

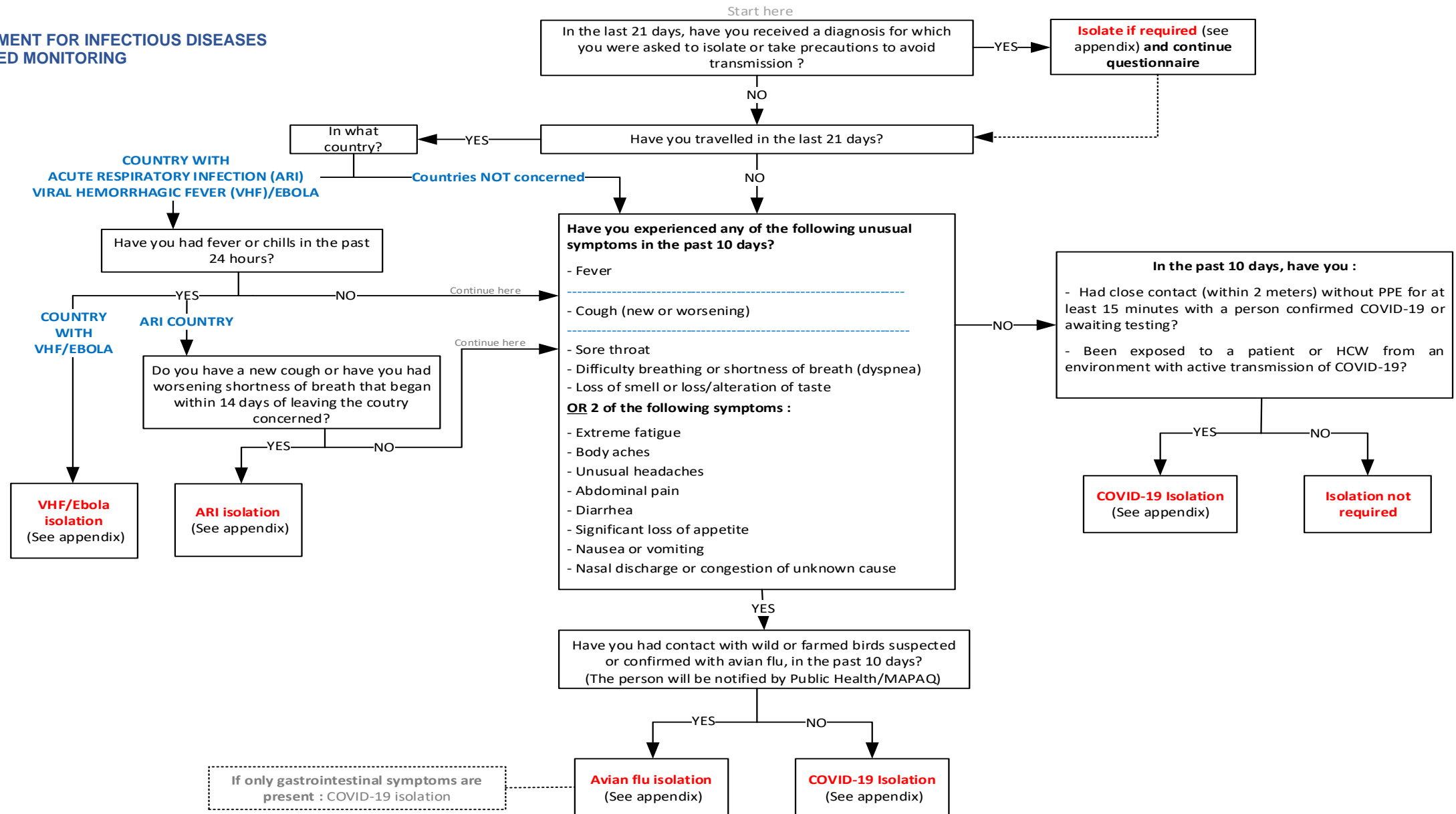
DECISION-MAKING TOOL FOR INFECTIOUS DISEASES WHEN PATIENTS ARRIVE AT EMERGENCY DEPARTMENTS

SCREENING

- Have you been diagnosed with COVID-19 in the past 21 days?
- Have you had contact with a confirmed case of COVID-19 in the past 10 days?
- Do you have a fever, flu symptoms, or gastroenteritis?

If YES to ONE of the questions → Direct to infectious symptoms corridor
 If NO to ALL these questions → Direct to regular corridor

