

Ministry of Health

Novel Coronavirus (2019-nCoV)

Guidance for Acute Care

Version 1 – January 31, 2020

This guidance document provides basic information only. It is not intended to take the place of medical advice, communicable diseases surveillance protocols, diagnosis or treatment.

What you need to know

Acute care settings should:

1. Undertake active screening (asking questions) and passive screening (signage) of patients for 2019-nCoV.
2. Follow Routine Practices (Droplet/Contact/Airborne) for all clinical care for those who screen positive.
3. Assess availability of Personal Protective Equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies) that would be used for both healthcare worker (HCWs) protection and source control for infected patients (e.g., facemask on the patient).
4. Train all HCWs who are required to wear PPE in the use, care and limitations of the PPE; HCWs must use the PPE appropriately for their own health and safety.
5. Have written measures and procedures for worker safety, developed in consultation with the joint health and safety committee, including measures and procedures for infection prevention and control.

Screening and Triage

Acute care facilities play an important role in supporting the response to suspect and positive cases of 2019-nCoV. Acute care facilities are being requested to conduct passive and active screening noting that the current risk of community transmission is low.

1. *Passive screening*

Signage should be posted on entry points and at triage areas in acute care facilities. Signage should prompt visitors, staff, volunteers and patients to self-identify if they are at risk of having 2019-nCoV.

As part of routine measures for the respiratory season in acute care settings, existing signage should be visible that reminds anyone entering the acute care setting (e.g., patients, visitors, staff, volunteers) to perform hand hygiene, sneeze/cough into elbow, wear a procedure mask, put used tissues in a waste receptacle and to wash hands immediately after using tissues.

Acute care settings must instruct all staff and volunteers to self-screen at home. Staff and volunteers with symptoms of an acute respiratory infection **must not come to work** and must report their symptoms to the acute care setting. All staff should be aware of early signs and symptoms of acute respiratory infection.

2. *Active screening at triage areas*

Sample Screening

Is the patient presenting with:

1. Fever and/or new onset of cough or difficulty breathing,

AND any of the following:

2. Travel to Hubei province (includes Wuhan), China, in the 14 days before the onset of illness

OR

Close contact with a confirmed or probable case of 2019-nCoV

OR

Close contact with a person with acute respiratory illness who has been to the Hubei province (includes Wuhan), China in the 14 days before their symptom onset.

Staff conducting screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect reception staff from sneezing/ coughing patients.

3. What to do if a patient screens positive at triage?

- Patients should be given a procedure mask and placed in a room with the door closed on arrival, where possible, to avoid contact with other patients in common area of the practice (e.g., waiting rooms). Patient to perform hand hygiene at point of entry.
- Staff must safely use all appropriate PPE including gloves, gown, goggles or eye protection, and N95 fit tested respirators for clinical assessment, examination, and testing. Other workers in the hospital who come within the patient's environment must also use appropriate PPE as indicated above.
- If the patient meets the case definition, the hospital should contact the local public health unit to report it as a Disease of Public Health Significance. If the Person Under Investigation (PUI) has been tested, with results pending and the person does not require hospital care, please notify/consult with the hospital infection control department and the local public health unit prior to discharge. Laboratory results will be sent back through routine processes for reportable diseases in Ontario.

4. What to do if a patient presents at the Emergency Department with a travel history to Hubei province (including Wuhan), China within the last 14 days but is asymptomatic?

- Any asymptomatic patient with a relevant travel/exposure should be advised to monitor for symptoms. If patients develop a fever and/or onset of a new cough or have difficulty breathing within 14 days of their travel date, they should call their primary care provider or local public health unit for advice.

Testing

Acute care facilities must collect the appropriate specimens for 2019-nCoV using fit tested N95 respirators and send to Public Health Ontario (PHO).

Testing for 2019-nCoV PUIs requires approval by the PHO prior to submission. For more information about testing, including what specimens are needed, see [test information sheet](#).

