

# Novel Coronavirus (COVID-19)

## Infection Prevention and Control (IPAC) Measures:

Emergency Department, Inpatient Units and Ambulatory Settings

University Health Network

**NOTE: THIS DOCUMENT CONTAINS EVOLVING CONTENT. AS OUR EXPERIENCE GROWS, RECOMMENDATIONS MAY CHANGE.**

**PLEASE NOTE THE VERSION CODE AND DATE AS YOU REFERENCE THIS DOCUMENT.**

### Emergency Department (ED) Waiting Room/Pre-screening and Triage

- Procedure masks must be available in the ED waiting room/pre-screening area. All patients with fever OR respiratory infection symptoms such as cough, shortness of breath, rhinorrhea, sore throat, headache, myalgias and fatigue, are asked to wear a mask.
- Screening for travel history and symptoms must occur behind a physical barrier such as Plexiglass partition, where possible. This should happen as soon as possible after a patient has entered the ED waiting room.
- Current watch list countries/regions for COVID-19 are provided on the [IPAC Returning Travelers Country Watchlist](#). If a patient answers yes to any COVID-19 symptoms + travel to one of these countries within the past 14 days or symptoms or exposure to a sick contact with recent travel, they should be asked to don a mask immediately (if not already on), perform hand hygiene and be placed away from other patients.
- Currently, screening for COVID-19 is performed MANUALLY using the [COVID-19 Pre-Triage screening tool](#).  
**N.B.** The completed COVID-19 screening sheet must be kept in the patient's ED chart.
- Suspect COVID-19 patients require **Droplet and Contact Precautions**.
- Patients on Droplet and Contact Precautions require a single, private room and must not ambulate outside of the room.
- Droplet and Contact Precautions signs must be placed on the door.
- Once the patient is placed in the isolation room, the triage nurse should don Personal Protective Equipment (PPE) prior to entering the isolation room (outlined below).
- The triage nurse should complete the [ED Full Assessment tool](#)

### ED/Inpatient IPAC Practices and Principles for Suspect and Confirmed Cases of COVID-19

- Suspected and confirmed cases of COVID-19 must be admitted to a private room with dedicated toileting. If there is not a dedicated washroom in the room, a commode should be given to the patient to avoid leaving the room.
- All suspected and confirmed cases of COVID-19 must remain under Droplet and Contact precautions until advised by IPAC.
- Patients on Droplet and Contact Precautions must not ambulate outside of the room.
- Cohorting suspected/confirmed COVID-19 patients will be determined by IPAC in collaboration with the unit leadership and UHN patient flow.

This material has been prepared solely for use at IPAC. IPAC accepts no responsibility for use of this material by any person or organization not associated with IPAC. No part of this document may be reproduced in any form for publication without permission of IPAC. A printed copy of this document may not reflect the current, electronic version on the IPAC common drive

Document Number: 04-020	Version: 2. Draft	Original Date: February 21,2020
Section EID-VPD/COVID-19		Last Revision : March 13, 2020
Issued By: Carly Rebelo		Revised by: Carly Rebelo
Approved By: Dr. Susy Hota		Page 1 of 5

