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Monitoring required for all admitted patients

The Regional Infectious Diseases/Infection Prevention and Control Committee has recommended ongoing monitoring of all admitted patients twice daily (every 12 hours) to assess changes in health status related to the following COVID 19 symptoms:

- Fever or signs of fever (chills, feeling cold/shivers)
- New or worsening cough
- Runny nose
- Sore throat
- Headache

If a patient has been identified with at least two of the five COVID-19 symptoms:

- Immediately implement droplet and contact precautions

- Transfer patient to a private room and provide the patient with a mask to wear during transport
- Collect a nasopharyngeal swab for COVID-19
- Notify Infection Prevention and Control (IP&C)
- Document a focused assessment
- Isolate all roommates on droplet and contact precautions

It is the responsibility of the Manager to ensure assessments are being completed daily. Daily monitoring of all admitted patients and reporting COVID-19 symptoms to IP&C as outlined above will limit potential spread on units and hospital outbreaks.

Documentation:

- Temperature will be documented on flowsheets and graphics as established in the Inpatient Nursing Practice Standards

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- Focus Charting will be done every 12 hours in the Interdisciplinary Progress Note using the focus word COVID-19 Monitoring.

Example:

Focus: COVID-19 Monitoring

Response: COVID-19 Monitoring completed with no symptoms present

The focus note for patients with symptoms would include a description of presenting symptoms from screening and any actions taken.

COVID-19 Personal Protective Equipment (PPE) and Inpatient Dashboard

This [one-page report](#) provides an overview of our current PPE inventory status for various items, as well as a look at our COVID-19 inpatient admissions.

This dashboard will be updated and uploaded to the [Coronavirus Resources page on Skyline](#) daily, as well as shared in the afternoon bulletins.

Enabling Virtual Care Consultations for Patients

Horizon is pleased to support our health care professionals in communicating with their patients by breaking down the barriers that can impede a patient's access to medical care.



With the help of live video and audio, patients can safely and securely connect with health care providers from the comfort of their own home. This evolution has been expedited during the COVID-19 pandemic, as an operational measure to respond to the cancellation of non-urgent outpatient clinics, and any resulting interruptions to accessing care.

For Horizon employees, we have multiple tools available to enable virtual care using approved and secure technology options.

If you would like support or consultation on appropriate technologies for virtual care, please email our Horizon Virtual Care team at VirtualCare@HorizonNB.ca.

In response to COVID-19 operations, we have initiated a project where all Horizon Addictions and Mental Health team members have been contacted for training on our Horizon-managed N.B. virtual care platform so that they can begin scheduling patient visits through this approved tool.

This is a secure service supported by Horizon staff and enables added functionality such as patient scheduling, virtual waiting rooms and patient tracking/reporting.

Additionally, the New Brunswick Department of Health is providing members of the N.B. Medical Society and other N.B. Health Care Professional Membership organizations with access to a secure and approved "Zoom for Healthcare" tool

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for the interim. This is intended to support the continuity of care during pandemic operations and minimize pressures within the hospital system.

To request access to this service, email:

ConnectedCare@gnb.ca with "Zoom" in the subject line. Please provide your name, phone number, preferred language of communication, role and identify your employer as Horizon.

For all Outpatient Clinic virtual care visits you are reminded to follow appropriate clinical documentation guidelines. During COVID-19 pandemic operations please consider the following:

Patients that receive a virtual visit/phone call from the physician:

- The physician (or physician office) notifies registration staff that the patient was contacted, including the patient's chart number or Health Card number and date of birth.
- The registration clerk will register the patient into the Hospital Information System location, as if the patient had presented to the hospital.
- The registration clerk chooses a field that identifies the visit as a virtual/phone visit.
- The physician will dictate the report using the hospital central dictation system or document in CSDS, for applicable Mental Health clinics, as per normal documentation standards.



- The physician's note should include information that the visit was a virtual visit.
- Transcribed reports will be attached to the patient's electronic record by the registered account number.

Please note:

- If contact with the patient is not made, the visit must not be registered.
- The physician or physician's office must establish communication with registration areas and provide the list of patients that were contacted to be registered.

