



UHN Health Services (HS) Toolkit for Respiratory Illnesses (including COVID-19)

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COVID-19 Background

On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan, China, and the cause has been confirmed to be a new coronavirus not previously identified in humans. This virus is now known as the SARS-CoV-2 and the infection it causes, the 2019 Novel Coronavirus infection or COVID-19.

COVID-19 is an evolving situation and, more recently, there has been evidence of COVID-19 variants of concern (VOCs). These VOCs contain mutations in the SARS-CoV-2 genome that may impact transmission, virulence, and vaccine efficacy. We monitor this situation and adjust COVID-19 case management as applicable.

Coronaviruses are a large family of viruses, including some that cause illness in people and others that cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold. However, some human coronaviruses (SARS, MERS) can cause more severe illness.

The characteristics of this novel coronavirus and the arising VOCs have become clearer over the past couple of years, but there is yet much to learn as the variants arise. Our focus currently is to rapidly identify anyone who may be infected with COVID-19 and ensure their safety, as well as the safety of other UHN staff and patients. This document will continue to be updated to align with latest guidance.

Purpose

The purposes of these guidelines are to:

1. Provide direction to Health Services (HS) for preventing and managing respiratory infections (including COVID-19) among health care workers (HCWs).
2. Prevent the transmission of respiratory infections (including COVID-19) at UHN.

This is an evolving situation. These guidelines are subject to update as new information and protocols are received.

This guidance document is not intended to take the place of medical advice, diagnosis, or treatment.

Applicability

This protocol applies to all individuals carrying out activities in the hospital, rehabilitation, and research settings. This includes, but is not limited to, all HCWs including physicians, nurses, contract workers, students, post-graduate medical trainees, researchers, and volunteers. This protocol does not apply to patients or visitors.

Health Services Contact Information

Health Services may be contacted for any respiratory illness-related questions.

To report respiratory/GI symptoms or COVID-19 positive test results, [inform Health Services using this link](#).

To request a consult from Health Services team, [please submit a form here](#), or call 416-979-4441 x1 and leave a voicemail message if you are unable to submit an online form. Calls will be triaged and the volume of calls means that there are delays in returning the calls.

Case Definition for HCW Surveillance

Suspect case of respiratory illness (including COVID-19) HCW presents with any of the following symptoms:

- fever
- new onset of cough
- worsening chronic cough
- shortness of breath
- sore throat
- difficulty swallowing
- chills
- unexplained headaches
- nausea or vomiting
- unexplained diarrhea
- abdominal pain
- unexplained muscle or joint pain
- severe fatigue or weakness
- runny nose or congestion with no other cause i.e. allergies
- decrease or loss of sense of taste and/or smell

Pregnant or Breastfeeding HCWs

There are no restrictions for pregnant or breastfeeding HCWs to care for suspected or confirmed patients with respiratory illnesses (including COVID-19) if the HCW is wearing appropriate PPE.

