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**To / Destinataire** Regional Health Authorities / Régies régionales de la santé; Long-Term Care Facilities / Établissements de soins de longue durée, EMP/PEM / Ambulance NB; Social Development / Développement social

**From / Expédition** Dr./ D<sup>re</sup> Cristin Muecke, Deputy Chief Medical Officer of Health / Médecin-hygiéniste chef adjointe

**Copies** Dr. / D<sup>re</sup> Heidi Liston, Jeff McCarthy, Penny Higdon, Regional Medical Officers of Health / Médecins-hygiénistes régionaux

**Subject / Objet** **PROMT Isolation Guidance for staff responding to an outbreak / Directives sur l'isolement pour le personnel qui intervient en cas d'éclosion (équipes provinciales de gestion rapide des éclosions)**

The Task force has recently approved a change to the isolation requirements for the core PROMT team members, which includes professional EMP and RHA staff, as well as SD Social Workers.

Like staff who regularly care for COVID-19 positive patients in hospitals, core PROMT team members will no longer be required to work isolate or self-isolate outside of work. As such, the PROMT team members will have core training that will be refreshed and reinforced at the point of deployment to an outbreak. IPC will be on site providing training and auditing practices. Breaches in best practices are reported to Public Health.

The Medical Officer of Health may still require more stringent measures based on the specifics of a given situation (i.e.: PPE breach).

Attached is a guidance document to assist in providing direction around isolation requirements for staff assisting in outbreaks.

Le Groupe de travail a récemment approuvé une modification aux exigences en matière d'isolement pour les principaux membres des EPGRE, qui comprennent des professionnels du Programme extra-mural (PEM), du personnel des régies régionales de la santé (RRS) et des travailleurs sociaux du ministère du Développement social (DS).

Comme le personnel qui prend soin régulièrement des patients atteints de la COVID-19 dans les hôpitaux, les membres principaux des EPGRE ne seront plus tenus de s'isoler en travaillant ou de s'auto-isoler à l'extérieur du lieu de travail. Par conséquent, les membres des EPGRE suivront une formation de base actualisée et renforcée au lieu de déploiement. La PCI sera sur place pour fournir de la formation et des pratiques de vérification. Les manquements aux meilleures pratiques sont signalés à Santé publique.

Le médecin-hygiéniste peut toujours exiger des mesures plus strictes selon les détails d'une situation donnée (p. ex. : défaillance de l'EPI).

Vous trouverez ci-joint un document d'orientation qui vous aidera à fournir des directives sur les exigences d'auto-isolement au personnel qui participe aux interventions en cas d'éclosion.

January 5, 2021 / Le 5 janvier 2021

Page 2 of / de 2

Of note, two other documents have been developed to inform isolation requirements within an outbreak setting for facility staff and non-facility staff; they are available through Social Development.

Thank you for your continued collaboration,  
Sincerely,

Notez aussi que deux autres documents ont été préparés afin d'orienter, en cas d'écllosion dans un établissement, la mise en place d'exigences d'isolement visant le personnel de l'établissement et le personnel travaillant hors établissement; ces documents sont disponibles auprès de Développement social.

Je vous remercie de votre collaboration soutenue.  
Merci.



Dr./D<sup>re</sup> Cristin Muecke, MD, MSc, FRCPC  
Deputy Chief Medical Officer of Health / Médecin-hygiéniste en chef adjointe

## Guidance Document on Isolation for PROMT members responding to an outbreak within a vulnerable population<sup>1</sup>

### Background

There are four **Provincial Rapid Outbreak Management Teams (PROMT)**, one associated with each of the four Regional Medical Officers of Health (RMOH). These teams are activated in the event of a COVID-19 outbreak in a vulnerable population in the province. The teams work together with facility staff in the outbreak location to provide assessment, operational assistance and support, such as COVID-19 testing.

PROMT members may include staff from the Extra-Mural- Ambulance New Brunswick (EM-ANB), government departments, regional health authorities and volunteers from regulated health professions. Some members of the PROMT may be able to fulfill their roles off-site, but in general the on-site team includes:

- An incident commander (paramedic),
- An operations lead (EMP professional),
- An Infection Prevention and Control (IPC) lead,
- A care manager (EMP RN),
- A clinical care team, including nursing services, respiratory therapists, and other health professionals from the EMP interdisciplinary team,
- Social workers (SD),
- Client Care Attendants (EMP).

It is expected that all PROMT members responding to an outbreak receive detailed training and orientation on IPC and that IPC training is refreshed and reinforced upon arrival to the area of outbreak, ensuring knowledge of best practices is kept up-to-date.

An individual assessment of a health care worker's (HCW) exposure risk is required to determine level of required isolation after leaving the outbreak area and before returning to the worker's regular place of work. This assessment needs to include the duration of exposure, use of a mask by the sick person (source control), and PPE items worn by the worker during the exposure. This assessment looks at :1) the categorization of risk of a workplace exposure to COVID-19 and 2) the management of the exposure (which is shared between the worker, public health and the employer. Employers of PROMT members will categorize and manage the risk of a workplace exposure to the COVID-19 confirmed case using their existing COVID-19 occupational health guidance documents where applicable. Any such documents are managed by the Regional Health Authorities.

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<sup>1</sup> Vulnerable population: for the purpose of this document a vulnerable population is defined as a group or community at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. In New Brunswick the following areas/communities have been identified: Emergency and Transition Shelters, Nursing Homes, Adult Residential Facilities, Group Homes, First Nation Communities, Correctional Facilities, and members of the homeless community

Note that two other documents have been developed to inform isolation requirements within an outbreak setting for facility staff and non-facility staff; they are available through Social Development.

A health care worker may have been exposed to a client who was tested for COVID-19 (suspected infection) without the worker wearing personal protective equipment (PPE).

In this case, while awaiting the client's test result (This employee is **not** considered to be contagious) follow this procedure:

1. No work restriction, the employee **CAN** work.
2. No action required before the result is available.
3. If the test result is positive, complete Categorization of Risk of a workplace exposure to COVID-19 and refer to Table 2 for guidance on level of required isolation.

**If the health care worker or any person within the household becomes symptomatic at anytime the entire household must self-isolate, which includes not going to work, not going to school and not leaving the property. Symptomatic staff should notify their supervisor, arrange for a COVID-19 test, and self-isolate until test results are confirmed. If the test result is positive, public health will contact you. You will be asked for information to help determine who you were in contact with while you may have been contagious. Public Health will also advise you when you can stop self-isolating.**

**The following are General Recommendations for everyone providing care to COVID-19-positive clients**

- 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.
- Undergo twice weekly COVID-19 testing while on site.
- Adhere to required levels of PPE.
- Adhere to provincial mandatory masking recommendations.
- Avoid wearing jewelry or bringing cellular telephones to work spaces.
- Change into work clothes (scrubs) and shoes upon arriving to work; change out of them before leaving work.
- 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.
- Maintain physical distancing (remaining greater than 2m/6 ft from others), except when providing direct care.
- Avoid sharing lunch room/meals with other employees.
- 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.
- When at home, clean and disinfect surfaces that you touch often (toilets, bedside tables, doorknobs, phones and television remotes) at least once daily.