# Bulletin #192: COVID-19 Information

Jan. 27, 2022











#### In This Issue: COVID-19 Bulletin

IPC Enhanced Guidance: Distribution of Masks at COVID-19 Vaccination Clinics IPC Enhanced Guidance: Management of Patients being admitted from Congregate Settings

Updated COVID-19 Screening Forms for Hospital to Hospital Transfers

Adult COVID-19 Admission Clinical Order Set – Renamed and Revised

eVisit now offered free of charge

**Updated Patient and Visitor Screening Tool** 

Horizon dashboard data from Jan. 25, 2022

#### **COVID-19 Bulletin**

#### **IPC Enhanced Guidance: Distribution of Masks at COVID-19 Vaccination Clinics**

The ID/IPC COVID-19 Committee was asked to provide updated guidance on whether clients presenting for immunization should be provided with a medical grade face mask.

Guidance provided early in the pandemic (April and October 2021), supported the use of community cloth masks. It was determined that it was not necessary for individuals coming for immunizations to change out of their community masks for the following reasons:

- There was a low incidence of COVID-19 at the time
- Lack of real-world evidence that a community mask increases risk of transmission
- Most other countries recommended the use of a community mask

- All clients are actively screened
- Hand hygiene is being performed by each client at entrance and physical distance is being respected.

In an effort to maintain client flow, the ID/IPC COVID-19 Committee recommends that due to the highly contagious nature of the Omicron variant, that clients be provided with a medical grade face mask/ KN95 to be worn over the top of their community mask upon entrance into a COVID-19 vaccination clinic in a community setting.

Please visit the IPC Resources COVID-19 Skyline page for COVID-19 information.

### **IPC Enhanced Guidance: Management of Patients being** admitted from Congregate Settings

In response to the Omicron variant, the continued high number of cases in our community and increasing number of outbreaks in congregate settings across the province, the ID/IPC COVID-19 Committee recommends the following:

Effective immediately, all patients presenting from congregate setting such as nursing homes, special care homes, correctional facilities, homeless shelters or rooming houses will be placed on bedspace isolation and managed on Droplet/Contact Precautions for 10 days.

COVID-19 testing will occur on the day of admission and repeated on days 5 and 10. Isolation will be discontinued following a negative day 10 test result.

The COVID-19 Active Screening: Patient / Visitor Access to Facilities tool has been revised to include the following question:

• Are you a resident of, or do you live in, a Special Care Home, Long-Term Care Facility, Homeless Shelter, Group Home or Rooming House?

These enhanced precautions would be in place for the next 3 weeks and then be reassessed.

Please visit the <u>IPC Resources COVID-19 Skyline page</u> for COVID-19 information.

### **Updated COVID-19 Screening Forms for Hospital to Hospital Transfers**

The screening forms for hospital to hospital transfer, correctional centre to hospital transfer, and symptom monitoring have been updated to reflect recent changes to the











COVID-19 Active Screening Questions.

As a result, the following forms have been updated to align with these changes:

- HHN-1067 Covid-19 Screening Form for Hospital to **Hospital** Transfers
- HHN-1072 Covid-19 Screening Form for Correctional **Center** to Hospital Transfers
- HHN-1080 Covid-19 Symptom Monitoring Adult Flowsheet

All Horizon areas symptom screening criteria are now the same. As a result, Form HHN-1067 will replace the following:

- 1038 COVID-19 Screening Form for Hospital to Hospital Transfers - Moncton Area
- 30384 COVID-19 Screening Form for Hospital to Hospital Transfers - Miramichi Area
- 35953 COVID-19 Screening Form for Hospital to Hospital Transfers - Saint John Area
- 300000457 COVID-19 Screening Form for Hospital to Hospital Transfers - Fredericton URV Area

As previously communicated, the Regional Infectious Diseases/Infection Prevention and Control Committee (ID-IPC Committee) recommended ongoing monitoring of all admitted patients twice daily (every 12 hours) to assess

changes in health status related to COVID-19.