Travel Surveillance Screening Guidelines

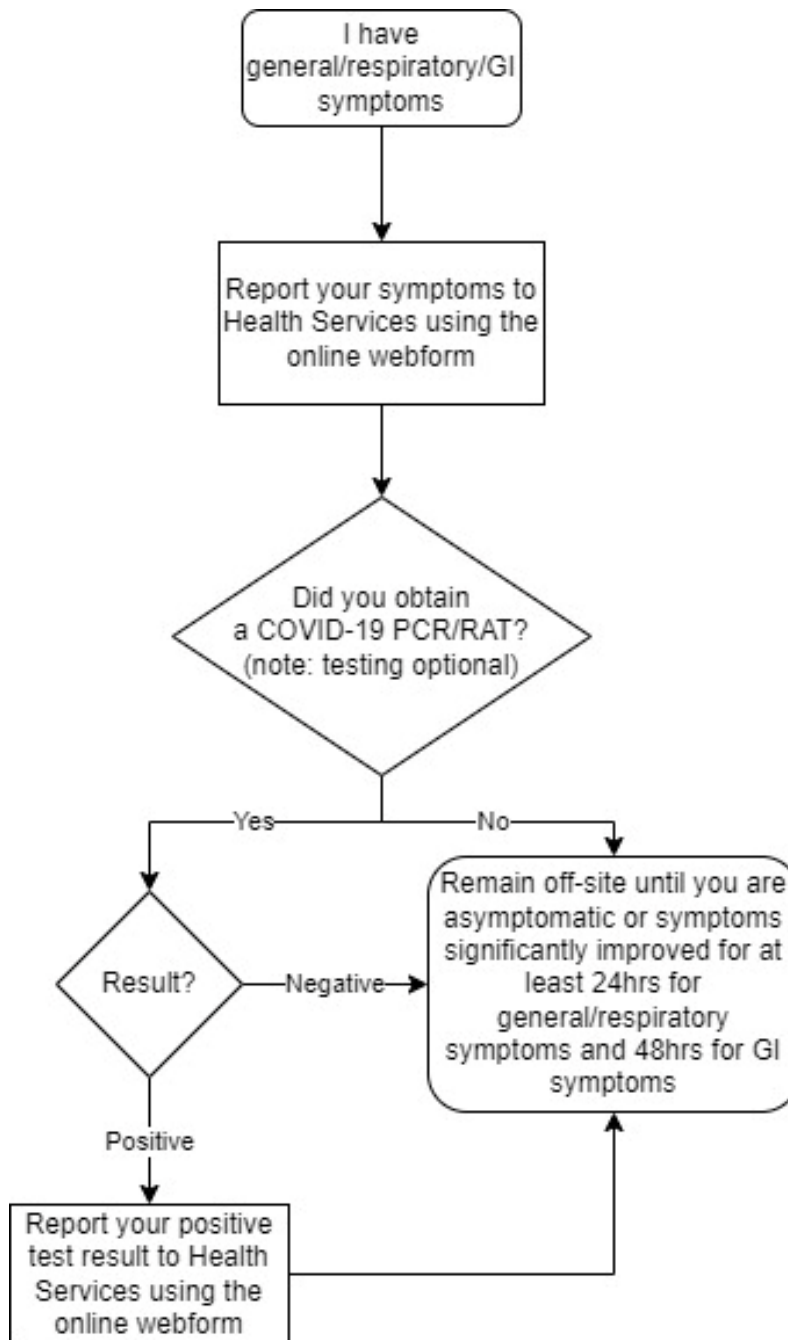
The Government of Canada determines travel requirements related to communicable diseases. For more information, please visit <https://travel.gc.ca/travel-covid> and <https://travel.gc.ca/>

Reporting Respiratory/GI Symptoms

- If you are at home and develop symptoms: do not come to work. Inform your manager that you will not be at work.
- If you are at work and develop symptoms: advise your manager/supervisor you will be leaving work when it is safe to do so. Gather your personal belongings; you will be required to leave the building immediately and return home.
- You must [inform Health Services using this link](#) to be provided with next steps. You must remain off-site until you are fever free and symptoms significantly improved for at least 24 hours for general/respiratory symptoms and 48 hours for GI symptoms (not attributed to a pre-existing condition).
- Although there is no longer a requirement to test for COVID-19 symptoms, should you choose to complete a PCR test or RAT and either results positive, you must report your COVID-19 positive test result to Health Services using [this link](#). If the results of the PCR/RAT are negative, you are to follow the return-to-work guidance above. Once you have completed the isolation period, you must notify your manager and complete a [Return to Work webform](#). If your symptoms have NOT improved - see section: [Return to Work \(RTW\) Clearance](#), for more information if you remain too unwell to return to work following a negative PCR test.

See Diagram 1 (Symptom Decision Tree).