BRIEF ASSESSMENT FOR INFECTIOUS DISEASES WITH INCREASED MONITORING



APPENDIX – DETAILS FOR ISOLATION OF PATIENTS PRESENTING INFECTIOUS SYMPTOMS

If the presence of recognized symptoms raises concerns	COVID-19	ARI ¹	Avian flu	Viral hemorrhagic fevers (including Ebola ¹)
COMMON MEASURES	Medical mask and hand hygiene for patient + surfaces and equipment cleaned and disinfected INDIVIDUAL ROOM with DOOR CLOSED if available, otherwise more than 2 m from other patients + physical barrier			
Use NEGATIVE-PRESSURE room if available	If AGMP	X	X	X AND private bathroom
SAS If not available: Dedicated space for donning PPE	If available	If available	If available	X
ADDITIONAL PRECAUTIONS¹	CONTACT + DROPLETS With eye protection N95 RPE: Apply CNESST indications in force	AIRBORNE + CONTACT With eye protection	AIRBORNE + CONTACT With eye protection	AIRBORNE + CONTACT + SPECIAL EBOLA PRECAUTIONS
SPECIAL INSTRUCTIONS	<p>If COVID-19 is confirmed:</p> <ul style="list-style-type: none"> • Precautions required for 10 days or 21 days if severe immunosuppression or severe disease* • AND improved clinical presentation for the past 24 hours • AND no fever for 48 hours (without the use of fever reducers) <p>*Was admitted to ICU in relation to COVID-19 or required care usually provided in an ICU</p>	<p>Fever AND cough or difficulty breathing or increased shortness of breath</p> <p>AND travelled in an affected country</p> <p>Onset of symptoms within 14 days of departure from the country concerned</p> <p>OR contact with a confirmed ARI case within 14 days prior to onset of symptoms.</p>	<p>Sudden onset of fever AND cough or difficulty breathing (new or worsening) of unknown cause</p> <p>AND</p> <p>Exposure to birds with avian flu suspected or confirmed by MAPAQ/CFIA or to their environment within 10 days of onset of symptoms</p> <p>Those at risk will have received a notification from Public Health.</p>	<p>Viral hemorrhagic fever (VHF) includes Lassa hemorrhagic fever (<i>Arenaviridae</i>); Crimean-Congo and Rift Valley hemorrhagic fever (<i>Bunyaviridae</i>); and Ebola and Marburg hemorrhagic fever (<i>Filoviridae</i>).</p> <p>For a description of each type of VHF, see Plan d'urgence Québécois sur les maladies infectieuses à surveillance extrême (gouv.qc.ca)</p> <p>The main <u>symptoms</u>* of VHF are:</p> <ul style="list-style-type: none"> • Fever (usually sudden) • With or without a combination of symptoms: chills, general discomfort-fatigue-weakness, myalgia/arthritis, nausea, vomiting, bleeding, headache, diarrhea, abdominal pain, anorexia, rash <ul style="list-style-type: none"> ○ Other possible symptoms, depending on VHF type: photophobia, irritability, dizziness, confusion, limb/back pain, bradycardia, hyperemia, facial/neck edema, sore throat, cough, skin redness, petechial/purpuric rash, pharynx inflammation and exudate, etc. <p>AND</p> <p>History of travel in an area with an active outbreak OR contact with a suspected, probable, or confirmed case or contaminated biological fluid</p> <p>*Symptom onset must be during the trip or within 21 days of departure from the country concerned.</p>
! See the list of COUNTRIES subject to special monitoring				
REFERENCE - Tables 4 and 5: Transmission characteristics and precautions by condition or clinical presentation, Health Canada				

¹ Note: If a patient meets two different indications for additional precautions, implement the more stringent additional precautions.

APPENDIX – DETAILS FOR ISOLATION OF PATIENTS PRESENTING INFECTIOUS SYMPTOMS WITH SKIN RASH

If the presence of recognized symptoms raises concerns	Rash (when related to reason for visit)				
	Localized shingles in an immunocompetent host	Disseminated shingles or localized shingles in an immunosuppressed host	Chickenpox	Measles	Monkeypox
MASKS	Medical mask not required for patient EXCEPT if procedure mask required for all patients	Medical mask for patient			
COMMON MEASURES	Hand hygiene for patient + surfaces and equipment cleaned and disinfected If lesions: Make sure to COVER lesions, if possible INDIVIDUAL ROOM with DOOR CLOSED if available, otherwise more than 2 m from other patients + physical barrier				
Use NEGATIVE-PRESSURE room if available	n/a	X	X	X	X
SAS If not available: Dedicated space for donning PPE	n/a	n/a	n/a	n/a	n/a
ADDITIONAL PRECAUTIONS²	CONTACT	AIRBORNE + CONTACT	AIRBORNE + CONTACT	AIRBORNE	AIRBORNE + CONTACT With eye protection
SPECIAL INSTRUCTIONS	<ul style="list-style-type: none"> Painful vesicular rash, usually dermatomal (especially thoracic, cervical, or ophthalmic) It is unilateral and does not cross the midline of the body. One or two adjacent dermatomes may be affected <p>Precautions until: Dry and crusty lesions</p> <p>Note: If lesions are properly covered and exudate is contained, additional contact precautions are no longer required</p>	<p>Disseminated shingles: Generalized, painful, chickenpox-like vesicular rash affecting multiple dermatomes and clearly crossing the midline</p> <p>Three or more dermatomes are affected</p> <p>Precautions until:</p> <ul style="list-style-type: none"> Localized shingles in immunosuppressed host: Up to 24 hours of antiviral treatment and then same precautions as for localized shingles in an immunocompetent host Disseminated shingles: Precautions until dry and crusty lesions 	<ul style="list-style-type: none"> Red bumps or spots that turn into vesicles, possibly accompanied by fever, fatigue, loss of appetite, headaches, and itching Most often starts on the chest and face, then migrates to the rest of the body <p>Precautions until: Dry and crusty lesions</p>	<ul style="list-style-type: none"> Fever AND cough, coryza, or conjunctivitis AND generalized maculopapular rash beginning on the forehead and extending to the face, neck, trunk, and limbs With or without Koplik spots <p>Symptoms may be less severe or atypical in an immunized person.</p> <p>Note: For measles in immunosuppressed host, consult infectious microbiologist</p>	<p>Person presenting:</p> <ul style="list-style-type: none"> Skin lesions: Macules, papules, vesicles, pustules, sores, or crusty lesions <p>AND without any other obvious cause</p> <ul style="list-style-type: none"> With or without systemic symptoms: <ul style="list-style-type: none"> Fever, headache, myalgia, arthralgia, dorsalgia, or lymphadenopathy <p>Precautions until: Crusts fall off and new skin forms</p>

² Note: If a patient meets two different indications for additional precautions, implement the more stringent additional precautions.