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COVID-19 Bulletin

Hand hygiene compliance

Employees and physicians must clean their hands **immediately** upon entry to any Horizon facility. This is a requirement upon every entry into a Horizon facility and is not optional.

Ongoing audits continue to show that compliance needs to be improved.

Efforts have been made to support employees and physicians with hand hygiene compliance. At most entrances across Horizon, stations have been set up so that employees and physicians can place or hang their belongings while sanitizing their hands.

Remember to also practice proper hand hygiene when exiting Horizon facilities.

Photographing COVID-19 vaccinations

With the recent introduction of the COVID-19 vaccine, there has been an increase in the number of employees, physicians and media taking photos or recordings to document this milestone.

There has been a particular increase in selfies during the COVID-19 vaccination clinics. Be sure to check your surroundings and obtain consent from others to appear in your photos, videos or audio recordings.

Remember: When photos, videos or audio recordings of a health care setting are captured without consent and are shared publicly, it is a potential privacy breach.

The [Photography, Audio and Video Recording by Patients, Clients, Visitors, Employees and Non-Employees Policy \(HHN-CO-009\)](#) ensures the privacy and confidentiality of patients and clients – which includes health care workers who are being vaccinated against COVID-19.

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Furthermore, we need everyone to feel as safe as possible when they attend their immunization appointment. They should have no fear of having their photo taken and appearing on social media or a news site.

Employees are asked to be mindful of what they post on social media, especially as it relates to Horizon and your position with us. Horizon employees are viewed by the public as experts in health care and your opinions will impact those of others. The [Social Media Policy \(HHN-CO-006\)](#) provides key information and guidelines for employees who choose to post work-related content on their social media channels.

We know you're excited about being vaccinated against COVID-19, please be mindful of Horizon's policies.

Post vaccination actions for health care workers

With the arrival of the Pfizer BioNTech vaccine, there are several emerging messages for health care workers as one of the first priority groups targeted for vaccination, and their employing organizations.

Information from clinical trials for this vaccine ([Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine \(nejm.org\)](#)) indicate that common adverse events following immunization include such symptoms as fatigue, headache, muscle pain and fever which are also symptoms of COVID-19 infection. For the first dose, the reports range from 34-47% for fatigue, 25-42% for headache, 14-21% for muscle pain, and 6-14% for chills –

the proportions are higher following the second dose and for those younger than 55 years of age.

For those who are being vaccinated as part of the initial priority groups, it is important to note that while there is no risk of developing COVID-19 infection from the vaccine itself, since it is not a live vaccine, it is possible that due to their occupational exposure risks that they are incubating infection at that time of their vaccine, due to an exposure just prior to vaccine administration. Therefore, post-vaccine COVID-19 compatible symptoms need to be treated as a potential infection.

Health care workers who develop COVID-19 compatible symptoms following receipt of the vaccine should continue to contact their employee health service, as they typically would if they are due to report to work and they developed COVID-19 compatible symptoms. They should indicate that they were recently vaccinated.

If they:

- have nonspecific symptoms (fatigue, headache, myalgia, arthralgia or a combination thereof) **AND**
- the symptoms began within 2 days of vaccination **AND**
- There is no known exposure to COVID-19 at work, home, or elsewhere

Then employee health should do a risk assessment weighing HR capacity and potential for infectiousness and advise on full

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droplet and contact PPE if the person is permitted to work. Any testing should be arranged directly rather than through self-referral or the online forms in order that the samples can be collected and processed in a priority manner.

If they

- have any of the following symptoms: fever, chills, cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell OR
- have nonspecific symptoms (fatigue, headache, myalgia, arthralgia or a combination thereof) lasting more than 2 days after onset OR
- there is a known exposure to COVID-19 at work, home, or elsewhere

Then the worker must get tested, if not arranged already, and self-isolate until a negative result is obtained. Any testing should be arranged directly rather than through self-referral or the online forms in order that the samples can be collected and processed in a priority manner.

Adverse events following immunization (AEFI) are reportable under the Public Health Act and the forms can be found [here](#).

In addition, it is important that all vaccine recipients, including health care workers, continue to follow public health measures following vaccination. This includes self-isolation following a known exposure to COVID-19. The duration of immunity conferred by vaccination is not yet clear and may differ



depending on the vaccine used. We will continue to communicate as more information and evidence become available.

COVID-19 variants in United Kingdom and South Africa

The United Kingdom (UK) has reported a new SARS-CoV-2 (the virus that causes COVID-19) variant identified through viral genomic sequencing. The variant is defined by the presence of a range of 14 mutations resulting in amino acid changes and three deletions. It has been associated with a rapid rise in COVID-19 cases in southeast England. A distinct viral lineage with similar mutations has also been identified in South Africa.

Initial analysis indicates that these variants may spread more readily between people, with a resultant increase in the basic reproductive number (R0). Investigations are ongoing to determine if these variants are associated with any changes in the severity of symptoms, antibody response or vaccine efficacy. These variants do not appear to have any significant impact on diagnostic capabilities in Canada.