Diagram 1. Symptom decision tree



Return to Work (RTW) Clearance

If you develop symptoms of a respiratory illness (including COVID-19), you must remain off-site until you are fever free and symptoms significantly improved for at least 24 hours for general/respiratory symptoms and 48 hours for GI symptoms (not attributed to a pre-existing condition). Once you have completed the isolation period, you must notify your manager/leader and complete a [Return to Work webform](#). Note: There is no longer a requirement to test for COVID-19. However, should you choose to complete a PCR test or RAT for your COVID-19 symptoms, you must follow the guidance below:

1. If HCW tested positive for COVID-19:

- HCWs are required to [inform Health Services using this link](#)
- HCWs are required to follow the directions provided to them following completion of the online form. RTW directions are provided in an email response upon completing and submission of the online form.
- HCWs are clear to RTW once they are asymptomatic or their symptoms have significantly improved for at least 24hrs for general/respiratory symptoms or 48hrs for GI symptoms (not attributed to another condition). A [Return to Work webform](#) must be completed.
- HCWs who have exceeded the UHN Standard for Absenteeism (4 or 5 shifts as per the [Attendance Support and Assistance Program](#)), and remain unwell and unable to return to work **MUST** notify their manager and regular sick protocols will be followed. Managers will complete the [Notice of Absence form](#) to connect their employee with a disability case coordinator (DCC) for continued case management. Documentation from a physician or nurse practitioner will be required to substantiate the medical management of prolonged COVID symptoms, depending on length of absence.

2. If HCW tested negative for COVID-19:

- The HCW is expected to return to work when symptoms, including fever, resolve or are at least significantly better for at least 24 hours; in the case of GI symptoms (nausea, vomiting, unexplained diarrhea, and abdominal pain) symptoms must be resolved for 48 hours.
- Complete a [Return to Work webform](#)
- If you have new or worsening symptoms, you must notify your manager that you need to remain off work. Seek medical advice related to your worsening of symptoms from your family doctor, nurse practitioner, or from a walk-in clinic.

3. If HCW tested indeterminate for COVID-19:

- Symptomatic HCWs must self-isolate until they receive further direction from Health Services. [Contact](#) Health Services.
- HCW will be re-evaluated for symptoms and may be re-tested for COVID-19 as soon as possible to determine relevance.

4. Asymptomatic HCWs who have a pending COVID-19 test result:

- May continue to work unless otherwise directed by Health Services or their local Public Health unit.

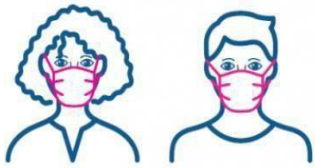
Note: If you obtained a COVID-19 positive test in the last 90 days, you should NOT retest for COVID-19 (PCR/RAT). Stay off from work until symptoms have improved greatly x24 hours, or x48 hours if symptom is vomiting or unexplained diarrhea.

Workplace Exposure to Respiratory Illnesses (including COVID-19)

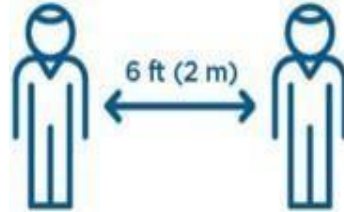
You must report high-risk occupational exposures to Health Services and Safety Services by submitting an [incident report](#). You are not required to report a community exposure to Health Services. If interacting with someone with a respiratory illness in the community or workplace, generally,

You are protected if:

Both people are masked



Unmasked but maintain physical distancing









You wear mask and face shield (in certain situations)



If you have had a breach in your PPE or inadequate PPE when caring for a COVID-19- or other infectious disease-positive known or suspect patient at UHN: fill out an [incident report](#) to report the high-risk exposure. See Tables 1 and 2 for details.