#### If YES to one of the following symptoms:

- Fever / signs of fever (Chills, feeling cold, shivers, etc.)
- Loss of taste
- Loss of smell

#### Or YES to two of the following symptoms:

- New cough or a cough that is getting Worse
- Headache

Diarrhea

New onset of fatique

- Shortness of breath
- Loss of appetite
- Purple markings on fingers or toes (of

children)

- Sore throat
- Runny nose / nasal congestion
- New onset of myalgia (muscle pain)
- **Notify Infection Prevention and Control** 
  - ✓ Obtain an order to collect a nasopharyngeal swab for COVID-19 (as per Directive: DIR-IPC-40041)
  - ✓ Document a focused assessment

#### **Adult COVID-19 Admission Clinical Order Set – Renamed** and Revised

The following revisions were made to the regional COVID-19 Adult Admission COS:











- Renamed COVID-19 Adult Admission Severe/Critical Illness COS
- Removed:
  - Section referring to use of casirivimab/imdevimab.
  - Lab test for COVID-19 Ig Antibody (Total) serology (anti-spike protein)
- Added consult for:
  - Respiratory Therapy
  - Physiotherapy

Please be reminded a regular communication is published on the Clinical Order Sets (COS) Skyline page to notify staff of all new, revised and deleted COS including COVID-19 specific COS. Staff can access the latest updates by clicking on the image found at the bottom on the COS Skyline homepage.

If you have any questions regarding clinical order sets, please email your query to <a href="mailto:ClinicalOrderSetInquiries@HorizonNB.ca">ClinicalOrderSetInquiries@HorizonNB.ca</a> for a response.

### eVisit now offered free of charge

In order to reduce the strain on our acute care sector, the Government of New Brunswick announced yesterday, among other initiatives, the services of eVisitNB are being offered at no charge to anyone with a valid New Brunswick Medicare card.

eVisitNB is a secure, online platform that allows patients to book a medical appointment online anywhere and anytime they chose.

Patients who are triaged at CTAS Level 4 or 5 at a Horizon Emergency Department may be encouraged to book a virtual appointment through eVisitNB. This will help ensure our ED staff are able to care for the sickest and most vulnerable patients.

This service will also provide virtual care free of charge for patients having difficulty accessing health care services and through referrals via Tele-Care 811.

eVisitNB health care providers can treat patients with: prescription refills; minor ear, nose and throat complaints; minor rash/skin conditions (acne, eczema); dental concerns; minor burns; minor injuries and pain not needing x-rays; sexual health services, such as STIs and birth control) etc. eVisitNB health care providers also provide mental health support.

eVisitNB health care providers can prescribe medications and request specialist consultations, and/or diagnostics testing (i.e., X-rays, blood tests).

Patients can access care in English or French. Many eVisitNB health care providers are bilingual and online resources are available in both official languages at evisitnb.ca.











#### **GNB Revised Rapid Molecular COVID-19 PCR Testing**

New Brunswick laboratories offer rapid COVID-19 testing using the GeneXpert platform for patients meeting the following criteria:

- All symptomatic patients being admitted.
- Asymptomatic individuals in the following category:
  - Emergency/unscheduled surgery;
  - o Asymptomatic hospital admissions who have not tested positive in the past 90 days;
  - o Patients that cannot complete the COVID-19 screening questions (altered mental state such as dementia, unconscious, etc.);
  - Clinically suspected COVID-19 cases or outbreaks being investigated by New Brunswick Public Health/Regional Medical Officer of Health or Regional Health Authority Employee Health. This includes positive POCT being investigated by the above groups.
  - o Clinically suspected COVID-19 cases in patients who cannot reasonably comply with isolation requirements (e.g.: homeless persons or persons with unpredictable living situations);
  - Clinically suspected COVID-19 cases at addiction treatment centres.

The use of the rapid testing will be adjusted as necessary based on review by the Provincial COVID-19 Laboratory Working Group. Changes to the criteria will be communicated

to providers.

As per current process, requests for use of rapid testing outside of the predefined criteria will require consultation with a microbiologist.









