Situational Update

As of March 30, there were 1966 confirmed cases in Ontario, ~ 11% hospitalized, 27 deaths. In total, almost 17% were neither returned travelers nor contacts of known cases (this info for ~ 48% of cases missing)

In Ottawa as of March 29 (some missing data): 130 cases in Ottawa, 30 total hospitalized, 2 deaths. The majority have been self-isolating at home. Of the total, 12% have no risk factor (travel or contact with a case – this amounts to 16 patients); 50% have travelled or been contacts of a case.

New Directives from the Chief Medical Officer of Health (March 30):
- A reminder that all that a point of care risk assessment should be performed before every patient interaction – this is standard infection control practice
- Droplet + contact remains the standard PPE for managing suspect or confirmed COVID patients
- The new directive allows, based on risk assessment, for additional PPE (e.g. N95) to be used if risk is felt to be present
- Note that for standard care an N95 + face shield will NOT provide superior protection against droplets compared with the standard mask + visor

Physical Distancing:
- Physical distancing is one of the most important measures to prevent the spread of COVID-19
- This also applies in the hospital – just because you are at work does not mean that the principle of physical distancing can be disregarded – e.g. going for coffee or lunch
- Physicians serve as role models for the public and others regarding the simple but effective control measures that should be followed

Aerosol Generating Medical Procedures:
- Evidence of aerosolization of virus (in general) is limited; evidence of transmission by aerosols is even more limited
- Based on one systematic review of SARS literature, greatest risk of transmission to healthcare workers (HCW) was associated with intubation, non-invasive ventilation, tracheotomy, and manual ventilation
- Some additional procedures have been included in our current infection control policy in line with recommendations from Public Health Ontario, the Public Health Agency of Canada, local and provincial experts
- No evidence of aerosolization by TEE, endoscopy, insertion of NG tube, or obtaining a nasopharyngeal swab. These procedures generate droplets and regular face mask + visor will protect
- A risk assessment always required

Healthcare worker testing for COVID-19:
- HCWs do get priority for testing if symptoms develop including fever, cough, sputum production, dyspnea, sore throat, rhinorrhea
- It is recommended that you present to the Brewer Assessment Center. Take ID card and identify yourself as a HCW
- You must self-isolate at home pending results (turn-around time has greatly improved now that samples are processed at EORLA)
- If you are confirmed COVID-19 positive, two negative tests are required for return to work:
  o 24h after resolution of symptoms
  o 24 hours after first test
  o You must be cleared by Occupational Health and Wellness (OHW) before returning to work (ext 10274)
- Process of retesting for clearance is being refined by Assessment Center and EORLA – update to follow

If household contact is sick:
- Testing at Assessment Center will be prioritized as well for household contacts of a HCW
- HCW needs to self-isolate pending result
- If negative, HCW can return to work if asymptomatic
- If positive, HCW must self-isolate x 14 days after break of contact (if that is possible) and be cleared by OHW prior to return to work (ext 10274)

If one of your coworkers is sick:
- OHW and Ottawa Public Health will conduct a detailed interview of the affected HCW extensively to identify contacts in hospital and community
- Identified contacts are contacted (in hospital – by OHW; in community – by public health) to confirm extent of exposure
- If you are contacted and know others who were with you at the time, please identify them when interviewed
- Based on degree of exposure (distance, time spent, PPE worn or not) a decision will be made regarding the risk of infection and you will be directed to either self isolate x 14 d, self monitor x 14 d or do nothing
- If you develop any symptoms you should be tested

Testing patients:
- Only patients with symptoms should be tested
- Outpatients: one throat swab
- Inpatients: one nasopharyngeal and one throat swab – both included in the same tube of transport (liquid) medium
Please do not test patients who are asymptomatic / for no reason
- Supply of testing materials is limited but so far we have managed

CT for diagnosis:
- Case series from China (largely) supporting CT abnormalities in patients – mainly ground glass opacities
- Ground glass opacities are common in many other conditions including other viral pneumonitides
- Given the low incidence of COVID in Ottawa, there may be a high false +ve rate (of CT) at this time
- A respiratory swab for COVID remains the standard of diagnosis at this time

COVID codes in EPIC:
- Three codes in EPIC: suspect, confirmed, contact
- Issues with suspect code being added as soon as a patient reports symptoms is being addressed (need to have MD assess first and then determine if testing required, at which point code would be added)
- “Suspect“ will be added as soon as a test is sent – if you order a test on a patient who doesn’t need it the code goes on, creating challenges for patient flow

Removing COVID codes:
- Only Infection Prevention and Control (IPAC) can remove COVID codes
- We will remove codes on patients for whom testing was clearly not indicated but who are listed on EPIC as “suspect”
- For Suspect or Confirmed: We will remove codes for admitted patients who are tested, in keeping with Public Health requirements (see below)
- For Contacts: Patients who are contacts of cases will have a code left in place x 14 days that will be removed after this time

Duration of isolation for patients (on droplet + contact precautions):
- If a patient is identified as “suspect“ (e.g. because the dx considered in the admission note, for comes up in the admission note, for example), Public Health requires that these codes remain x 14days if patient remains hospitalized (regardless of test result)
- For patients with confirmed infection who remain hospitalized:
  o Need two negative tests (similar to HCWs), and a minimum of 14d after onset of symptoms regardless of test results, before isolation can be discontinued
  o Lab will NOT repeat tests before 7 days – high rate of positive results before this
  o IPAC has agreed to review patients and coordinate requests for repeat testing with the lab

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