Table 1. Respiratory illness exposure risk level for close contact in the occupational setting

EXPOSED INDIVIDUAL	RESPIRATORY ILLNESS-POSITIVE INDIVIDUAL	
	 WITH Approved** Facemask	 WITHOUT Facemask or Inappropriate Facemask
 WITH approved Facemask and Eye Protection <i>No gloves or gown</i>	Appropriate	Appropriate
 WITHOUT Eye Protection <i>No face shield/goggles With approved facemask</i>	Appropriate	Risk of exposure
 WITHOUT Facemask <i>No or inappropriate facemask with or without eye protection</i>	Risk of exposure	Risk of exposure
 WITHOUT any PPE <i>No facemask & eye protection; inappropriate facemask & eyeprotection</i>	Risk of exposure	Risk of exposure

**Please review hospital PPE for definitions. Click [here](#).

HCWs must wear a facemask when providing direct patient care. For PUI or confirmed COVID-19 positive patients, staff must wear a properly fitted N95 respirator.

Table 2. COVID-19 exposure risk of Aerosol Generating Medical Procedures (AGMPs) performed on COVID-19 positive patient

HCW Personal Protective Equipment	Presence in the room during an AGMP or in the 30 minutes following procedure
None	Risk of exposure
No respiratory protection (i.e. no facemask or respirator)	Risk of exposure
Facemask (not N95 respirator)	Risk of exposure
No eye protection (i.e. no goggles or face shield)	Risk of exposure
No gown or gloves	Risk of exposure

For the IPAC Recommendations for Management of AGMPs, follow this link:

http://documents.uhn.ca/sites/UHN/Pandemic/COVID-19/ClinicalProtocols/AGMP_Guidance_Document.pdf

Reporting of Occupationally Acquired Infections

Employees MUST complete an incident report immediately if they believe that they acquired a respiratory illness at work. Report an occupationally acquired respiratory infection by using this [link](#). Information from the incident report and from the reports to HS of occupationally acquired infection will be followed up by:

- A Workplace Safety and Insurance Board (WSIB); a claim will be initiated by UHN
- Ministry of Labour
- Joint Health and Safety Committee (or health and safety representative)
- Your department leader
- UHN Safety Services

Employees will be required to participate in the investigation and review of the incident as needed.

Work Restrictions after a Respiratory Illness Exposure

If you are asymptomatic, you may continue to work. This applies for respiratory illness exposures in the workplace and in the community (e.g., COVID-19 or Flu-positive household members). Please follow [these instructions](#):

- Symptom-check twice per shift
- You must continue to follow the UHN universal masking policy (approved, well-fitted medical face mask or N95 respirator)
- Take breaks alone i.e., do not be around colleagues with your mask off
- Follow these instructions for 10 days after high-risk exposure

If symptoms develop, follow the steps as outlined in the symptoms section.

Guidance for HCWs who Work on Multiple Units/Facilities while on Outbreak

UHN Health Services has guidance for physicians, staff and learners working on outbreak units within and external to UHN. If the HCW works at UHN and another facility and the external unit/facility is on outbreak, the HCW will:

IDEAL STATE/As Applicable

1. **As much as possible**, dedicate your work to only the outbreak unit.
2. **If the HCW worked on the outbreak unit more than 5 days before the outbreak declaration and chooses UHN as their primary employer:**

The HCW can work UHN until the outbreak is declared over, and no quarantine period away from UHN is required.

3. **If the HCW worked on the outbreak unit**
 - **within 5 days prior to the outbreak being declared**
 - **OR**
 - during outbreak
 - **AND**
 - chooses UHN as their primary employer

Isolate for 10 days away from the outbreak unit/facility and remain asymptomatic prior to returning to work at UHN, if the HCW worked on the outbreak unit.

These are the guidelines to attempt to follow as much as is reasonably possible for your role/staffing needs. Discuss with your leadership.