# Novel Coronavirus (COVID-19)

## Infection Prevention and Control (IPAC) Measures:

### Emergency Department, Inpatient Units and Ambulatory Settings

#### University Health Network

- A COVID-19 isolation cart should be placed outside of the room in the hallway. PPE should not be overstocked.
- Current UHN COVID-19 PPE for routine patient care includes:
  - AAMI level II Isolation gown
  - Surgical mask with visor OR
  - Face shield
  - Gloves
- COVID-19 isolation carts will also include an AGMP/Protected Code Blue Kit with additional PPE items intended for use during a protected code blue only. These include:
  - N95 fit-tested respirator
  - Face shield with attached bib
  - Longer cuffed gloves
- Donning and doffing of PPE should occur as per [IPAC Personal Protective Equipment \(PPE\) policy 4.20.003](#).
- Visual and written guidance on “**PPE donning and doffing**” are available on the corporate intranet and on posters on inpatient units and in the EDs. Poster should be available at points of PPE donning and doffing.
- A log must be maintained of healthcare workers entering and leaving the patient’s room (with times documented). The number of healthcare workers caring for the patient should be reduced to the minimum necessary. These healthcare workers must follow Occupational Health and Safety monitoring requirements outlined in the [Occupational Health and Safety Guidance for COVID-19](#).
- Visitors will be limited to one per patient at a time. The decision to allow more visitors at a time under compassionate grounds will be made at the discretion of clinical leadership. If visitors are close contacts with the patient, they must comply with Toronto Public Health monitoring and be symptom-free while in the hospital. Visitors may be required to undertake screening (temperature check and symptom questionnaire) at UHN prior to being cleared for visiting.
- Appropriate hand hygiene using soap and water or alcohol-based hand rub must be performed frequently by healthcare workers and visitors, as per UHN [Hand Hygiene policy 4.20.002](#).
- Where possible, dedicated equipment should be used for patients isolated for suspected or confirmed COVID-19. Multiuse equipment must be wiped with disinfectant between uses and after leaving the environment of the isolated patient.
- Supplies kept in the patient room should be limited to the quantity needed within a 24 hour time frame.
- Diagnostic imaging tests should be kept to a minimum
- Please refer to the [UHN Protected Code Blue Policy 3.05.006](#) for specific safety recommendations during resuscitation of a suspect/confirmed COVID-19 case.

This material has been prepared solely for use at IPAC. IPAC accepts no responsibility for use of this material by any person or organization not associated with IPAC. No part of this document may be reproduced in any form for publication without permission of IPAC. A printed copy of this document may not reflect the current, electronic version on the IPAC common drive

<b>Document Number:</b> 04-020	<b>Version:</b> 2. Draft	<b>Original Date:</b> February 21,2020
<b>Section EID-VPD/COVID-19</b>		<b>Last Revision :</b> March 13, 2020
<b>Issued By:</b> Carly Rebelo	<b>Revised by:</b> Carly Rebelo	
<b>Approved By:</b> Dr. Susy Hota	<b>Page</b>	<b>2 of 5</b>

# Novel Coronavirus (COVID-19)

## Infection Prevention and Control (IPAC) Measures:

### Emergency Department, Inpatient Units and Ambulatory Settings

#### University Health Network

#### Aerosol Generating Medical Procedures

- Avoid CPAP/BiPAP, nebulized medications, and avoid hi-flow oxygen, if possible. If considering any one of these, please contact CCRT to discuss alternatives to care.
- If providing aerosol-generating medical procedures (eg. Intubation, CPAP/BiPAP, nebulized medications, bronchoscopy), use additional PPE items intended for use during these procedures. Refer to Aerosol Generating Medical Procedures Guidance (coming soon)
  - PPE may include:
    - N95 fit-tested respirator
    - Face shield
    - Gown
    - Gloves
- Ensure that door remains closed.
- Minimize number of people in the room and limit the number of entries/exits to the room.

#### Transportation of Patients with Suspected or Confirmed COVID-19

- In general, movement of a suspected or confirmed COVID-19 patient must be minimized.
- Prior to transporting the patient, the receiving unit/location must be fully aware of the patient's impending arrival and should have a private room prepared for immediate occupancy.
- Patients should be transported using the most direct route to their destination. Patient service elevators, if available, should be used.  
**N.B.** If patient service elevator is not available and suspect/confirmed patient is deteriorating or very ill, clear a public elevator of other occupants. Ensure that elevator rails and buttons are wiped down after transport.
- The patient should wear a clean surgical mask over the mouth and nose.
- Any staff transporting the patient should wear full PPE (gown, surgical mask with visor or face shield, and gloves).
- The patient chart should not come in contact with the patient stretcher during transportation.
- The stretcher used to transport the patient must be thoroughly disinfected after use.

#### Transfer of Patients into UHN

- Patients transferred into UHN directly from outside of Canada should be placed on droplet precautions during their admission for 14 days to monitor for development of symptoms

This material has been prepared solely for use at IPAC. IPAC accepts no responsibility for use of this material by any person or organization not associated with IPAC. No part of this document may be reproduced in any form for publication without permission of IPAC. A printed copy of this document may not reflect the current, electronic version on the IPAC common drive

<b>Document Number:</b> 04-020	<b>Version:</b> 2. Draft	<b>Original Date:</b> February 21,2020
<b>Section EID-VPD/COVID-19</b>		<b>Last Revision :</b> March 13, 2020
<b>Issued By:</b> Carly Rebelo	<b>Revised by:</b> Carly Rebelo	
<b>Approved By:</b> Dr. Susy Hota	<b>Page</b>	<b>3 of 5</b>

