

COVID-19 Testing of Admissions and Isolation Requirements

Background/Purpose:

Eastern Health has received approval from Eastern Health Executive to proceed with COVID-19 testing for all hospital admissions and those booked for procedures that are aerosol generating medical procedures (AGMPs). *For an up to date AGMP list, please refer to the Eastern Health COVID-19 Intranet Page under Resources.

This document outlines the recommended processes from Infection Prevention and Control (IPAC) for COVID-19 testing and isolation requirements for:

- Unplanned Admissions (page 2)
- Planned Admissions/Outpatient procedures that are AGMPs (page 5)
- Admission/Readmission to Residential Care from Acute Care (page 7)
- Transfer between Acute Care Sites within and outside of Regional Health Authority (RHA) (page 9)
- Direct Admissions (page 11)
- Patients from St. Pierre & Miquelon (page 12)

Definitions:

Surveillance – testing patients without symptoms or risk factors.

Clinical testing – testing patients with symptoms and/or risk factors (contact or travel history)

Abbreviations:

IPAC – Infection Prevention and Control

ID – Infectious Disease

PPE – Personal Protective Equipment

AGMP – Aerosol Generating Medical Procedure

EVS – Environmental Services

***This is a pilot that will be continuously evaluated and revised as needed.**

Revisions from previous version will be in red text.

Unplanned Admissions

Examples of unplanned admissions include but are not limited to, admissions from Emergency Rooms (ER), Psychiatric Assessment Unit (PAU), Case room, and outpatient settings (Ambulatory Clinic, Cancer Centre, etc.).

All AGMPs must be performed in a private room with airborne, contact, and droplet precautions pending swab results. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter the room for the first hour after the procedure is completed.

*Exception – positive pressure operating rooms can refer to their ACH and CDC tables.

All patients to be screened upon arrival by completing COVID-19 Triage Screening Tool (ch-2136) and completed tool placed on patient chart. Swab to be completed prior to transfer.

Physician to specify if swab is for surveillance or clinical testing when writing patient order.

For patient placement, please refer to the appropriate site-specific algorithm(s).

Scenario 1: Patients who have answered “no” to all questions on COVID-19 Triage Screening Tool and are being admitted (ch-2136):

- Patient to be isolated on droplet and contact precautions at the bedside pending swab result:
 - Maintain 2 meters (m) of physical distance from other patients, with curtain closed and droplet/contact signage in place. If 2 m cannot be maintained, curtain must remain closed at all times.
 - Designated bathroom is not required.
 - No AGMPs in shared accommodations.
- Swab patient for COVID-19 only (for surveillance).
- This patient is not deemed a “person under investigation” and can proceed to the assigned bed space. Occupational Health does not need to be notified.
- If swab results are negative, discontinue droplet/contact precautions. AGMPs can now be administered under routine practices in shared accommodations. No additional cleaning of space is required.
- If swab results are positive, notify Infectious Disease (ID) on call, Manager/Site Clinical Manager/Designate and Infection Prevention and Control (IPAC) during working hours.
IPAC to notify Occupational Health.

Scenario 2: Patients who have two or more symptoms, but have answered no to all other questions on COVID-19 Triage Screening Tool (ch-2136):

- Patient to be isolated on droplet and contact precautions.
- Swab patient for COVID-19 and Respiratory Panel (clinical testing).
- Private room is preferred. If private room not available:
 - Maintain 2 m of physical distance from other patients, with curtain closed and droplet/contact signage in place. If 2 m cannot be maintained, curtain must remain closed at all times.
 - No AGMPs in shared accommodations.
 - Notify EVS for enhanced cleaning of bed space and bathroom.
 - Dedicated commode at the bedside; this commode can be emptied in the shared washroom. Use Accel wipe for cleaning.
 - Ensure appropriate PPE supplies are available outside the room.
 - Place a laundry hamper within the bed space (ex: inside the curtain).
 - Dedicate patient care equipment to the isolation patient. If equipment cannot be dedicated, then it must be cleaned/disinfected prior to being used by another patient.
- If swab results are negative, refer to Appendix A for isolation protocol. If droplet/contact isolation discontinued, AGMPs can now be administered under routine practices in shared accommodations.
- If swab results are positive, notify ID on call, Manager/Site Clinical Manager/Designate and IPAC during working hours. **IPAC to notify Occupational Health.**

