing doors, elevators and phones

B. Transportation

- Designated HCW will push elevator buttons, clear elevator, use phone outside of unit if required, etc.
- Ensure transfer pathway is clear
- At HHS transport boxes and patient chart should be placed in separate clear plastic bags
- Other HCWs (e.g. RN, RT) not designated as clean person(s) do not touch anything in the hospital environment
- For medical imaging/procedures patients are transported on a transport ventilator
 - Patient to be moved onto imaging table
 - Stretcher/bed must remain in the room during the procedure
 - Transport team exit control room door and remove PPE and discard into the waste container/linen hamper in procedure room. Follow PPE removal protocol
 - Once inside the control room the team should put on new PPE
 - Once the procedure is complete the team enters the procedure room and the patient is transferred back to the stretcher/bed.
- Once the patient returns to the ICU, they are re-attached to ICU monitors and ventilator (clamp endotracheal tube prior to ventilator exchange)
- Once the patient is settled, members of team may remove PPE and exit room
- Transfer of accountability (TOA) should be performed outside the patient room

C. Cleaning Transport Equipment and Contaminated Areas

- All non-disposable transport equipment, such as O2 tank, transport ventilator, stretcher (e.g., transfer from emergency department to ICU) must be cleaned and disinfected with hospital grade disinfectant wipes and pushed outside of room to another HCW wearing gloves to clean and disinfect a second time with disinfectant wipe(s)
- Disposable equipment no longer necessary must be discarded in appropriate waste container in the room e.g. unused drugs, filters, ECG electrodes, IV supplies, bags, etc.
- If patient becomes disconnected from ventilator during transport, cleaning and disinfection will be required for environment such as elevators, hallway and equipment used. Routine cleaning for clinical and public areas as per protocol. Ensure EVS supervisor is notified that clean is required due to disconnect during transport.

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**Keyword
Assignment**

COVID-19, Coronavirus, Covid 19, safe work, AGMP, PCRA, stethoscope, self-isolate, self-isolation, masking