RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Guidelines for the management of hospitalized COVID-19 patients

These guidelines have been prepared to address concerns raised by staff and will allow a transition to a "new normal" despite the fact that the virus is still present.

- The place of admission of patients must consider the characteristics of the patient population (e.g. wandering patients, vulnerable patients), the human resources available, the availability of isolation rooms and/or the feasibility of establishing cohorts.
- Patients admitted for COVID (respiratory symptoms, need for oxygen, AIRVO, etc.) will continue to be admitted to the designated COVID patient unit.
- Patients admitted for a reason other than COVID (e.g. palliative care, stroke) who have a positive COVID result and are asymptomatic may be admitted for isolation on a unit other than the COVID unit.
- Patients already admitted to a unit of a regional or community hospital who become positive after their admission can remain on the unit where they are if they are stable and asymptomatic/mild symptoms.
    - Place the patient in isolation (MRS-CV poster).
    - If he shared the room with another patient before obtaining the positive result, the co-roomer must be placed in MRS-CV isolation as well.
    - Ensure that the patient has access to their own toilet or dresser.
    - Ensure that the equipment dedicated to the patient in isolation is clearly identified.
    - If more than one COVID positive patient on the unit, isolate and cohort as much as possible in one section of the unit.
    - If possible, place dedicated staff for COVID positive patients.
    - If the patient requires an aerosol-generating medical procedure (AGMP) such as the Optiflow, the latter must be placed in a negative pressure room. If none is available, the patient should be transferred to the COVID unit while taking care to assess beforehand whether this therapy is absolutely necessary.
- During an exposure or outbreak on a care unit of a community hospital, the possibility of keeping patients there must be assessed. This decision should be made after evaluation and discussion of the cases with the IPC.
- In situations where regional hospitals reach their maximum capacity, the transfer of asymptomatic patients or patients with mild symptoms to community hospitals will be considered while ensuring adequate management in IPC.
- For patients from nursing homes, correctional centers and homeless shelters, if administrative segregation is not possible, the screening required on days 0, 5, and 10 will be carried out without carrying out the isolation.
- Any patient in a warm unit who has completed their COVID isolation may be transferred to another care unit.
- In a crisis situation (determined by the EOC), admissions to the outbreak unit may be made without resorting to isolation. Active screening twice a day and PCR twice a week x 14 days must; however, be carried out. Patient care should be coordinated from non-exposed patients to exposed patients in isolation.
- Improvement of the work environment on the warm COVID unit:
    - A break room should be located close to the COVID unit to allow staff to take a break while strictly adhering to IPC rules.
    - Staffing should be sufficient to allow staff to take their breaks and meals.
    - Bottled antiseptic gel should be prioritized if available instead of foam (touchless) to facilitate donning of gloves.

Additional Information:

The implementation of the new directives should be done gradually and be supervised by the ''CCU'' of each zone in collaboration with the infection prevention and control nurses.

It is important that care unit employees who have not been involved in the treatment of COVID+ cases since the start of the pandemic receive training or a refresher on the wearing of PPE and the IPC guidelines for the care of COVID patients if this has not been done recently.

Audits should be done periodically to ensure compliance with guidelines to reduce the risk of transmission.

The impact of implementing the new guidelines will be measured and closely monitored. If there is an increase in nosocomial cases or the appearance of a new variant, these should be revised.

Approved by the Emergency Operation Centre (EOC): 2022-03-08