

Health PEI Guide to Safe Recovery from the COVID-19 Pandemic

HPEI Emergency Response
Team – Updated: June 27,
2022

*****Items updated since the June 1
version appear in bold*****

Health PEI Guide to Safe Recovery from COVID-19 Pandemic

Overview of the Health PEI Approach

- Health PEI measures will be reviewed two incubation periods post changes to major public health restrictions and as needed
- To ensure our patients, clients, residents and staff are protected, the relaxing of restrictions and precautions will be slower than what is seen in the rest of the community
- Health PEI's transition to living with COVID-19 may not be linear, and we may see the reinstatement of restrictions, precautions and COVID-19 specific operations as the situation warrants
- Health PEI decisions will be based on a compilation of indicators, associated trends and the best information available at the time
- Below is an outline of the information Health PEI will use when making decisions regarding restrictions, precautions and ongoing COVID-19 operations

Key Information considered when assessing Health PEI's approach to Safe Recovery from COVID-19

- Positive case count, 7 day rolling average positive volumes – Health PEI performed tests[#]
- Daily Health PEI testing volumes, 7 Day rolling average[#]
- 7 day rolling average percent positivity rate of tests performed by Health PEI[#]
- Current admissions to hospital due to COVID-19
- Current admissions to hospital of patients with COVID-19 (incidental and due to COVID)
- # of institutional outbreaks in Health PEI facilities
- Number of Health PEI staff testing positive for COVID-19
- Number of Health PEI staff work isolating due to COVID-19 exposure
- Services impacted/under pressure due to staff isolating for COVID-19 or related exposure
- Weekly Emergency Department visits for COVID-19/Respiratory illness (non-admitted patients)
- Weekly distribution of Paxlovid antiviral medication to treat COVID-19 in the community
- Percentage of Health PEI staff/physicians vaccinated against COVID-19 by dose (i.e. dose 3, 4)
- Identification and spread of new COVID-19 variants
- Public Health Agency of Canada Guidance
- Information from other jurisdictions
- [Chief Public Health Office - Public Health Orders](#)
- [Chief Public Health Office – Guidance Documents](#)

[#]Assessment of this information will also consider variations in the testing strategy over time

Items for consideration during recovery

	Measures which have been changed or removed	Measures remaining in place for now
COVID Specific Operations (Mar. 30)	<ul style="list-style-type: none"> -Cough and Fever Clinics have been closed and related care returned to community settings (physician offices, Walk-in clinics, etc.) -Charlottetown Eastlink Centre vaccine clinic has been closed -Summerside vaccine clinic has moved to one site at the County Fair Mall - Other regional sites remain open -Contact tracing and case management (surveillance and Paxlovid screening is being managed by Stats Can) (April 13) -Community testing clinic hours reduced in some areas - Dickie Rd. site closed and hours added to Slemon park, - Mobile Testing Unit has been demobilized - Adjusted hours at Community Hospital O’Leary and Rosedale testing clinics (June 1) - Move to online booking for COVID testing – still accepting walk-ins and bookings through the 1-844 line (June 15) 	<ul style="list-style-type: none"> -Community vaccination clinics -Staff vaccination clinics -Community Testing Clinics
Personal Protective Equipment	<ul style="list-style-type: none"> - Eye protection still mandatory for suspect and confirmed COVID-19 patients or for other patients on airborne and droplet precautions - otherwise, use based on point of care risk assessment (June 27) 	<ul style="list-style-type: none"> -Masking for all direct patient care* -Point of care risk assessment - additional precautions for all patient interactions -Universal Masking at HPEI facilities/sites – for all staff and visitors
Screening – HPEI Facilities	<ul style="list-style-type: none"> -All screening/assessment tools have been updated based on Feb 17 guidance regarding isolation and travel (Feb. 17) 	<ul style="list-style-type: none"> Onsite pre entry screening including: <ul style="list-style-type: none"> - Staff risk assessment /screening - Long Term Care (LTC)/Acute/Palliative/Partner in Care (PIC) visitor risk assessment /screening - Ambulatory Patient/Client (incl. Community Based) /screening - OR COVID Algorithm - Pre-triage screening - Inpatient screening - Vendors/Contractors Protocol
COVID - 19 Testing – Patients and Residents	<ul style="list-style-type: none"> - All hospital admissions – accepting rapid antigen test positive past 90 days 	<ul style="list-style-type: none"> Testing: <ul style="list-style-type: none"> - All hospital admissions

