

Department of Health / Ministère de la Santé
Pandemic Task Force / Groupe de travail sur la pandémie
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Date : October 22, 2020 / Le 22 octobre 2020
To/Dest. : Horizon Health Network / Réseau de santé Horizon
Vitalité Health Network / Réseau de santé Vitalité
EM/ANB Inc / EM/ANB Inc.
Social Development / Développement social
From/Exp. : NB Pandemic Task Force/Groupe de travail sur la pandémie du N.-B.
Copies :
Subject/Objet : Memo #43: Revised Alert Level Table and Outbreak Table /
Note n° 43 : Tableau révisé des niveaux d'alerte et tableau en cas d'écllosion

The Pandemic Task Force has approved the attached documents, a revised alert level tables for nursing home and adult residential facilities and a table to guide nursing homes and long-term care facilities when they are in an outbreak.

Le Groupe de travail sur la pandémie a approuvé les documents ci-joints : un tableau révisé des niveaux d'alerte pour foyers de soins et les établissements résidentiels pour adultes ainsi qu'un tableau pour guider les foyers de soins et les établissements de soins de longue durée en cas d'écllosion.

The Pandemic Task Force,

Le Groupe de travail sur la pandémie,



Gérald Richard
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Attach. / Pièces jointes

A Medical Officer of Health may adjust any restrictions due to increased risk for vulnerable populations based on provincial, regional or local circumstances. This table is a framework only, during an outbreak the Regional MOH, Public Health (PH) and PROMT will provide guidance and directives on applying outbreak measures.

NH/ARF OUTBREAK		
OUTCOME		Control and prevent further disease spread within the facility.
FACILITY ACCESS		All access to be restricted to single entry, which must be monitored, log must be kept of all individuals entering facility, including contact information. A single point of exit should also be established.
SCREENING	staff (including essential health service providers)	Active.
	visitors (including volunteers, non-essential service providers, designated support person etc.)	No visitors permitted during an outbreak.
MASKS	staff (direct care)	Medical mask mandatory.
	staff (non-direct care)	Medical mask mandatory.
PHYSICAL DISTANCING	staff	Keep 2m apart all times (does not apply needed for essential care).
	residents	Keep 2m apart all times (does not apply needed for essential care).
	general visitors	N/A (not open to ANY visitors).
NEW ADMISSIONS		No admissions during an outbreak (unless otherwise allowed by RMOH).
READMISSIONS		Avoid readmitting a COVID-19 negative resident into a facility where there are active COVID-19 cases. Consult with RMOH for COVID-19 positive residents who can be discharged back to facility.
TRANSFERS		Residents with confirmed or suspected cases of COVID-19 should remain in their room unless there is essential need for movement and/or transport.
DISCHARGES & TEMPORARY LEAVES		Under guidance of RMOH.
STAFF MOBILITY		Restricted to one facility.
RESIDENT ASSESSMENTS		Twice daily, more if clinically indicated.
REPORTING		Submit to Public Health daily : <ul style="list-style-type: none"> • List of staff/others entering facility during an outbreak (Appendix L for ARF, Appendix N for NH) • COVID-19 Investigation Line List (Appendix C) for NH only.
VISITATION		Virtual only, no other visitation permitted, including palliative, unless indicated by MOH.
GIFTS/FOOD		No gifts, flowers or homemade food from visitors/family members will be permitted during an outbreak.
COMMUNAL / SOCIAL ACTIVITIES		Cancel or re-schedule all social/group activities.
MEALS		Serve residents individual meals in their rooms while ensuring adequate monitoring and supervision.
CARE OF DECEASED BODIES		Droplet and Contact precautions should be used for known and suspect cases of COVID-19.
ROOM CLEANING		Twice (2) daily cleaning and disinfection of all high touch surfaces (minimum). Terminal clean (discharge, transfer, death): facility policy, discard all magazines, personal care supplies, disposable supplies, etc. Any resident-owned items (e.g. clothing, photos, televisions, furniture, cards and ornaments) should be removed, any items with hard surfaces cleaned, and placed in a bag for family or representative. <i>While risk of transmission of COVID-19 via these items is likely low, at this time best practice may be for families to store for 5 days prior to handling. If the family wishes to donate any of the resident's items to the NH/ARF or another resident, they must first be thoroughly cleaned and disinfected.</i>

A Medical Officer of Health may reinstate any restrictions due to increased risk for vulnerable populations in the absence of a Provincial Alert Level change based on provincial, regional or local circumstances. **Please note: this does not apply to facilities in outbreak (1 laboratory confirmed case of COVID-19 in staff or resident).**

