

Saskatchewan Health Authority COVID-19 Outbreak Guidance for Acute Care Facilities

Introduction

The purpose of this document is to provide guidance for the investigation and management of COVID-19 outbreaks in acute care facilities in an effort to control and prevent further spread to patients and staff within the facility.

Outbreak Definition

Confirmed COVID-19 outbreak in acute care facilities: One or more patients or staff with laboratory confirmed COVID-19 where transmission occurred or cannot be excluded in the acute health care facility during a specified time period.

Initial Outbreak Investigation

- In the following circumstances, notify the Medical Health Officer (MHO) or designate¹ to begin investigation.
 - All new COVID-19 cases diagnosed within hospital should be reviewed to exclude the likelihood of a hospital-acquired infection.
 - Public Health (PH) will notify Infection Prevention and Control (IPAC) of any new COVID-19 cases diagnosed outside of hospital, but within 14 days of discharge. These cases must be investigated for potential nosocomial transmission.
 - Occupational Health & Safety (OHS) will notify IPAC of any new COVID-19 cases diagnosed in hospital staff within 14 days of their last shift or who may have worked during a period of infectiousness.
- NOTE: If after hours, stat or on the weekend, notify the MHO or designate on call
 - **Immediately ensure that Droplet/Contact* precautions are in place for the confirmed COVID-19 positive patient.**
- MHO/PH/IPAC will begin an investigation of the positive case and confirm the outbreak and its extent by determining if transmission occurred within the acute care facility.

Declaration of an Outbreak

- The MHO is responsible for declaring the COVID-19 outbreak and assigning the outbreak number.
- PH and/or IPAC will assemble a COVID-Outbreak Response Team and submit an Initial Outbreak Notification to the Ministry of Health.

¹ Designate may be Infection Control Officer (i.e. Medical Microbiologist, Infectious Disease Physician) in acute care setting

Line Lists

- Unit Charge Nurse/Supervisor/designate will initiate Patient and Staff line list forms (Appendix A and B) and provide this to IPAC/PH and/or OH&S (staff line lists only). Line lists will continue to be updated with date recovered, new symptoms, etc. and new cases added to the original list as they are identified.
 - Retain line list forms on the unit for IPAC/PH to review daily or fax to a central location as instructed.

Contact Tracing

- IPAC, PH and Occupational Health & Safety (OHS) will collaboratively trace and advise all named contacts (including those on other units/facilities) during the outbreak investigation.

Laboratory Testing

- In order to facilitate immediate outbreak measures, testing of patient and staff contacts will be implemented as per outbreak management procedures with remaining patients and staff tested in phased approach as determined by the MHO, their designate or outbreak lead.
- Collect nasopharyngeal swab or throat/nares (APTIMA swab) or sputum specimen (if evidence of a lower respiratory tract infection and productive cough) for patients and health care workers (HCWs) on the affected unit/facility (as per MHO or designate) and send for COVID-19 testing.
 - Priority given to close contacts
- Label all specimens with the patient's name (First and Last), date of birth and health services number (HSN) and complete a requisition making sure to record the assigned outbreak number (e.g., fRHA-Year-XXX). Transport specimens to the lab **immediately**.
- **Note:** Do not delay collecting specimens in the absence of an outbreak number (i.e. outbreak with onset on the weekend). Contact MHO/PH/IPAC on-call and an outbreak number will be assigned. Alternatively, IPAC or PH will contact the lab to add the outbreak number to specimens that have already been sent to the lab.

Assemble a COVID-Outbreak Response Team (C-ORT):

- The local COVID Outbreak Response Team (C-ORT) will oversee control of the outbreak and should include (as applicable), but is not limited to:
 - Medical Health Officer (MHO)
 - Infection Prevention and Control (IPAC)
 - CD Coordinator
 - Occupational Health and Safety/Employee Health Nurse
 - SHA Site Leader
 - Unit/Facility Manager
 - Environmental Services
 - Lab Services
 - Communications
 - Additional membership based on the extent of the outbreak and anticipated support requirements (i.e. security, supply chain, etc.).

Daily Outbreak Status Reporting

- Initial and daily reporting of outbreak status to be done according to the Work Standard for Daily Reporting (available from local public health).

Implement Infection Prevention and Control Measures

- Continue to actively monitor all patients and staff for illness
 - Place symptomatic patients and close contacts on Droplet/Contact Plus* precautions
 - Re-test newly symptomatic patients and close contacts for COVID-19
- Re-emphasize hand hygiene and PPE donning and doffing education and evaluation.
- Close the unit to new admissions and transfers as per MHO or designate (except those deemed medically necessary).
- Discharges may still be permitted as per MHO or designate.
- Patients who are discharged into the community will be followed up and advised by PH whether they need to self-isolate or self-monitor. Patient information sheets for self-monitoring and self-isolation can be provided prior to discharge.
- When ANY patient leaves the outbreak unit for a medically necessary test or procedure, they must be on Droplet/Contact Plus* precautions.
- Place confirmed COVID-19 patients in single rooms and cohort in a section/wing of the unit to facilitate care and limit contact between COVID-19 patients and other patients. If single rooms are not available, cohort confirmed COVID-19 patients in shared rooms ensuring 2 metres of separation between bed spaces.
 - Follow PPE Guidelines when caring for patients confirmed to have COVID-19 in [Designated Units/Cohorted Spaces](#).
- If unable to cohort patients in a section/wing of unit, follow [Continuous and Extended PPE Use Guidelines Acute Care](#).
- Perform an assessment of all patients on the unit/facility for new symptom onset, including temperature checks at least twice daily. Any patient who develops symptoms consistent with COVID-19 during the incubation period must be re-tested.
- Post outbreak signage at entrances to unit or facility as appropriate.
- Twice daily cleaning should be completed by the staff member who, under normal operating conditions, performs the cleaning in that space and takes into consideration the most efficient and appropriate use of PPE. Consider paying particular attention to high touch surfaces.
 - If healthcare worker staff and Environmental Services staff both participate in the cleaning of the spaces mentioned above, then the Manager of the team who primarily cleans the space needs to ensure that both of those areas are working together to support the cleaning recommendations and determine who is cleaning what.
- Use disposable equipment when possible.
- All reusable equipment and supplies, along with toys, electronic games, personal belongings, etc., should be dedicated to the patient until discharge.
- If reusable equipment cannot be dedicated to a single patient, clean and disinfect thoroughly with a low-level disinfectant before use on another patient.

