

Guidance Document on Isolation for Non-Facility Staff responding to an outbreak in any place/facility and/or in a community in which there is a COVID-19 positive patient within a vulnerable population

Background

There are four **Provincial Rapid Outbreak Management Teams** (**PROMT**), one associated with each of the four RMOHs. These teams are activated in the event of a COVID-19 outbreak in a vulnerable population in the province. These teams work together with non-facility staff (including staff from the Extra-Mural Program, government departments, regional health authorities and volunteers from regulated health professions) to provide assessment, operational assistance and support, such as COVID-19 testing.

The Medical Officer of Health (MOH) and Public Health will provide direction on when an employee who tests positive for COVID-19 can return to work.

In most cases, positive staff are required to remain isolated for 14 days and not return to work until they are symptom-free; however, the MOH may decide that a COVID-19-positive staff member may be able to continue to work with COVID-19-positive clients, depending on resources and the situation within the facility, surrounding areas and province.

Work isolation is defined as engaging in enhanced measures outside of work for the duration of an outbreak to avoid transmission to household members or other community contacts. These include: limit contact to one household bubble and only leave your home for medically-necessary appointments and work (use private transportation for this purpose when possible). When possible, have supplies/groceries delivered or have a household member run essential errands. Household members can continue to work and go to school as long as the staff member and members of the household bubble remain symptom-free. However, if any person within the household becomes symptomatic the entire household must self-isolate, which includes not going to work, not going to school and not leaving the property. The symptomatic person must be tested for COVID-19.

A household bubble is defined as a one household unit — the people that you live with. It can be made up of just one person or it can be made up of a combination of roommates, parents, siblings, grandparents, children and/or a significant others.

Table 1: General Recommendations for everyone providing care to COVID-19-positive patients

- Self-monitor for symptoms.
- Conduct active screening at facility for staff and essential support persons who have been preapproved for visitation; facility is closed to all other people.
- Staff are not able to work in more than one facility during an outbreak.
- COVID -19 testing
- Follow work isolation guidelines during an outbreak:



- Travel between work and home;
- o Avoid non-essential interactions (e.g. restaurants, bars);
- Avoid gatherings;
- Change into work clothes (scrubs) and shoes upon arriving to work; change out of them before leaving work.
- Adhere to required levels of PPE.
- Adhere to provincial mandatory masking recommendations.
- Maintain physical distancing (remaining greater than 2m/6 ft from others), except when providing direct care.
- Avoid sharing lunch room/meals with other employees.
- Avoid wearing jewelry or bringing cellular telephones to work spaces.
- Perform hand hygiene:
 - Wash your hands often with soap and water for at least 20 seconds, dry your hands with disposable paper towels or dry reusable towel, replacing it when it becomes wet;
 - When hand washing is not readily available, use hand sanitizer.
- Cough or sneeze into the bend of your arm or into a tissue.
- Avoid touching your eyes, nose and mouth.
- Ideally, only work with one cohort of residents on each shift, and over the course of the outbreak. If staff are required to work with multiple cohorts on a shift, they should move from the lowest risk to the highest risk cohorts.
- Undergo bi-weekly testing while on site.
- When at home, clean and disinfect surfaces that you touch often (toilets, bedside tables, doorknobs, phones and television remotes) at least once daily.

Symptomatic staff are required to self-isolate until they are tested and the results are confirmed.

Table 2: Isolation Recommendations for Non – Facility Staff Responding to an Outbreak based on level of exposure to COVID-19

When	Situation	Recommendations
	No PPE Breach	Follow work isolation guidelines
While onsite during outbreak	PPE Breach	 Notify team lead Monitor for signs and symptoms Have COVID-19 test While waiting for results of COVID-19 test: Self-isolate (unless advised otherwise by MOH) Self-monitor for symptoms Limit contact with others in your household. If contact cannot be avoided, take the following precautions:



		 wear a non-medical mask or face covering. Do not have visitors.
After leaving an outbreak area to return to a non-outbreak area for work	Risk assessment to be completed by RHA or EMANB on potential PPE breaches	 If no breach: Work isolation x 14 days from last contact with the facility Self-monitor for symptoms Testing on day 2, 5, 10, or if symptoms appear No restrictions on area of work Self monitoring with strict isolation any COVID-19 symptoms appear (DO NOT GO TO WORK) If breach identified: Self isolation x 14 days from identified breach Testing on day 10 from identified breach: Self-isolate (unless advised otherwise by MOH) Self-monitor for symptoms. Limit contact with others in your household. If contact cannot be avoided, take the following precautions: keep at least 2 meters between yourself and others in your household keep interactions brief stay in a separate room use a separate bathroom, if possible wear a non-medical mask or face covering. Do not have visitors. If outbreak is ongoing, the staff member maintains work isolation guidelines
After an outbreak is declared over		Not required

Note: The MOH/ROH in NB declares an outbreak over after two 14-day periods of no new COVID-19 cases pass and there are no signs or symptoms of COVID-19 in staff or clients. The MOH makes the final decision should there be any changes in recommendations. The recommendations are based on best practices with the intention to mitigate risk for both members of the team and others in the population in acquiring a communicable disease or spreading a communicable disease to others.