Ministry of Health

COVID-19 Guidance: Acute Care

Version 7 – February 16, 2022

Highlight of changes

- General restructuring of document for improved readability
- New preamble added to highlight use of this document
- Changes to the outbreak case definition
- Inclusion of outbreak management principles

This guidance document provides information for acute care, complex continuing care and rehabilitation hospitals throughout the pandemic and not just during surges. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice. In the event of any conflict between this guidance document and any applicable legislation or emergency orders, or directives issued by the Minister of Health or the Chief Medical Officer of Health, the legislation, order or directive prevails.

Public hospitals are required to adhere to Directive #1 and Directive #5 which set out required precautions and procedures for health and safety and the use of personal protective equipment (PPE).

Other resources

Ministry of Health:

- Please check the Ministry of Health (MOH) COVID-19 website and the Directives, Memorandums and Other Resources regularly for updates to this document, other COVID-19 related information.

Public Health Ontario:

- Best Practices for Managing COVID-19 Outbreaks in Acute Care Settings
- Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings
- Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings
- Best Practices for Infection Prevention and Control Programs in Ontario
- Resources released by Ontario Health and/or supports from your local IPAC hub.

Active Screening

HCWs, volunteers and staff

- Each acute care setting should have an established process for active screening that is communicated to HCW’s, volunteers and staff.
- All HCWs, volunteers, and staff must undergo active screening prior to the start of a shift. This may be done through completing and submitting an online screening tool.
- The provincial online screening tool (or similar) may be used.
- Acute care settings should instruct all HCWs, volunteers, and staff to self monitor for COVID-19 symptoms at home and not come to work if feeling ill. Those who are experiencing symptoms should report this to the acute care setting.

Visitors

- Acute care settings should conduct active screening for COVID-19 symptoms and exposures for visitors entering the facility. Visitor policies should incorporate options for how active screening will be conducted (e.g., pre-arrival submission of online screening or in-person on arrival), as well as allowances for visitors that fail screening that consider the type of visitor and the patient’s circumstances.
Patients

- The COVID-19 Patient Screening Guidance Document can be used as a tool to guide active screening activities and can be adapted as needed.
- Screening questions between a hospital emergency department and paramedic services should align to ensure consistency when transferring suspected or confirmed cases of COVID-19

Outbreak Management

Declaring a confirmed outbreak:

- Two or more polymerase chain reaction (PCR) test OR rapid molecular test OR rapid antigen test results in patients and/or staff within a specified area (unit/floor/service) within a 10-day period where both cases have reasonably acquired their infection in the hospital.

  - Examples of reasonably having acquired infection in hospital include:
    - Specific high-risk exposure to COVID-19 positive patient/staff or other high-risk exposure in the hospital; OR
    - Admitted for 5 or more days before symptom onset or positive COVID-19 test result (based on the median incubation period of the virus)

- One positive PCR or rapid molecular test in a patient or staff who could reasonably have acquired their infection in hospital would not trigger the declaration of an outbreak. However, if the acute care setting confirms a single case which might be nosocomial, this should prompt a thorough investigation to obtain additional information and enhanced surveillance. Based on the case investigation, additional control measures may be warranted.

- In the context of high community transmission during the Omicron surge of COVID-19, staff cases should only be considered as having reasonably acquired their infection in hospital if there was a known specific high-risk exposure (ie: PPE breach) in the hospital.
• The above definition is for public health surveillance reporting purposes. Application of outbreak management measures, particularly for staff-only outbreaks where there is no evidence of transmission to/among patients, are at the discretion of the outbreak management team.

Outbreak Management

• Outbreak control measures (e.g., Infection Prevention and Control [IPAC] measures, use of appropriate PPE and/or operational changes) should be determined by the Outbreak Management Team (OMT) in the acute care setting with representation from the local PHU.
  o When deciding whether or not to close the unit to admissions, the OMT should carefully weigh the competing risks of COVID-19 exposure on the outbreak unit with potential delays in access to care and risks of exposure to COVID-19 in other areas of the hospital.

• In some instances, outbreak control measures beyond enhanced surveillance may not be required, even if the hospital meets the outbreak definition above. Some examples include:
  o The second case is a roommate of a known case and the second case has been appropriately maintained on Droplet and Contact Precautions since identification of the first case. In this example, there should be no ongoing transmission risk from the second case.
  o Two cases among staff members who are close contacts of each other, and investigation suggests transmission is among the staff only, and there has been no transmission risk to patients from the staff cases.
  o Consideration for semi-private room with own washroom, as ward rooms of 3-4 patients are high risk.