Any requests for inpatient services using virtual care technologies must be brought to your appropriate Clinical VP for consideration. At this time all inpatient rounds, interviews and consultations are expected to remain as per normal processes.

For more information, a list of contacts is available [here](#).

ID-IPC Clinical Recommendations

The following clinical recommendations have been made by the ID-IPC COVID-19 Committee and approved by the Regional Emergency Operations Committee (REOC):

The following criteria is to be used to discontinue isolation for COVID-19 patients:

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- At least 14 days have passed since the onset of the acute disease;
- No fever for 48 hours;
- No acute symptoms for 24 hours;
- A negative COVID-19 test result from at least two consecutive nasopharyngeal swabs (or according to Public Health's recommendations) collected 24 hours apart after resolution of the acute disease (e.g. the patient becomes asymptomatic 14 days after the onset of symptoms).

Negative COVID-19 Tests and Repeat Testing

Routine repeat COVID-19 testing is not recommended for patients who have tested negative for COVID-19. Retesting is only required if the patient's clinical condition worsens (i.e. respiratory symptoms), and there are known risk factors, etc.

Acting on Preliminary vs. Final COVID-19 Results

Preliminary COVID-19 test results from the provincial laboratory at the Dr. Georges-L.-Dumont University Hospital Centre are to be acted upon. Healthcare workers can proceed to discontinue isolation precautions following a consultation with Infection Prevention and Control.

Collection of Routine Swabs for COVID-19

Ventilated Patients

Ventilated patients being transferred to another facility will be swabbed for COVID-19 prior to transfer. Patient transfer should not be delayed pending swab results.

Non-Ventilated Patients

The collection of routine swabs for COVID-19 on patients being admitted or transferred from facility to facility is not required unless symptoms are present.

The following procedures are currently in place to provide safeguards:

- Universal mask use in hospitals
- Expanded testing criteria for COVID-19
- Daily surveillance for inpatients
- Staff practicing appropriate Infection Prevention and Control measures

ID-IPC Guidelines

The [IPC Guidance for the Management of Suspect/Confirmed COVID-19 Patients](#) have been revised to align with revised Public Health Agency of Canada (PHAC) guidelines. Recorded [webinars](#) related to the guidelines are also on Skyline.

The newly identified Aerosol Generating Medical Procedures that have been added to the IPC Guidance for the Management of Suspect/Confirmed COVID-19 Patients can be [viewed here](#).

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Clarification on Mask Use in Health Care Sector

The Pandemic Task Force wishes to clarify its directive on the continuous use of masks by health care workers and provide guidance for putting on and taking off surgical/procedural masks.

The Pandemic Task Force's top priority is the protection of health-care workers and patients and we consider the conservation of personal protective equipment to be essential. We will re-evaluate this directive weekly and decisions on any changes will be based on epidemiology and the PPE supply.

Please note, infection control and prevention protocols for the use of personal protective equipment on COVID-19 units remains unchanged.

GNB Updates

On **Saturday, April 18**, Public Health identified one new case of COVID-19, bringing the total number of cases to 118.

The new case is an individual aged 30-39 in Zone 3 (Fredericton region).

On **Sunday, April 19** and **Monday, April 20**, Public Health reported no new cases of COVID-19.

Of the 118 cases previously confirmed, 66 are travel-related, 42 are close contacts of confirmed cases and 10 are the result of

community transmission. There are no cases currently under investigation.

During the pandemic, 13 people have been hospitalized and eight have since been discharged. Two of the five patients remaining in hospital are in an intensive care unit.

As of today, 10,970 tests have been conducted.

To date, 98 people have recovered.

This is the sixth day in the last 10 that a new case of COVID-19 has not been reported. In the past week, there have been just four new cases.

Dr. Jennifer Russell, chief medical officer of health, said patience and vigilance are still required to further slow the spread of the virus.

"Make no mistake – this pandemic is not over, in this province or anywhere else in the world," said Russell. "We must remain on our guard and keep doing what has gotten us to this stage. That means continuing to stay at home, in your own home, as much as possible."