



Infection Prevention & Control Guidance: Management of Patient Exposures to COVID-19 – All Phases

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Process

In an effort to decrease the risk of COVID-19 transmission, Infection Prevention and Control (IPC) works collaboratively with Employee Health Services (EHS) to ensure prompt contact tracing and management of inpatients and Healthcare Workers (HCWs) who may have been exposed to COVID-19.

Management of Inpatients exposed to a COVID-19 positive HCW/Patient

1. HCWs are advised to report positive COVID-19 test result to Employee Health Service (EHS)
2. Following notification of a COVID-19 positive HCW, EHS interviews the HCW to determine the dates the HCW was potentially infectious and identifies the patient care units or departments where the HCW worked during this time frame.
 - **Symptomatic HCW**, the HCW is considered potentially infectious 2 days before symptoms first appeared.
 - **Asymptomatic HCW**, EHS works with the HCW to determine if they may have had a COVID-19 exposure in an effort to determine the period of when they were infectious.
 - **If an exposure is identified.** The HCW is considered potentially infectious beginning 2 days after the exposure.
 - **If the date of exposure cannot be determined.** The HCW is considered infectious 2 days prior to date of specimen collection.
3. EHS completes the HCW interview and posts the completed interview to Sharepoint.
4. EHS notifies IPC of the COVID-19 positive HCW.
5. IPC reviews the interview and follows up with HCW's manager to determine dates HCW worked while infectious and identifies patients with whom the HCW had close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period).
6. IPC works with the Nurse Manager or their delegate to ensure all exposed patients are managed as outlined below.

Management of Inpatients exposed to a COVID-19 positive Healthcare Worker (HCW)/Patient

1. IPC initiates patient contact tracing
 - The Most Responsible Physician (or designate) notifies inpatients/substitute decision maker of the exposure situation and of testing requirements. The disclosure process is completed in accordance with the [Patient Safety Incident Management: Harmful Incidents, No Harm Incidents, Near Misses and Multi-Patient Events \(HHN-SA-002\) policy](#).
2. All inpatients who have had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with an infected person (from two days before to ten days after the person's symptom onset date or specimen collection date) are considered exposed.
3. All exposed inpatients are placed on [Droplet/Contact Precautions](#) and monitored twice daily for signs and symptoms of COVID-19 until 7 days after their last exposure. This applies to all patients, irrespective of whether they have been fully vaccinated.
4. IPC identifies inpatients who have recently been transferred off the unit where the exposure occurred to other wards or facilities; notifies other wards or facilities of the suspected exposure and ensures all transferred patients meeting the definition of an exposed patient are placed on [Droplet/Contact Precautions](#) and monitored twice daily while awake for signs and symptoms of COVID-19 until 7 days after their last exposure.

5. Exposed inpatients who require an urgent transfer to another unit for medical reasons are transferred on [Droplet/Contact Precautions](#) and remain on precautions for 7 days after their last exposure.
6. Exposed inpatients who are within 90 days of onset of prior COVID-19 infection may not require isolation if they remain asymptomatic. This decision is made in consultation with IPC and Infectious Diseases/Medical Microbiologist.

Patient Placement

1. All exposed inpatients may be cohorted and isolated separately in their bedspace with other similarly exposed patients who do not have COVID-19 symptoms.
2. If bed capacity and single patient rooms are limited, as a last resort an exposed asymptomatic patient may have to be cohorted with a non-exposed patient, a point-of-care risk assessment is performed to determine patient placement and/or suitability for cohorting. In this situation the following factors are considered
 - Avoid placing patients at high risk of complications, if they become infected, in rooms with patients with transmissible infections, diarrhea or open wounds
 - Delineate the boundary of the potentially contaminated patient area within the shared room, the privacy curtain between beds should be closed to minimize opportunities for direct contact
 - Prevent transmission risks from sharing of sinks and toilets
 - Assess activities of the roommates and their visitors. Roommates are selected for their ability and the ability of their visitors to comply with necessary precautions.

Testing

If an exposed inpatient develops signs and symptoms following a COVID-19 exposure, a GeneXpert rapid test is completed as per the [COVID-19 Testing Directive](#). If an inpatient meets the definition of an exposed patient and requires surgery, they are tested as per [COVID-19 Testing Algorithm \(All Phases\)](#).

Additional IPC Measures

- Enhanced cleaning measures are implemented on the unit where the COVID-19 exposure occurred.
- Designated Support Persons are permitted to visit patients who have been exposed to COVID-19.
- Social Visitation is not permitted for those patients who have been exposed to COVID-19.

Related Documents

[COVID-19 Testing Directive](#)

[COVID-19 Testing Algorithm \(All Phases\)](#)

[Droplet/Contact Precautions](#)

[Patient Safety Incident Management: Harmful Incidents, No Harm Incidents, Near Misses and Multi-Patient Events \(HHN-SA-002\)](#)

References

Yu Wu ; Liangyu Kang ; Zirui Guo ; et al (2022). Incubation Period of COVID-19 Caused by Unique SARS-CoV-2 Strains: A Systematic Review and Meta-analysis. JAMA Network Open 2022;5(8): e2228008. <https://pubmed.ncbi.nlm.nih.gov/35994285/>