- Items that cannot be appropriately cleaned and disinfected should be discarded upon patient discharge or transfer.
- Visitation may occur as per the C-ORT and the [SHA guidelines for visitation in health care facilities](#).
- Cancel/reschedule outside contractors scheduled to perform work on the outbreak unit unless the job is urgent or related to resolving the outbreak (i.e. oxygen, respiratory equipment).

Staff Restrictions:

- Employees/Physicians/Health care staff/Students or volunteers with symptoms of COVID-19 are to remain off work (not work in any health care facility) for at least 14 days after the onset of symptoms or 48 hours after symptoms have completely resolved, whichever is longer. Notify supervisor and follow directions of workplace OH&S and/or IPAC before returning to work.
- As part of contact tracing, HCWs will be deemed a close contact, non-close contact or not a contact. Based upon this determination, recommended actions will be taken as outlined in the [Interim Guidance: Risk Classification for Asymptomatic HCWs with Potential Exposure to COVID-19 Patients/Resident/Clients in Healthcare Settings](#)
- The MHO or designate (in consultation with unit/facility manager) may cohort staff to the outbreak worksite or cohort staff to work in only affected or unaffected unit(s)/ facility, not both.
- Staff to notify other facilities/hospitals/work places (including non SHA) where they are employed that they have worked in an outbreak situation. Staff are **not permitted** to work between an outbreak unit and any other unit/facility except as noted above.
- Students and volunteers will **not** be permitted to continue placement or volunteer work in the outbreak unit/department.
- It is advisable to limit movement and maintain physical distancing within the facility as much as possible. Consult with the C-ORT regarding staff leaving the unit for breaks.

Declaring the Outbreak Over:

- The MHO will declare the outbreak over, at which time all excluded staff, students, volunteers and others may return to work/placement, provided they are symptom free.
- Current Parameter: The outbreak will be declared over 28 days after the onset of the last reported case or at the direction of the MHO.

References:

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for prevention, surveillance and infection control management of novel respiratory infections in all health care settings [Internet]. 1st ed. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 June]. Available from:

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Provincial Infection Control Network of British Columbia (PICNet). Respiratory infection outbreak guidelines for healthcare facilities, reference document for use by health care organizations for internal policy/protocol development [Internet]. BC: British Columbia Provincial Infection Control Network; 2011 [cited 2020 June]. Available from:

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%203%20-%20IC/RI_Outbreak_Guidelines_March17_Final.pdf

Appendix A – Patient Line List

Patient COVID 19 Line list

Outbreak #

Case Definition:

Case identification			Update daily with all symptoms in past 24 hours													Specimens			Prophylaxis /Treatment					
Recovered (d/m/y)	Name and location	Age	Baseline Temp	Date	Date of illness (Day 0 is when symptoms started)	Highest temperature	Cough (Dry (D)/Wet (W)	Runny nose (R) Nasal congestion (C)	Sore throat (S) Hoarse voice (H)	Headache	Myalgia (muscle pain)	Chest congestion	Malaise (M) Chills (C)	Others	Hospitalization (d/m/y)	Death (d/m/y)	NP swab(d/m/y)	Results/organism	Other	Influenza vaccine (d/m/y)	Antibiotic (d/m/y)	Tylenol (Dose/frequency)	Other antipyretic	
			Case#:				Day 0																	
	Name:				Day 1																			
	Sex: M/F				Day 2																			
	HSN:				Day 3																			
	Room #:				Day 4																			
					Day 5																			
					Day 6																			
					Day 7																			
					Day 8																			
					Day 9																			
					Day 10																			
					Day 11																			
					Day 12																			
					Day 13																			
					Day 14																			
					Day 15																			
Comments/Diagnosis/Pertinent Respiratory History:																<input type="checkbox"/> Wanderer/non-compliant with precautions								

Appendix B – Staff Member Line List
Staff COVID-19 outbreak line list

Case identification		Update daily with all symptoms in past 24 hours									Complications		Specimens			Others		
Name and HSN	Role	Onset date	Temperature	Cough (Dry (D)/Wet (W))	Runny nose	Hoarse voice	Sore throat	Headache	Myalgia	Others i.e. malaise	Bronchitis/Pneumonia	Hospitalization (d/m/y)	NP swab (d/m/y)	Results	Other	Floors/areas worked prior to symptom onset	Dates excluded from work	Return to work date
Case#:																		
Name:																		
HSN:																		
Comments:																		
Case#:																		
Name:																		
HSN:																		
Comments:																		