Scenario 3: Patients with no symptoms, but have answered yes to any other question(s) on COVID-19 Triage Screening Tool (ch-2136):

- Patient to be isolated on droplet and contact precautions, with airborne/contact/droplet precautions for all AGMPs.
- Swab patient for COVID-19 and Respiratory Panel (clinical testing).
- Notify IPAC during regular working hours.
- Private room with bathroom facilities is required with isolation signage in place.
- Patient to remain on isolation for 14 days from contact and/or return from travel.
- If patient becomes symptomatic, notify medical team and notify ID on call and/or IPAC during working hours.

Scenario 4: Patients who have two or more symptoms, and have answered yes to any other question(s) on COVID-19 Triage Screening Tool (ch-2136):

- Patient to be isolated on droplet and contact precautions, with airborne/contact/droplet precautions for all AGMPs.
- Swab patient for COVID-19 and Respiratory Panel (clinical testing).
- Notify IPAC during regular working hours.
- Private room with bathroom facilities is required with isolation signage in place.
- Patient to remain on isolation for 14 days from contact and/or return from travel. Reassess isolation precautions on day 15 with ID and/or IPAC.
- **If swab results are positive, notify ID on call, Manager/Site Clinical Manager/Designate and IPAC during working hours. IPAC to notify Occupational Health.**

Planned Admissions and Outpatient Procedures that is an AGMP

Scenario 1: Patient coming in from the community:

- Swab obtained as outpatient up to 72 hours prior to admission/procedure and patient has been self-isolating as directed. For swabs completed greater than 72 hours prior to admission/procedure, consult attending physician or designate for direction.
- If swab result is positive, attending physician to determine plan to proceed.
- Upon entry to facility, patient to be screened at screening desk (as per COVID-19 Screening Questions for Acute Care Site Entrances) If patient answers yes to any question(s) at entry point screening, screener to notify clinical program to determine plan to proceed and notify receiving unit for patient to isolate with contact/droplet precautions and airborne/contact/droplet for AGMPs. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter the room for the first hour after the procedure is completed. *Exception – positive pressure operating rooms can refer to their ACH and CDC tables.
- When patient arrives to department, patient to be screened by completing COVID-19 Triage Screening Tool (ch-2136) and placing on patient's chart. For patients with no symptoms, have answered no to all questions on COVID-19 Triage Screening Tool (ch-2136) and have a negative swab, admission/procedure to proceed with Routine Practices as per policy (IPC-200).
- If a non-COVID-19 infectious disease is suspected/identified, follow Disease Specific Isolation policy (IPC-130).

Scenario 2: Current inpatients who have not been swabbed (admitted prior to directive to testing of all admissions) requiring surgery or outpatient AGMP with no symptoms:

- Patient to be re-screened by completing COVID-19 Triage Screening Tool (ch-2136) and placing completed tool on patient's chart.
- Patient to be isolated on droplet and contact precautions at the bedside pending swab result:
 - Maintain 2 m of physical distance from other patients, with curtain closed and droplet/contact signage in place. If 2 m cannot be maintained, curtain must remain closed at all times.
 - Designated bathroom is not required.
 - No AGMPs in shared accommodations.
- Swab patient for COVID-19 only (for surveillance).
- This patient is not deemed a “person under investigation” and can proceed to the assigned bed space. Occupational Health does not need to be notified.
- If swab results are negative, discontinue droplet/contact precautions. No additional cleaning of space is required. Surgery/procedure to proceed with Routine Practices.