• Considerations for application of outbreak measures:
  o The use and frequency of point prevalence testing during times of high community transmission should consider the potential for identification of incidental detection of COVID-19 among staff and patients and ongoing screen testing that may already be occurring among staff.
Cohorting options should include considerations that continue to facilitate admissions and transfers while managing risk of transmission.

- Following the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#), patients hospitalized due to COVID-19 related illness should isolate for 10 days from symptom onset; however, isolation may be adjusted at the discretion of the hospital IPAC team. Essential caregivers can be accommodated on outbreak units as per local hospital policy and direction.

**Declaring the Outbreak Over**

- In consultation with the OMT and the local PHU the outbreak may be declared over when no probable hospital-acquired new patient or staff cases have occurred for 10 days. There should be:
  - No evidence of ongoing transmission after the date when outbreak measures were implemented; AND
  - No exposures where PPE breach occurred by patients/staff from patient or staff cases (e.g., date of isolation of last case in a patient; or date of last shift at work in a staff member who worked during the period of communicability with possible exposure(s) to patients/staff).

**Other considerations**

- Declaration of an outbreak (suspected or confirmed) is not required to implement enhanced measures at the discretion of the OMT or as directed by the local PHU (e.g., enhanced disease surveillance, infection prevention and control measures).

- At this time RATs are not primarily intended for diagnostic purposes; however, they may be used to facilitate case, contact, and outbreak management. The results of a RAT may be used to declare a suspect or confirmed outbreak while awaiting PCR or rapid molecular diagnostic test results.

- Negative RAT results should not be used independently to rule out COVID-19 in an outbreak situation due to its limited sensitivity and the increased pre-test probability of COVID-19.
• If a RAT is used with symptoms or high-risk exposure (e.g., to expedite outbreak management) PCR or rapid molecular diagnostic (e.g., ID NOW) testing should also be performed in parallel.
  o Staff and/or patients are to be managed as a case if a positive RAT or an epidemiological link until PCR (i.e., negative PCR) or rapid molecular diagnostic test results are received. For more information please refer to COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings

Additional information can be found in the following resources:

• Ministry of Health
  o Public Health Management of Cases and Contacts of COVID-19 in Ontario;
  o COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance; and

### Occupational Health & Safety

#### Staff Exposure/Staff Illness

• Staff who test positive for COVID-19 should report their illness to their manager/supervisor or to the Occupational Health designate as per usual practice.
  o The manager/supervisor or Occupational Health designate must promptly inform the Infection Control Practitioner or designate of any cases or clusters of staff, including contract staff who are absent from work.

#### Reporting Staff Illness

• In accordance with the Occupational Health and Safety Act (OHSA) and its regulations, if an employer is advised that a worker has an occupational illness or if a claim has been filed to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, the employer must provide written notes within four days to:
• A Director appointed under the OHSA of the Ministry of Labour, Training and Skills Development,
• The workplace’s Joint Health and Safety Committee (or health and safety representative), and
• The worker’s trade union, if any.

• This may include provided notice for an infection that is acquired in the workplace.

• In accordance with the WSIB, the employer must also report any instance of an occupationally acquired disease to the WSIB within 72 hours of receiving notification of said illness. For more information, please contact the MLTSD:
  o Employment Standards Information Centre: Toll-free: 1-800-531-5551
  o Health and Safety Contact Centre: Toll-free: 1-877-202-0008

• For more information from the WSIB, please refer to the following:
  o Telephone: 416-344-1000 or Toll-free: 1-800-387-0750.

Exception for staff on early return to work in critical staffing shortages

• Staff who test positive for COVID-19 may be required to work on early return to work during critical staffing shortage following:
  o COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings
  o Ontario Health documents specific to your region

Personal Protective Equipment (PPE)

• Acute care settings must follow the precautions outlined in Directive #1 for Health Care Providers and Health Care Entities. Public hospitals must also follow the PPE requirements outlined in Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007.

• Health care providers must be properly trained in the appropriate donning (putting on) and doffing (taking off) of PPE. Training should also be provided in the care of and limitations of PPE.