

MEMORANDUM

TO: All Staff and Physicians
FROM: Tara Ferguson, Director of Infection Prevention and Control
DATE: July 15, 2024
SUBJECT: Respiratory Illness Update

The respiratory illness documents have been reviewed and/or updated. Please review this memo carefully as it outlines where changes have been incorporated, identifies protocols which are remaining in place and documents which have been deleted. All current respiratory illness resources can be found on the Staff Resource Center by clicking [here](#).

The following changes are effective immediately:

1) **Isolation Period for COVID Positive Patients/Residents/Clients**

The isolation period for a patient/resident/client who tests COVID positive has been **reduced from 7 days to 5 days**; (from the date they tested positive or the date they developed symptoms), whichever came earlier.

2) **The number of visitors during a respiratory outbreak**

During a respiratory illness outbreak, there will no longer be a restriction to 3 partners in care. Patient/residents **are permitted any number of visitors as long as only one visitor visits at a time**. If transmission of illness continues to occur during a respiratory outbreak, the outbreak management team may be required to adjust visitation based on the circumstances.

3) **ER Admitted Patients and the Inpatient Screening Tool**

This document has been updated to include the isolation period for each patient situation for admitted acute care patients, **including those being held in the Emergency Department**. This screening tool is a resource to determine how long a patient should be isolated when COVID-19 is on the differential for diagnosis.

4) **LTC COVID-19 Protocols**

These protocols have been transferred to a table format to make the protocols easier to read and implement. The protocols should be kept in a designated space with easy access for front line staff.

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

The practice of isolating **COVID-19 negative** patients/residents on isolation precautions has been occurring over the past year. This is an additional protection measure to prevent the transmission of COVID-19 to patients who are **COVID-19 negative** upon admission to a unit/household during an outbreak. The protocol has been updated to clearly outline this practice.

6) **Changes in Respiratory Testing for COVID, RSV and Influenza**

Patients and residents experiencing any respiratory illness symptoms should be tested as per the respiratory testing panel criteria updated as of May 2024. The new respiratory testing panel criteria can be accessed through the Staff Resource Center or by using the attached [link](#).

Patients admitted from the community or patients attending community-based settings, who have tested positive on an at home rapid antigen test are to be considered positive and do not require confirmatory testing (unless clinically indicated).

7) **The Provincial COVID-19 Protocol for Management of Patients in the Operating Room**

This protocol has been updated to reflect current practices within the operating room. It has removed the requirement to have a COVID-19 OR as this practice has stopped. COVID-19 positive patients can be cared for in any operating room as long as settling times are observed.

The following list contains respiratory measures which remain the same:

1) Isolation for Severely Immunocompromised or Critically Ill Patients in Acute Care

Patients who are critically ill or severely immunocompromised in acute care will continue to have an **isolation period of 20 days**.

- Severely immunocompromised patients include bone marrow transplant patients, solid organ transplant patients, patients who are receiving treatments for Leukemia or a similar level of immunocompromise as per the most responsible provider.
- Critically ill patients are patients who require respiratory support – i.e. high flow oxygen, non-invasive ventilation, or mechanical ventilation either on the medical floor or in ICU.

2) Isolation for Immunocompromised Residents in Long Term Care

Residents who are immunocompromised in long term care and who remain in LTC during their illness will continue to have an isolation period of **14 days**.

3) Masking

For staff masking protocols, follow the *Respiratory Illness (COVID-19 and Influenza) Immunization and Management policy*.

Masks for staff and visitors should remain available at **all entrances** for those who want to continue to wear masks.

Units/household in COVID-19 **outbreaks will revert back to universal masking** (when on the unit/household) until the outbreak is declared over.

Point of Care Risk Assessment (PCRA) should be completed by staff with each patient/client/resident interaction to determine which personal protective equipment is required.

4) Physical Distancing/Barriers

Separating patients with respiratory illness symptoms from asymptomatic patients should continue. In areas where space may not allow for physical distancing of symptomatic patients from asymptomatic patients, chair dividers should be used.

5) Community-based settings

Staff should complete a PCRA to determine if precautions are required. If the patient/client has tested positive (on any test), then implement COVID-19 precautions for **at least 5 days** until their symptoms have markedly improved. The patient/client must be afebrile for at least 24 hours without fever reducing medication.

6) Ambulatory Patient/Client Respiratory Illness Screening Questions

This remains a key component of ensuring we are protecting other patients/clients and staff. This screening should occur prior to their appointment or program.

The following documents have been deleted. Please remove all hard copies:

- 1) Vendor/Contractor Protocol
- 2) Inpatient Isolation table for COVID-19
- 3) Respiratory Illness Measures- Acute Care and Community Based Settings



Director of Infection Prevention and Control