Patient Risk Category	Able to leave hospital room to:					When leaving hospital room, patient must:						Notes
	Go to medical tests and procedures	Ambulate on the unit	Ambulate or get fresh air outside the building on facility grounds*	Visit with people outside of the building on the facility grounds*	Visit common or public areas (e.g., lounges, coffee shops, cafeterias, etc.)	Be medically stable enough and be able to follow direction and ambulate independently **	Perform hand hygiene (when leaving and when they return)	Follow physical distancing and respiratory etiquette	Ensure clothing is clean and all bodily fluids are contained	Change into a clean gown or put on a clean robe/house- coat	Wear a mask at all times	* Must also fo Refer to most ** If patient u accompanied.
Low Patient Risk			•							•		
Asymptomatic with no known exposure to COVID-19 and not on Additional Precautions Recovered COVID-19 positive patients (who meet criteria)	~	~	~	~	~	✓	~	~	~	×	×	 Staff wears Perform a F
Medium Patient Risk – Nor	COVID-19	Related										
Patient on Droplet/Contact Precautions (not suspect COVID-19)	\checkmark	~	~	~	×	\checkmark	✓	\checkmark	~	\checkmark	\checkmark	 Staff wears Use Additio <u>Disco</u>
Patient on Contact Precautions	\checkmark	\checkmark	\checkmark	\checkmark	×	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	×	
Patient on Droplet/Contact Precautions with potentially infectious diarrhea or vomiting (not suspect COVID-19)	~	Only if symptoms under control. Must not use public washrooms.			×	\checkmark	~	~	\checkmark	~	See above categories.	
Medium Patient Risk				•								
COVID-19 symptoms with negative test result (On Droplet/Contact Precautions)	~	Only if no uncontrolled diarrhea or vomiting.			~	~	~	~	\checkmark	~	Staff wears Use Additio Interi <u>COVI</u> <u>Disco</u> If high suspicid specimen as p "COVID-19 syn	
Asymptomatic patients with known COVID-19 exposure or ordered to self-isolate by Public Health or Canadian Border Services	~	~	~	×	×	\checkmark	~	~	\checkmark	\checkmark	~	 Place on Dr days from l Known con- contact pat If possible,
High Patient Risk												
Confirmed COVID-19 positive COVID-19 symptoms and known exposure (test neg. or not done) Patient on Airborne Precautions (COVID or non-COVID related)	~	×	×	×	×	Must be accompanied	~	~	~	~	~	 For suspect Requires HCWs m See AGN placeme If possib Communication Other 2 touched Airborne Prwhere poss If ambulation

Island Health

follow usual department guidelines for passes and patient's condition. ost recent visitor guidelines for instruction on visitation. t unable to follow direction, should be restricted to ward/unit unless ed. Limit access to common/public areas if contamination likely.

ars mask as per Island Health directive for direct patient care. a Point of Care Risk Assessment and use Routine Practices

ars mask as per Island Health directive for direct patient care. tional Precautions until criteria to discontinue is met: scontinuing Additional Precautions for Admitted Adults

ars mask as per Island Health directive for direct patient care. tional Precautions until criteria to discontinue is met: erim – Discontinuing Additional Precautions is Suspect and Confirmed WID-19 Patients scontinuing Additional Precautions for Admitted Adults

icion of COVID-19 and first NP swab is negative, collection of another s per BCCDC and Island Health guidelines may be considered. Treat as symptoms awaiting results" until further results known.

Droplet/Contact Precautions and monitor twice daily for symptoms for 14 n last known exposure.

ontacts to COVID-19 will also be followed daily by Public Health, who may batient or facility staff.

e, patient should have private room and separate bathroom.

ect or confirmed COVID-19:

res Droplet/Contact precautions until criteria to discontinue is met s must adhere to <u>PPE Required During COVID-19 Pandemic</u> <u>GMPs and PPE Requirements</u> document regarding N95 mask use and patient nent. numeration is a private room and separate bathroom. Sible, patient should have a private room and separate bathroom. In a private service and receiving unit that the nt is suspected or confirmed COVID-19. e 2 person transfer is not available, accompanying HCW to wipe down ed surfaces with disinfectant (e.g., elevator buttons) Precautions requires N95 mask and a private room (negative pressure ossible). ation outside of room necessary as part of care plan, consult with IPAC.