Occupational Health & Safety and Infection Prevention & Control Advice for Acute Care Settings

Within acute care settings, the ministry recommends the use of Routine Practices and Additional Precautions (contact, droplet, airborne) for patient care. These precautions include:

- usage of gloves, gowns, fit tested N95 respirator, and appropriate protective eyewear
- removal of PPE immediately upon exit from a patient room and disposed of into a waste container located at the exit.
- Performance of hand hygiene to appropriately doff (take off) PPE without self-contamination; hand hygiene must also be performed following the removal of all PPE.

Airborne infection isolation rooms (AIIR) should be used if available, especially for aerosol generating procedures. Appropriate PPE is to be used by all persons entering the room, including following discharge of the patient until suitable clearance time has passed. Negative pressure should be validated daily. Should an AIIR not be available, a single room may be used with the door closed.

Health Care Workers (HCWs) must be trained on the safe use, care and limitations of PPE, including the donning (putting on) and doffing (taking off) of PPE.

Where possible, dedicated equipment should be provided for use in a room where a confirmed or suspect patient is being cared for. Dedicated equipment must be thoroughly cleaned/disinfected prior to being used elsewhere.

Cleaning and Disinfection

Acute care settings must clean and disinfect any areas that the patient occupied. Staff should use an approved hospital-grade disinfectant and follow the

manufacturer's recommendations. Equipment used to clean and disinfect contaminated areas should be disposable. Particular attention should be paid to high touch areas in both patient and HCW environments (i.e. bed rails, remote controls, handles).

For more information please see: [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) and [PIDAC Environmental Cleaning](#)

Occupational illness

In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour,
- Joint Health and Safety Committee (or health and safety representative), and
- trade union, if any.

Occupationally-acquired infections and illnesses are reportable to the WSIB.

Work restrictions for healthcare workers

If novel coronavirus is suspected (i.e. symptoms AND relevant contact or travel to the impacted area). or diagnosed, the HCW must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed. The acute care facility should consult with the local public health unit to determine when the HCW can return to work. HCWs should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

What is known about the 2019-nCoV

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and 2019-nCoV. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through

bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

On 31 December 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (2019-nCoV) [was identified](#) as the causative agent by Chinese authorities on January 7, 2020.

Common signs of infection include fever, respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread include performing hand hygiene (either use of alcohol-based hand rub [ABHR] or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g., covering mouth and nose when coughing and sneezing, using upper sleeves or tissues to contain respiratory secretions and disposing of tissues immediately after use).

As of January 25, 2020, cases of 2019-nCoV have been announced in Ontario. While it is anticipated that we may see additional cases with travel history to the impacted region, the overall risk to the community remains low. At this time:

- Almost all cases have direct or indirect epidemiological link to Hubei province, China.
- Effective infection prevention & control measures are in place across Ontario's health system.

Acute care facilities in Ontario should consider the possibility of 2019-nCoV infection in persons who present with fever and respiratory symptoms and travel to/epidemiological link to Hubei province within the past 14 days (see case definitions outlined in the Ministry of Health's [Guidance for Health Workers and Health Sector Employers on 2019-nCoV](#)).

For more information

If you have any questions, please consult the ministry's [website on 2019-nCoV](#) or contact your local [Public Health Unit](#).

General Advice to Acute Care

There are several things that acute care providers can do to prevent themselves, their staff, and patients from becoming sick with this virus:

- Have procedure masks, tissues and Alcohol Based Hand Rub (ABHR) available to patients and staff in clinics/offices.
- Review infection prevention and control/occupational health and safety policies and procedures with staff.
- Post signage on ALL facility entry doors and reception areas informing persons to self-identify to a specific location/person if they are experiencing fever and/or acute respiratory illness, and have a travel history to Hubei Province (including Wuhan), China in the last 14 days since onset of illness or contact with a person who has the above travel history and is ill (see screening procedures above).

Attachments:

- Case definition