- If swab results are positive, notify physician, ID on call, Manager/Site Clinical Manager/Designate and IPAC during working hours. **IPAC to notify Occupational Health.**

Scenario 3: Inpatients requiring surgery or outpatient AGMP that are symptomatic, suspect (contact/travel history), or confirmed COVID-19:

- Droplet/contact/airborne precautions would be required for surgery/procedure. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter the room for the first hour after the procedure is completed. *Exception – positive pressure operating rooms can refer to their ACH and CDC tables.

Scenario 4: Babies delivered within the facility

- Baby would not be required to be swabbed unless the mother is deemed a suspect/confirmed COVID-19 patient.

Admission/Readmission to Residential Care from Acute Care

Residential care settings include long term care (LTC) facilities, personal care homes (PCHs), community care homes (CCHs), and assisted living facilities (ALFs) (ex: Tiffany Village and Kenny's Pond).

If patient has been swabbed for COVID-19 for clinical testing and not surveillance purposes, Occupational Health must be notified.

Upon admission to acute care:

- Screen patient by completing COVID-19 Triage Screening Tool (ch-2136).
- Initiate contact/droplet precautions upon admission and complete swab for COVID-19 and respiratory panel.
- Notify IPAC (during working hours).
- Contact/droplet precautions must be maintained for the duration of their admission.
- For patients with or without symptoms but have answered “yes” to any other question(s) on COVID-19 Triage Screening Tool, a private room with bathroom facilities is required with isolation signage in place.
- For patients with or without symptoms and have answered “no” to any other question(s) on COVID-19 Triage Screening Tool, a private room with bathroom facilities is preferred during isolation period.
- **Patient to be placed in private room until reviewed by IPAC.**
- **For cohorting to occur, IPAC must be consulted to review/approve patient placement.**
- **If cohorting approved by IPAC, then contact/droplet isolation can be maintained at the bedside:**
 - Maintain 2 m of physical distance from other patients, with curtain closed and droplet/contact signage in place. If 2 m cannot be maintained, curtain must remain closed at all times.
 - **No AGMP in shared accommodations until negative swab result is back and patient is no longer under investigation for COVID-19.**
 - Notify EVS for enhanced cleaning of bed space and bathroom.
 - Dedicated commode at the bedside; this commode can be emptied in the shared washroom. Use Accel wipe for cleaning.
 - Ensure appropriate PPE supplies are available outside the room.
 - Place a laundry hamper within the bed space (ex: inside the curtain).
 - Dedicate patient care equipment to the isolation patient.

Prior to admission/readmission to the residential care setting:

- **The swab must be negative for the patient to proceed to residential care.**
- Liaise with the residential care setting to determine if the patient can return to the residential care facility.

- For new admission, isolation required to continue upon return to residential care for a total of 14 days (acute care days in isolation included in total).
- For readmission, if isolation protocols maintained while in acute care, no further isolation required upon return to residential care.
- Complete Admission/Readmission to Residential Care COVID-19 Screening Tool (ch-2150) and:
 - For new admissions: Submit this form to Placement Services at placement.services@easternhealth.ca
 - For readmissions: Submit this form to LTC EOC at ltceoc@easternhealth.ca. Please also notify the LTC EOC if unable to arrange a suitable discharge plan with the appropriate residential care setting.

Transfer between Acute Care Sites within and outside of Regional Health Authority (RHA)

- Surveillance screening or swabbing is not required when transferring between units within the same facility.
- Patient must be screened and assessed prior to transfer by completing COVID-19 Triage Screening Tool (ch-2136) and Acute Care Interfacility Patient Transfer Assessment Form (ch-2154).
- Surveillance swabbing **is not required** between Acute Care sites within and outside of Regional Health Authority prior to transfer. Exception: In the event of a COVID-19 facility outbreak, the Medical Officer of Health may recommend additional measures, such as testing or precautionary maintenance of contact/droplet precautions upon transfer.
- **The sending and receiving physician and the care team must be aware of the patient's COVID-19 status.**
- Contact should occur through normal admission discharge methods through the contact responsible for transfer coordination. The key contact person will advise the admission discharge manager (if a different person) and the accepting physician.
- Paramedicine providers should follow the direction of the sending facility regarding the isolation precautions required.