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	<ul style="list-style-type: none"> - OR COVID Algorithm – accepting rapid antigen test positive past 90 days - All LTC, Palliative and Respite admissions (test at 24hrs, Day 4 and Day 6)* (June 1) -Community Based Care clients post Out of Province (OOP) travel testing is no longer required (June 1) 	<ul style="list-style-type: none"> - OR COVID Algorithm - Inpatients developing symptoms* - Specified groups seeking Emergency Department Care but not requiring admission* - Symptomatic residents/patients* - All LTC, Palliative and Respite admissions* - LTC residents transferring from acute care* - LTC residents after community-based gatherings (March 23)* - Prior to OOP Transfer** -Inpatients returning from OOP facilities*
<p>COVID - 19 Testing – Health Care Workers (HCW)</p>	<p>Testing:</p> <ul style="list-style-type: none"> - Non-LTC HCW post travel (vaccinated) –testing according to CPHO guidelines only (Feb. 17) - LTC HCW post travel (vaccinated) - testing according to CPHO guidelines only (Feb. 17) - Vendors/contractors - no longer required (March 23)* - Non-LTC HCW post travel (unvaccinated) – no longer required* (Mar. 30) - LTC HCW post travel (unvaccinated) – no longer required* (Mar. 30) - Vaccinate or test policy no longer applies (April 13)* -Accepting rapid antigen test as proof of positive test (June 1) - Pre-shift testing for LTC HCWs is no longer required (June 1) - Testing of LTC community service and entertainment providers – no longer required (June 1) 	<p>Testing:</p> <ul style="list-style-type: none"> - Symptomatic staff* - LTC HCWs working in more than one LTC with one facility in outbreak – weekly test)*
<p>Isolation</p>	<ul style="list-style-type: none"> - Work isolation post travel – all vaccination statuses – no longer required (Feb. 28) - Post-admission isolation LTC – transfer from LTC or acute facility (April 13) - OR COVID Algorithm - isolation pre operation no longer required (June 1) - LTC admissions from community and acute care - now required to isolate for 96hrs (June 1) 	<ul style="list-style-type: none"> - LTC admissions from community - Positive inpatient isolation duration (All vaccine status) - Work isolation post exposure as per most up to date guidelines - Employee contact tracing
<p>Patient Flow</p>	<ul style="list-style-type: none"> - COVID Bed Surge Plan has been deactivated (April 13) 	<ul style="list-style-type: none"> - 10 day outbreak duration* (April 13)

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	<ul style="list-style-type: none"> - Provincial pandemic specific unit deactivated – (Unit 3) (April 13) - COVID-19 positive patients can be admitted to all facilities based on admission criteria (April 13) -COVID Mental Health patients: will continue to be cared for on Mental Health Unit at QEH and the Child and Adolescent unit at Hillsborough Hospital (Mar. 30) - 14 day outbreak duration decreased to 10 days* -All facilities accepting COVID-19 positive patients on all units (June 1) 	
Ambulatory Practices within HPEI	<ul style="list-style-type: none"> - Transition to remote work under the Health PEI Remote Work Policy effective July 11th, 2022 (June 27) - Required 1 metre distancing (rather than 2 metre) when separated barrier/plexiglass (June 27) 	<ul style="list-style-type: none"> - Application of COVID operational plans - Required 2 metre distancing (when not separated by barrier/plexiglass)
Visitor Protocols	<ul style="list-style-type: none"> - Patient passes – for reason related to patient/resident treatment plan (Mar 1) -LTC Residents may receive passes for a predetermined amount of time to go to their home, go for a drive, visit a PIC's home or, if fully vaccinated, attend a community church services with a PIC - LTC and MHA transition and recovery home residents are permitted 3 designated visitors - maximum 2 persons bed side at any one time (June 1) 	<ul style="list-style-type: none"> - Approved/designated visitors - only during exceptional circumstances - Restriction/Prohibition on visitors - Patient passes – limitations
Partners in Care	<ul style="list-style-type: none"> - No post travel isolation and testing of PICs (Feb. 17) - No Enhanced PPE for post travel PICs (Feb. 17) - No scheduling of visits for partners in care (Mar. 1) - Acute care - 3 PICs (June 1) - Acute care ALC patients, LTC and Mental Health and Addictions transitions and recovery home residents - 6 PICs, when operationally safe to do so. (June 1) - Acute care, LTC, MHA - maximum 2 persons bedside at any one time (June 1) - Designated PICs in all areas may be changed on a weekly basis if necessary (June 1) 	<ul style="list-style-type: none"> - Required masking – PICs* - Restriction on PICs who test positive for COVID-19*

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Meetings and Gatherings	<ul style="list-style-type: none"> - In person meetings may occur as necessary - masking and social distancing still apply (Mar. 9) - In person training – masking and social distancing still apply (Feb. 17) - Cohorting for group session (e.g MHA) (Mar. 1) - Virtual meetings are encouraged where appropriate (June 27) 	-Limits on group session/care (based on physical distancing requirements)
Food – Patient/Visitor	<ul style="list-style-type: none"> - PICs and visitors can bring food to patients (June 27) - Patients in Emergency Departments who meet plexiglass/physical distancing requirements may eat and drink (June 27) 	<ul style="list-style-type: none"> -Restrictions on bringing food into HPEI facilities -Restrictions on eating and drinking with patients and residents
Food - Staff		<ul style="list-style-type: none"> -Lunchroom restrictions -Food sharing guidelines

*These items are enforced based on Chief Public Health Office requirements and will only be lifted or relaxed as those requirements change

**This is at the discretion of the receiving OOP facility

Checklist to support the modification or removal of COVID-19 related measures

<u>Expected Action/Consideration</u>	<u>Completed</u>
Health PEI COVID-19 EOC has been consulted and has approved the change	
Health PEI Communications has been notified and consulted	
Impacted staff and management have been notified	
COVID and non-COVID operational implications have been considered	
Resource and demobilization implications and needs have been considered	
Financial and materials management implications have been considered	
Government partners have been notified and provided relevant information as/if necessary	
External partners have been notified and provided relevant information as/if necessary	