**Novel Coronavirus (COVID-19)**  
**Infection Prevention and Control (IPAC) Measures:**  
**Emergency Department, Inpatient Units and Ambulatory Settings**  
**University Health Network**

**Pet Visitation**

- Pet visitations are no longer permitted across all UHN sites until further notice. Exceptions will be granted under compassionate grounds only and must follow the [UHN Pet Visitation Policy 4.70.006](#).
- Service animals are permitted as per Accessibility for People with Disabilities [policy 1.20.011](#).

**Routine Cleaning of Patient Room**

- Environmental services staff entering the room must be fully trained in PPE donning and doffing.
- Patient rooms of confirmed cases should be cleaned once daily or as indicated by gross soilage using a hospital-approved disinfectant, with special attention paid to high-touch surfaces.
- Disposable wipes and cleaning materials must be used to clean the patient environment.
- Use of sprays for cleaning is prohibited.
- Linens should be handled carefully, without vigorous shaking. They may be laundered as per usual practices.
- Prior to removing linens and waste from the room, PPE must be removed, hand hygiene performed and a fresh pair of gloves donned.

**Terminal Cleaning of Patient Room**

- The same guidelines for routine cleaning must be followed. However, a double clean must occur upon suspected or confirmed COVID-19 patient discharge.
- Rooms must pass EVS quality assurance measurements by an EVS supervisor prior to clearing the room for re-occupancy.
- All unused disposable items remaining in the room must be thrown out.
- Curtains must be changed with discharge terminal clean of room.

**Cleaning of Unit Common Areas**

- While a suspect/confirmed COVID-19 patient is present on the unit, the common areas (nursing station, charting desks, pantry, supply rooms, lab diagnostic room etc.) should be cleaned once daily with a hospital-approved disinfectant. Special attention should be paid to high-touch surfaces.
- Public and staff washrooms should be cleaned twice daily using a hospital-approved disinfectant.

This material has been prepared solely for use at IPAC. IPAC accepts no responsibility for use of this material by any person or organization not associated with IPAC. No part of this document may be reproduced in any form for publication without permission of IPAC. A printed copy of this document may not reflect the current, electronic version on the IPAC common drive

<b>Document Number:</b> 04-020	<b>Version:</b> 2. Draft	<b>Original Date:</b> February 21,2020
<b>Section EID-VPD/COVID-19</b>		<b>Last Revision :</b> March 13, 2020
<b>Issued By:</b> Carly Rebelo	<b>Revised by:</b> Carly Rebelo	
<b>Approved By:</b> Dr. Susy Hota	<b>Page</b>	<b>4 of 5</b>

**Novel Coronavirus (COVID-19)**  
**Infection Prevention and Control (IPAC) Measures:**  
**Emergency Department, Inpatient Units and Ambulatory Settings**  
**University Health Network**

**Patient Waste Management**

- Hygie bags and a dedicated commode are preferred for patient waste management (ie. urine and feces).
- Commodes should be wiped down with disinfectant wipes during routine room cleaning. Upon patient discharge, the commode should be disinfected as per terminal cleaning protocol.

**NB – If a patient is confirmed to have a COVID-19, all of the above control measures should be maintained until otherwise notified by IPAC.**

**Document change History:**

<b>Date</b>	<b>Change Description</b>
March 13, 2020	Updated to reflect change in additional precautions requirement. Link to Protected Code Blue Policy No Pet Visits

This material has been prepared solely for use at IPAC. IPAC accepts no responsibility for use of this material by any person or organization not associated with IPAC. No part of this document may be reproduced in any form for publication without permission of IPAC. A printed copy of this document may not reflect the current, electronic version on the IPAC common drive

<b>Document Number: 04-020</b>	<b>Version: 2. Draft</b>	<b>Original Date: February 21,2020</b>
<b>Section EID-VPD/COVID-19</b>		<b>Last Revision : March 13, 2020</b>
<b>Issued By:</b>	<b>Carly Rebelo</b>	<b>Revised by: Carly Rebelo</b>
<b>Approved By:</b>	<b>Dr. Susy Hota</b>	<b>Page 5 of 5</b>