Scenario 1: For patients who are asymptomatic, have answered no to all questions on COVID-19 Triage Screening Tool (ch-2136) and have a negative swab:

- Transfer to proceed with routine practices.
- Patient to proceed to the designated admitting service in assigned bed space with routine practices.
- If a non-COVID-19 infectious disease is identified, follow disease specific isolation policy (IPC-130).

Scenario 2: For recovered COVID-19 Patients with Isolation Discontinued (as per Release of Isolation Protocol for Inpatients):

- Transfer to proceed with routine practices.
- Patient to proceed to the designated admitting service in assigned bed space with routine practices.
- If a non-COVID-19 infectious disease is identified, follow disease specific isolation policy (IPC-130).

Scenario 3: For suspect COVID-19 patients / suspect COVID-19 patients awaiting swab results:

- Transfer to proceed with droplet/contact precautions and airborne/contact/droplet for AGMPs. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter this space for the first hour after the procedure is completed.
- For patient destination and isolation requirements, refer to “Unplanned Admissions” criteria above. An additional swab will not be required upon arrival.

Scenario 4: For confirmed COVID-19 patients:

- Transfer to proceed with droplet/contact precautions and airborne/contact/droplet for AGMPs. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter this space for the first hour after the procedure is completed.
- Patient to proceed to designated COVID-19 unit. Private room is required with isolation signage in place.
- Patient to be isolated on droplet and contact precautions, with airborne/contact/droplet precautions for all AGMPs. Airborne PPE must be worn by all staff while performing the procedure and by all staff who enter this room for the first hour after the procedure is completed.

Direct Admissions

For direct admissions from another facility, please refer to **“Transfer between Acute Care Sites within and outside of Regional Health Authority (RHA)”**

For direct admission from home:

- Clinical Program Physician/Designate to complete COVID-19 Triage Screening Tool (ch-2136) prior to admission request.
- Clinical Program Physician/Designate to notify Admitting Department of admission request and notify them of COVID-19 Triage Screening tool result. COVID-19 Triage Screening Tool (ch-2136) to be placed on patient chart.
- Bed assignment will occur when COVID-19 status known.
- For patient placement, swabbing, and isolation requirements, refer to “Unplanned Admissions” criteria above.

Patients from St. Pierre & Miquelon (SPM)

This applies to patients arriving in NL from SPM for the purpose of medical treatment.

In all cases, the SPM patient will need to produce appropriately time-stamped declaration from the SPM Health Authority indicating that:

- They are asymptomatic
- They are travelling for the purpose of receiving medical treatment at Eastern Health, and
- They have not travelled outside of SPM in the last 14 days.

The Guardian will also need to produce appropriately time-stamped declaration from the SPM Health Authority indicating that:

