

Admitting Protocol During Respiratory Virus Outbreaks on Inpatient Units and Long -Term Care Households

General

Historically, admitting to outbreak units has been discouraged; however, with ever increasing patient flow pressures, Health PEI must balance the risk of leaving admitted patients in the Emergency Department, often for extended periods of time, versus admitting to an outbreak unit/household.

- **In the absence of reliably effective vaccines and/or treatments, admitting to RSV and Influenza outbreak units/households should only be done as a last resort. For admission to Influenza or RSV outbreak units, contact IPAC to discuss potential options.**
- As there are effective vaccines and treatments for COVID-19, it is preferable to admit to COVID-19 outbreak units/households. COVID-19 outbreak units/households must remain open to new admissions and can safely provide care, provided they follow this protocol.

Admission Protocol for COVID-19

- Collaboration with local Infection Prevention and Control (IPAC) to determine options for care delivery during an outbreak.
- Local Infection control will regularly update a list of inpatients and inpatients awaiting beds who, based on their risk of developing serious COVID-19 infections, could safely be admitted to a COVID-19 outbreak unit/household.
- Patients deemed at lower risk include:
 - 1) Actively have COVID-19 infection **OR**
 - 2) Recent recovery from COVID-19 (within the last 60 days) **OR**
 - 3) Received a booster vaccine >2 weeks but <6 months **AND** < 70 years old **AND** not seriously immune compromised.
- Every effort must be made to move active COVID cases or recently recovered cases prior to anyone else being admitted to a unit/household experiencing an outbreak.
- There is little benefit in testing asymptomatic patients for COVID-19. Testing should be reserved for those who are symptomatic. For further respiratory illness testing information, please refer to [Respiratory Screen \(COVID 19/Flu A/B+RSV\) Testing; Respiratory Panel Criteria December 5, 2023](#).

Patient Flow on Outbreak Unit

- Patients with active COVID-19 infection should be co-horted together as much as possible- this can be in the same room or on a designated team
- New admissions to the outbreak unit/household who do not have active COVID-19 infections should also be co-horted with each other. New admissions should ideally be physically separated from the active COVID-19 infections. Please ensure local IPAC is aware when these admissions occur.
- Positive cases should not be placed in the same room as non-COVID cases.
- Ideally, staff should be co-horted to look after COVID infected or not infected. This means patient teams may need to be modified to ensure appropriate staffing levels on each team.

In the event support is needed for this protocol, **please contact your facility leadership**. If facility leadership require support, they can contact Provincial Infection Prevention and Control leadership Tara Ferguson, Director (tlferguson@ihis.org) or Cathy Guitare, Manager (caguitare@ihis.org).