ALERT LEVEL		RED COVID-19 is no longer controlled.	ORANGE Significant risk that COVID-19 is no longer controlled.	YELLOW COVID-19 is controlled, still a risk of community transmission.	GREEN Vaccine, herd immunity or effective treatment.
OUTCOME		Strong restrictions to limit unnecessary movement of people and contacts to contain community transmission, and to prevent outbreaks in NHs and ARFs.	Restrictions and limitations to address a high risk of community transmission.	Physical distancing and standard public health measures to mitigate risk associated with sporadic cases or clusters.	Population prepared for future communicable disease outbreaks.
FACILITY ACCESS		All access to be restricted to single entry, which must be monitored. Keep a log of all persons entering the building (including staff). Contact information on all visitors (name and phone number) should be obtained.			No additional COVID requirements.
SCREENING	staff (including essential health service providers)	Active.	Active.	Passive.	Self Monitor.
		Must immediately report onset of any symptoms during a shift to their supervisor/manager.			
	visitors (including volunteers, non-essential service providers, designated support person etc.)	Active.	Active.	Active.	Passive.
	new admissions	Active.	Active.	Active.	Passive.
RESIDENT ASSESSMENTS		Twice daily, more if clinically indicated.	Twice daily, more if clinically indicated.	Twice daily at a minimum.	No additional COVID requirements.
RESIDENT TESTING & ISOLATION		Any resident exhibiting 1 or more sign or symptom of COVID-19 should be placed on droplet/contact precautions and tested as per the established protocols for your facility and report to Public Health within 1 hour.			No additional COVID requirements.
MASKS	staff (direct care)	Medical mask mandatory.	Medical mask mandatory.	Medical mask mandatory.	No additional COVID restrictions.
	staff (non-direct care)	Medical mask mandatory.	Community mask.	Community mask.	No additional COVID restrictions.
	visitors	Medical mask mandatory.	Community mask mandatory.	Community mask mandatory.	No additional COVID restrictions.
PHYSICAL DISTANCING	staff	Keep 2m apart all times does not apply when part of essential care/services (e.g. DSP or activity) and resident bubble			No physical distancing required.
	residents	Keep 2m apart all times does not apply when part of essential care/services (e.g. DSP or activity) and resident bubble.			No physical distancing required.
	general visitors	N/A (not open to general visitors).	Keep 2m apart all times.	Keep 2m apart all times.	No physical distancing required.
STAFF MOBILITY		Restricted to one facility (or as directed by PH and based on outbreak situation in area).	Recommend working in only one facility (or as directed by PH and based on outbreak situation in area).	Recommend working in only one facility.	No additional COVID restrictions.

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ADMISSIONS	from community to NHs and ARFs with occupancy of >10 residents	14-day droplet/contact precautions.	Droplet/contact isolation precautions for 7 days, offer test on Day 5, and release from isolation on Day 7 if test negative. *If test cannot be performed droplet/contact precautions are required for 14 days.	No droplet/contact isolation precautions.	No additional COVID restrictions.
	from community to ARFs with occupancy < 10 residents	Stay in room as much as possible.	Stay in room as much as possible.	Stay in room as much as possible.	No additional COVID restrictions.
	from hospital, NH or ARF	Droplet/contact isolation precautions for 7 days, offer test on Day 5, and release from isolation on Day 7 if test negative. *If test cannot be performed droplet/contact precautions are required for 14 days.	Stay in room as much as possible.	No droplet/contact isolation required.	No additional COVID restrictions.
MEDICAL APPOINTMENTS (including visits to ER, not requiring overnight admission)		Consider virtual option. Consult with resident's primary attending physician if virtual appointment not available. No isolation precautions required upon return.	Consider virtual option. Consult with resident's primary attending physician if virtual appointment not available. No isolation precautions required upon return.	Consider virtual option as first choice, may go to medical appointments if all PH measures followed. No isolation precautions required upon return.	No additional COVID restrictions.
LEAVE OF ABSENCE (RESIDENT)		Permitted for facilities who are not in outbreak.			No additional COVID restrictions.
VISITATION	virtual	No restrictions.	No restrictions.	No restrictions.	No restrictions.
	outdoor	Prohibited.	Permitted if limited to maximum of 10 people with safe physical distancing among all individuals (minimum 2 meters) and continuous mask use. Or as directed by RMOH.	Area on the facility's premises, such as garden or yard to allow safe physical distancing among all individuals.	No additional COVID restrictions.
	indoor	palliative	Permitted for residents who have a Palliative Performance Scale (PPS) of 40% or less , or at the discretion of the attending physician, medical advisor or MOH.	Permitted for residents who have a Palliative Performance Scale (PPS) of 40% or less , or at the discretion of the attending physician, medical advisor or MOH.	Permitted for residents who have a Palliative Performance Scale (PPS) of 40% or less , or at the discretion of the attending physician, medical advisor or MOH.

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	designated support person (DSP)	Permitted.	Permitted.	Permitted.	No additional COVID restrictions.
	essential volunteers	Prohibited.	Permitted.	Permitted.	No additional COVID restrictions.
	general visitors	Prohibited.	Prohibited.	Maximum capacity of 20% of residents can have general visitors per day	No additional COVID restrictions.
	offsite	Prohibited.	Prohibited.	Permitted.	No additional COVID restrictions.
	gifts/food	Permitted if item is non-perishable and can be cleaned and disinfected. Please note: Plants/Flowers should be placed in an area where they can be seen but not handled or touched by the resident.			No additional COVID restrictions.

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NH/ARF OUTBREAK	
WASTE	Regularly empty waste/garbage, tie bag and place outside room for pickup. No further special handling is required for waste.
LAUNDRY	<p>Tie off the laundry before leaving the room, notify laundry service provider of droplet/contact precautions, as per your facilities procedures.</p> <p>If laundry of a confirmed case is done <u>within the home</u>:</p> <ul style="list-style-type: none"> • Gloves and a medical/procedure mask should be worn when in direct contact with contaminated laundry. • Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken. • Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). • Laundry should be thoroughly dried. • Hand hygiene should be performed after handling contaminated laundry and after removing gloves. • If the laundry container comes in contact with contaminated laundry, it should be disinfected.
PORTABLE FANS	Not permitted in resident room while Droplet/Contact precautions in place.
CHARTING	<p>Do not take any part of the resident chart into the room to transfer information from the resident room:</p> <ul style="list-style-type: none"> • Keep dedicated pen and post-it notes inside resident room • Write information on post-it and stick on window/door of resident room • Exit the resident room following the Enter/Exit Room Procedure <p>Use another pen outside the room to record information on chart/paper.</p>