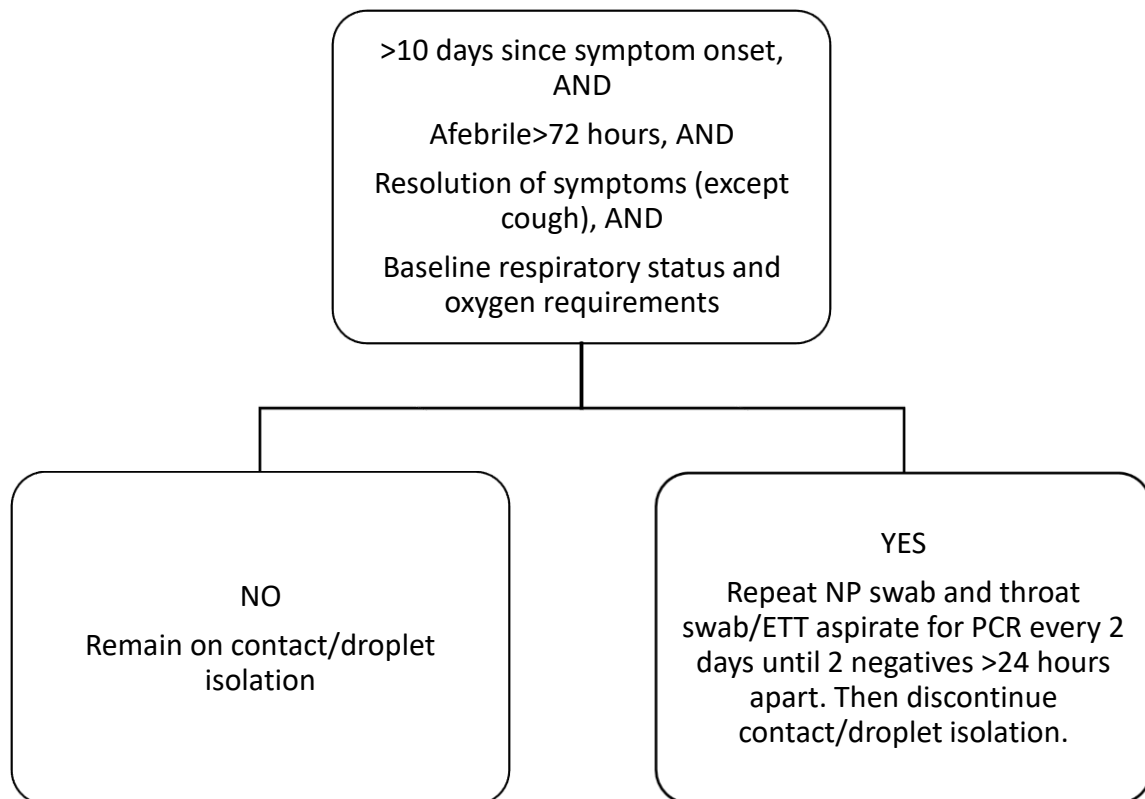
- They are asymptomatic
- They have not travelled outside of SPM in 14 days
- They are either a healthcare provider, a care provider, or a parent/legal guardian required to accompany the patient for the purpose relevant to the direct care of the patient.

As per provincial direction, **the patient and guardian are exempt from quarantine or self-isolation protocols, unless directed otherwise by Eastern Health.**

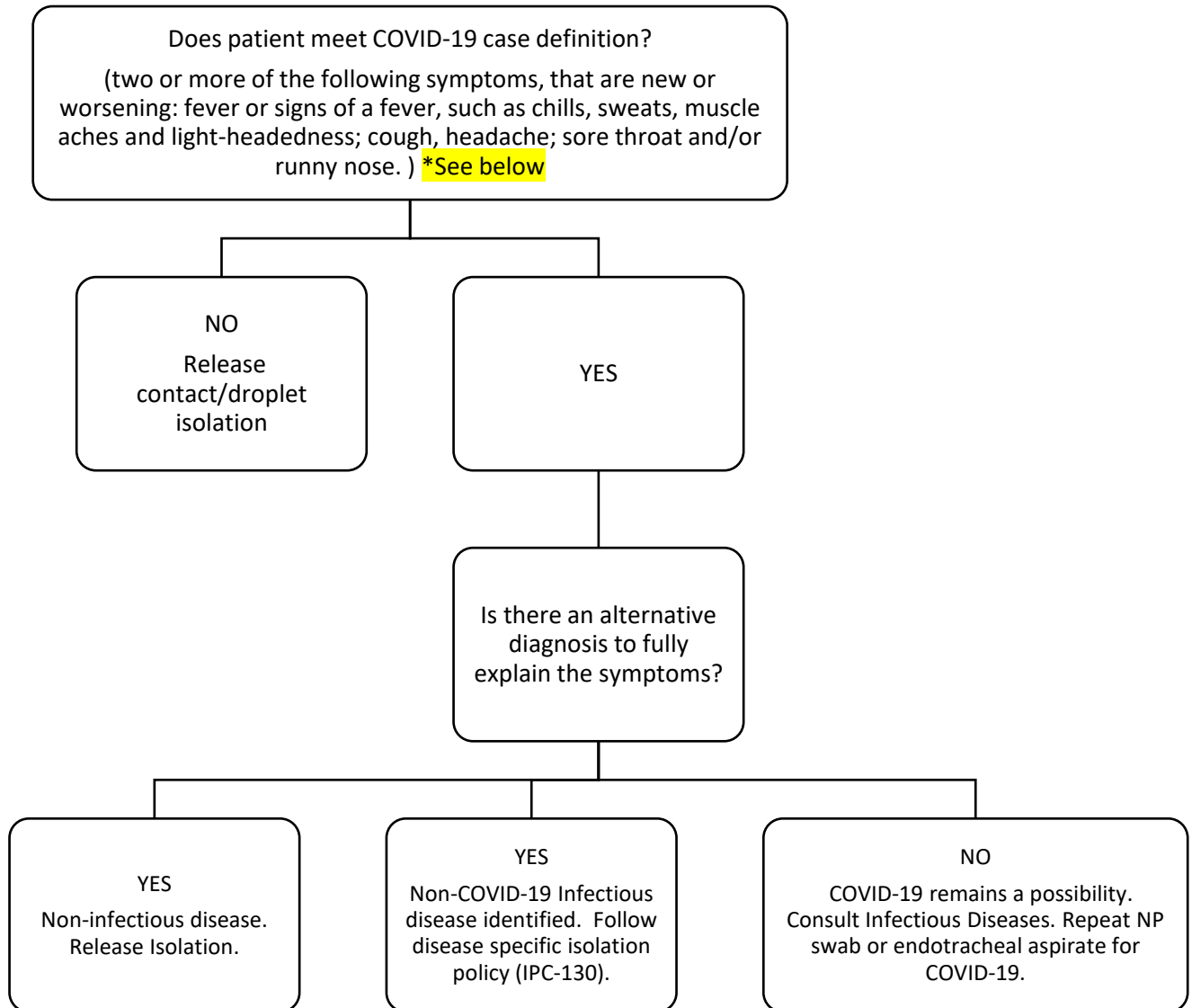
COVID-19 Testing of Admissions and Isolation Requirements would also apply to admissions from SPM