CURRENT STATE

4. **In the event of a human resources shortage there are times when restricting movement could be detrimental to patient care**, employees, physicians, learners will be allowed to move from outbreak units if the following guidelines are met:

- HCWs must be asymptomatic (as defined by the [case definition](#))
- HCW will inform their Manager/Supervisor/Principal Investigator/Division or Department Head that they are moving from an outbreak unit
- HCW will follow the outbreak enhanced testing measures that have been outlined for the outbreak
- HCW will follow [these instructions](#):
 - Symptom-check twice per shift
 - Wear a mask-fit tested N95 respirator (if patient facing)
 - Take breaks alone i.e., do not be around colleagues with your mask off
- HCW will follow instructions provided by IPAC at the declaration of the outbreak
- HCW will wear an N95 mask for the duration of their shifts

These guidelines are to be followed until the individual has been away from the outbreak unit for 10 days or the outbreak has been declared over, whichever comes first.

This guidance is for **UHN workplaces only**. Please follow up with your other institutions Health Services/Occupational Health department to determine their working requirements. HCWs who also work in long-term care must refer to the current guidelines for Long-Term Care employees.

Reporting COVID-19 and Influenza Vaccination to Health Services

Members of TeamUHN must send a notification of vaccination after each dose of COVID-19 vaccine to Health Services.

Please report your COVID-19 and/or Influenza vaccination [using this link](#).

COVID-19 Positive Patient Process

1. Positive patient is identified for inpatients.
2. IPAC informs Health Services of positive patient and period of infectivity. IPAC discloses areas that may have been affected.
3. IPAC and/or Health Services professional sends email to clinic/unit manager, clinical and non-clinical managers, and managers of specialized services whose staff may have been exposed to the patient.
4. Managers forward the exposure notification email and exposure risk self- assessment [PDF](#) to staff who may have been impacted. Staff must self-assess their risk level and identify if they may have been exposed.
5. If staff identify they may have had a high-risk close contact interaction, they must submit an [incident report](#). If staff become symptomatic, they must [inform Health Services using this link](#).

If HCWs have had a **breach in their PPE, inadequate PPE, or inappropriate PPE**, they must submit an [incident report](#).

Outbreak Testing Process

Testing initiatives in an outbreak setting are determined by IPAC and Health Services and are unique to each outbreak.

Additional Information

- [Public Health Ontario Public Resources](#)
- Public Health Agency of Canada's [Public Health Management of Cases and Contacts for COVID-19](#)
- Public Health Agency of Canada's [IPAC for COVID-19: Interim Guidance for HomeCare Settings](#)
- Public Health Agency of Canada's [COVID 19: For Health Professionals](#) website
- Centers for Disease Control and Prevention's [COVID-19 website](#)
- European Centre for Disease Prevention and Control's [COVID-19 website](#)
- Ministry of Health's [COVID-19 website](#)
- [Government of Canada's COVID-19 Affected Areas list](#)
- World Health Organization's [COVID-19 website](#)
- UHN Human Resources Payroll Coding for COVID-19
http://documents.uhn.ca/sites/UHN/Human_Resources/General_Information/Rede_ployment/paycode_notice.pdf
- UHN Human Resources intranet webpage and contact information for all payroll-related questions http://intranet.uhn.ca/departments/human_resources/

References

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<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources>
2. COVID-19: Symptoms, treatment, what to do if you feel sick - Canada.ca.
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>
3. *Infection Prevention and Control Guidance for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in Acute Care Settings.*
4. Global Surveillance of COVID-19. <https://www.who.int/publications/i/item/WHO-2019-nCoV-surveillance-aggr-CRF-2023.1>
5. Infectious Diseases Advisory Committee on Infection Prevention. *Tools for Preparedness: Triage, Screening and Patient Management for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infections in Acute Care Settings.* www.publichealthontario.ca
6. Prevent the Spread of COVID-19. CDC. <https://www.cdc.gov/coronavirus/2019-ncov/easy-to-read/prevent-getting-sick/how-covid-spreads.html>
7. Appendix 1: Case Definitions and Disease-Specific Information. (September 2023).
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf