### Bulletin #73: COVID-19 Information October 1, 2020



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

Screening criteria for employees and physicians entering facilities – Yellow Phase
Use of nasopharyngeal or throat swabs in children under 12 AMMENDED

Vulnerable Population Management and Preparedness

Laboratory Processing Prioritization Scheme

FAQs for Masks, Face Shields and Exemptions

FAQs for Influenza Vaccine Delivery

PPE and Inpatient Patient Dashboard (Data from Sept. 29)

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

#### <u>Screening criteria for employees and physicians entering</u> facilities – Yellow Phase

Please review the questions and remain familiar with them prior to entering a Horizon facility.

The questions and signage can be accessed <u>here</u>. All posters are available on the Coronavirus Skyline page.

All employees and physicians must self-screen, clean their hands, and follow protocols related to appropriate physical distancing and wearing of procedural masks in all Horizon facilities.

If you answer **yes** to any of the screening questions, do not enter the building. Instead, you are to:

• Contact Employee Health and Wellness at 1-833-978-

2580 (available daily between 8 a.m. and 8 p.m.)

- Self-isolate
- Follow the appropriate absence notification process

### <u>Use of nasopharyngeal or throat swabs in children under</u> 12 AMMENDED

Nasopharyngeal swabs remain the first choice for COVID-19 sample collection, whether for rapid testing (GeneXpert) or standard PCR.

Current stock of nasopharyngeal swabs are Minitip variety, which can mitigate some discomfort during collection. As we transition into return to school, the frequency of COVID-19 compatible symptoms is likely to increase particularly among children, including the need for repeated swabs over time.

Anxiety and non-compliance may in some cases lead to difficulties in properly collecting a NP swab specimen.

# Bulletin #73: COVID-19 Information October 1, 2020

Nasopharyngeal swabs should continue to be collected for all adults and for children for whom compliance can be reasonably obtained.

A limited supply of nares/throat swabs are being distributed to COVID-19 assessment centres for use in children under 12 years only where compliance may lead to a sub-optimal NP sample. Please use these at your discretion when required.

#### **Vulnerable Population Management and Preparedness**

While any New Brunswicker could become sick or impacted by COVID-19, certain segments of the population have a higher risk of transmitting, becoming infected with the virus and consequently becoming seriously ill. For the purpose of pandemic planning and response, these vulnerable populations include:

- Long term care (nursing homes and adult residential facilities)
- First Nation communities
- Homeless and shelter populations
- Correctional facilities

Too keep these vulnerable populations as safe as possible during a COVID-19 outbreak, we are putting together four Provincial Rapid Outbreak Management Teams (PROMT). These teams will provide support and assessment of the situation in the first 24/48 hours after an outbreak, as well as,



provide services and care in the community, thereby avoiding admissions to hospital for patients who do not require hospital level care. To do this effectively, these teams will need to draw on resources and expertise from multiple partners in the system including EM/ANB, the RHAs and others.

We are asking the RHA for their support in this endeavour, specifically by:

- Helping to ensure the readiness of vulnerable sectors to respond to a COVID-19 outbreak
- Assisting with testing vulnerable populations
- Providing support and guidance as members of the PROMT
- Supporting the additional staffing that may be required to provide care in place in the event of a COVID-19 outbreak in a vulnerable population

Thank you for your continued and ongoing support in helping keep our most vulnerable New Brunswickers as safe as possible

#### **Laboratory Processing Prioritization Scheme**

Like other jurisdictions, New Brunswick is anticipating and planning for an increase in COVID-19 and other respiratory illnesses as schools reopen and we move into the fall. During the summer months a variety of testing initiatives have been implemented to monitor for COVID-19 activity and

## Bulletin #73: COVID-19 Information October 1, 2020

maintain laboratory testing numbers in the absence of community transmission or significant importation.

Testing of symptomatic people, with associated comprehensive case management and contact tracing, remains the most effective means to control COVID-19 transmission, while asymptomatic and other sentinel testing has more limited value.

Please see the prioritization scheme below which outlines the Office of the Chief Medical Officer of Health's priority testing groups should there be either a surge of samples or a shortage of laboratory resources:

#### **NB COVID-19 Testing Prioritization Scheme**

Phase 1 summer 2020 - 3 lanes of testing

- Symptomatic any one of nine symptoms, self isolation if two or more
- Targeted asymptomatic travel related or working with vulnerable populations/settings
- Sentinel asymptomatic ER and hospital admission

Phase 2 fall/winter 2020

- Threats to processing capacity include:
  - surge of symptomatic cases due to concurrent increase in URTIs/influenza or COVID-19 or both



- increase in outbreaks in facilities, schools, other settings causing surge on PH case and contact tracing but still containable
- introduction of sustained COVID-19 community transmission in one or more areas of NB
- limitations in supply of reagents, swabs, human resources

Should capacity be threatened (when lab processing approaches 2,000 tests/day) the following is the priority order for processing samples:

- Public health priority testing outbreak and cluster control, ordered by regional PH/RMOH, whether symptomatic or asymptomatic; may be GeneXpert, PCR, or serology
- 2. Symptomatic staff and residents in nursing homes/ARF, institutional (including corrections) or group living (including shelters, dormitories)
- 3. Symptomatic with known exposure through travel or any other event (if not otherwise identified by PH)
- 4. Symptomatic health care professionals, first responders, staff and patients in hospitals
- 5. Symptomatic members of Indigenous communities
- 6. Symptomatic teachers, school personnel, daycare workers, children and youth in school
- 7. Any symptomatic person who doesn't fit in the previous categories
- 8. Asymptomatic mandatory due to travel TFWs, locums/medical residents, international students

### Bulletin #73: COVID-19 Information October 1, 2020

- 9. Asymptomatic working in vulnerable setting COVID unit, nursing home/ARF, corrections, shelter, school or daycare
- 10. People requiring test for travel or asymptomatic voluntary testing due to travel (long haul truckers, out of Atlantic bubble Canadian post secondary students)
- 11. Sentinel surveillance samples from ER and hospitals