Appendix A: Release of Isolation Protocol for Inpatients (May 8, 2020)

Nasopharyngeal PCR for COVID-19 Positive. Patient is currently on contact/droplet isolation, or airborne isolation if aerosol generating medical procedures. If ready for discharge home, discharge to home isolation and notify medical officer of health regarding discharge. If requiring ongoing admission, follow this flowchart.



Nasopharyngeal PCR for COVID-19 negative. Patient is currently on contact/droplet isolation, or airborne isolation if aerosol generating medical procedures.



- If patient meets case definition for travel history, close contact with suspect/positive, or close contact with a person with acute respiratory illness who has travelled outside of Newfoundland and Labrador, **isolation is still required for 14 days from date of travel/date of contact.**
- Note: If patient does not meet case definition and has a negative swab, but most responsible physician still has clinical suspicion of COVID-19, please consult infectious diseases on call.

Supporting Documents:

COVID-19 Screening Questions for Acute Care Site Entrances (revised May 15, 2020)

EH SPM Contract Amendment (May 19, 2020)

HSC COVID-19 EOC - COVID-19 Testing for all hospital admissions and those booked for procedures requiring AGMPs (May 14, 2020)

HCS COVID-19 EOC - Provincial Guideline: Transfer between Regional Health Authority Acute Care Sites and Repatriation during the COVID-19 Pandemic (May 20, 2020)

Infection Prevention and Control: COVID-19 Release of Isolation Protocol for Inpatients (May 8, 2020)

Provincial Infection Control – NL - Long Term Care IPAC COVID-19 Management (May 22, 2020)

Policies:

Airborne Precautions (IPC-100)

Contact Precautions (IPC-120)

Disease Specific Isolation (IPC-130)

Droplet Precautions (IPC-140)

Hand Hygiene (IPC-150)

Routine Practices (IPC-200)

Forms:

Acute Care Interfacility Patient Transfer Assessment Form (ch-2154)

Admission to Residential Care COVID-19 Screening Tool (ch-2150)

COVID-19 Triage Screening Tool (ch-2136)