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- **NEW: Managing Cases of COVID-19 in Outpatient Health Care Settings**

FROM:

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Key Messages:

- **REVISED:** Definition of high-risk exposure in Appendix 1.
- Isolated cases of COVID-19 in outpatient health care settings can be managed by the clinic leadership and occupational health. Peel Public Health will prioritize outbreak investigations.

NEW: Managing Cases of COVID-19 in Outpatient Health Care Settings

Peel Public Health is prioritizing investigations in outpatient care settings **only** where an outbreak is suspected or declared. Control of isolated cases in such settings (e.g. one or two cases of COVID-19 reported among staff or patients/clients) is an occupational health and safety issue to be managed by clinic leadership.

As part of our case management practice, Peel Public Health advises all cases to notify their contacts and their Occupational Health and Safety or management at their place of employment. Given this, if you are made aware of any cases of COVID-19 among your staff:

- Review staff interactions with other staff, visitors and patients during their period of communicability, and determine if significant exposure occurred (see Appendix 1). Period of communicability (POC) is defined as beginning two days prior to either symptom onset (if symptomatic) or test collection date (if asymptomatic), and lasting until the end of the isolation period.
- Inform all exposed patients/clients, visitors and staff with high-risk exposure to self-isolate for 14 days and get tested.

- Use the appropriate IPAC checklists and sector-specific guidance documents from the MOHLTC to review and evaluate your IPAC practices. Some resources are available below.
- Contact Peel Public Health if you identify or believe that transmission of COVID-19 infection has occurred or is occurring in your clinic. This would constitute an outbreak in your clinic setting. An outbreak is defined as 2 or more cases within a 2-week period that are epidemiologically linked to the workplace.

RESOURCES

PHO IPaC checklists for clinical settings

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/checklist-assessment-primary-care-spec-walk-in-clinics.pdf?la=en>

CPSO checklist for out-of-hospital premises

<https://www.cpso.on.ca/CPSO/media/Documents/physician/your-practice/quality-in-practice/clinic-inspections-special-programs/ohp-ipac/ipac-checklist-covid-19-assessment.pdf>

Dental guidance

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/07/covid-19-dental-care-settings.pdf?la=en>

REMINDERS

Health Professionals website

COVID-19 information for Peel Health Professionals is available on <https://www.peelregion.ca/health-professionals/covid-19/>

Appendix 1. Exposure assessment in outpatient health care settings

	Exposure type/setting ¹	PPE/source control used by case ²	PPE/source control used by contact	Exposure level ³
HCW is the case	Direct patient/client care of any duration (within 2m)	Medical mask	Medical or non-medical mask	Low-risk
	Direct patient/client care of any duration (within 2m)	Medical mask	No mask	High-risk ⁴
	Staff to Staff prolonged interactions (within 2m)	Medical mask	Medical or non-medical mask	Low-risk
	Staff to Staff prolonged interactions (within 2m)	Medical mask	No mask	High-risk
	Staff to Staff prolonged interactions (within 2m)	Medical or non-medical mask	Medical mask and eye protection	Low-risk
Client/Patient is the case	Direct patient/client interaction of any duration with HCW (within 2 m) in all HC settings	Medical or non-medical mask	Medical mask and eye protection	Low-risk
	Direct patient/client interaction of any duration with HCW (within 2 m) in all HC settings	Medical or non-medical mask	No mask and eye protection	High-risk
	Patients/clients are in a waiting room within 2m	Medical or non-medical mask	Medical or non-medical mask	Low-risk
	Patients/clients are in a waiting room within 2m of each other	No mask	Medical or non-medical mask	High-risk
	Patients/clients are in a waiting room within 2m of each other	Medical or non-medical mask	No mask	High-risk

¹ Prolonged exposure is based on 15-minute cumulative exposure within 2 metres of a COVID-19 case during POC or direct exposure to droplets (e.g. being coughed or sneezed on).

² Inconsistent or incorrect use of a mask for source control or as PPE should be disregarded for the purposes of risk assessment. For the purposes of source control no distinction is made between N95 masks and medical masks.

³ High-risk exposure: Contacts have to self-isolate for 14 days from the last exposure and get [tested](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf) (http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_guidance.pdf); Low-risk exposure: Contacts need to self-monitor for signs and symptoms of COVID-19 for 14 days from the last exposure.

⁴ Other factors to be considered in risk-assessment, such as whether the case was symptomatic, the duration of contact, how far apart the patients/clients were from each other and whether they used masks correctly and consistently.