Genetic variation of viruses such as SARS-CoV-2 is to be expected and have been previously observed in parts of the world this year. Mutations are a natural consequence of viral replication and only a small minority are likely to result in an appreciable change in viral characteristics. These developments are however being closely monitored.

The National Microbiology Laboratory (NML) are establishing

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some high priority criteria for sequencing.

Please indicate the following when present on the lab requisition such that specimens can be identified and forwarded to the NML in a timely manner:

- travel associated infection to impacted areas
- cases suggestive of COVID-19 reinfection
- infections occurring post COVID-19 vaccine, and
- investigation of super-spreader events when they become apparent.

In response to this new development, the Government of Canada instituted a 72 hour 'no fly' order for flights coming from the UK starting Sunday night December 20/21 – this order has now been extended to January 6, 2021. There are no direct flights into Canada from South Africa. International travelers are being advised of the requirement to report their travel history, and those who have been in the UK or South Africa in the past 14 days will be subject to enhanced measures, including those who would normally be considered exempted.

Public Health New Brunswick is actively considering options for additional border controls and screening to maintain our current low level COVID-19 incidence and will update further in the coming days.

Movement of physicians and staff outside of Atlantic Canada and between NB health zones

Given the suspension of the Atlantic Bubble, the Task Force and the creation of the Provincial Rapid Outbreak Management Teams (PROMT), the Task Force is updating its directives pertaining to the movement of physicians and staff as follows:

1) All health-care workers who live and work in New Brunswick must self-isolate for 14 days before returning to work if they leave the province. This includes fee-for-service physicians.

The following exceptions apply to this directive:

- a) A health-care worker who has left New Brunswick for work purposes;
- b) A health-care worker who lives or works on Campobello Island who must cross the Canada-U.S. border to access required goods and services or work in a New Brunswick health-care facility;
- c) A health-care worker who has travelled outside of New Brunswick to access health-care services or to accompany a family member requiring access to health-care services because the service is unavailable in New Brunswick.

Before a health-care worker leaves New Brunswick, they are required to advise their employer that they are leaving the province, the reason for their departure and their return date.

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Physicians are required to advise their Department Head and their Medical Director.

The employer or Medical Director must document the exception and direct their employees to travel directly to and from their destination/work/accommodation, follow all guidelines for infection prevention and control and the use of personal protective equipment (PPE), self-monitor for symptoms, avoid close contact with vulnerable individuals (for whom they are not caring) and follow the guidance of the Chief Medical Officer of Health.

2) Health-care workers who live in border communities and regularly commute to the province as an employee or as a member of the medical staff of a New Brunswick health care facility are not required to self-isolate.

Employers and Medical Directors should remind these employees to avoid all non-essential travel in their home province, self-isolate at home as much as possible, travel directly to and from their destination/work/accommodation, self-monitor for symptoms, avoid close contact with vulnerable individuals (for whom they are not caring); and follow the guidance of the Chief Medical Officer of Health. If they develop symptoms, they should call 1-833-475-0724.

3) Short-term (less than three months) locums from outside New Brunswick are permitted under the following conditions:

a) All options to recruit locums from within New Brunswick have been exhausted;

b) The RHA has an operational plan in place to support and manage these physicians for their first 14 days in the province. The plan must be approved by WorkSafeNB and include work isolation. They can only work in one facility during their first 14 days in the province.

c) Testing for COVID-19 should be considered for these individuals on days 1, 5 and 10.

This directive also applies to short-term medical learners.

4) Administrators and managers of long-term care facilities are strongly encouraged to work with their employees to minimize the number of people working in more than one facility. This is to prevent the transmission of COVID-19 between facilities.

5) In a zone where an active outbreak in a hospital, long-term care facility or community transmission is occurring, employees of long-term care facilities may not work in more than one facility, whether or not they provide direct care to residents. Please note:

a) A long-term care facility employee can be hired or transferred to another facility, but they must only work in their new facility;

b) If a long-term care facility employee is working in a location where there are active cases of COVID-19, they must self-isolate for 14



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days before working in another facility;

c) Long-term care workers cannot work in a hospital in a zone where an active outbreak in a hospital, long-term care facility or community transmission is occurring.

6) Core PROMT team members are not required to self-isolate following deployment to a vulnerable setting because PROMT team members have been provided with core training that will be refreshed and reinforced when they are deployed to an outbreak. The medical officer of health may still require more stringent measures based upon the specifics of a given situation (ie: PPE breach).

Other employees of the regional health authorities and EM/ANB Inc. as well as medical staff who volunteer to work in a long-term care facility where there is an active outbreak are not automatically required to isolate upon their return to their usual workplace. The RHAs and EM/ANB will conduct a post deployment risk assessment to assess any incidents or breakdowns related to practices while they were at the residence. These individuals will be expected to practice 'work isolation' for 14 days following their last shift and will be tested for COVID-19 at Days 1, 5 and 10. The Office of the Chief Medical Officer of Health has developed guidelines for work isolation.

7) EM/ANB professionals and medical staff providing community care as part of their usual activities are not required to self-isolate, whether or not there is an outbreak.

Employers are responsible for making sure that institutional policies and practices for infection prevention and control are adhered to, including direction for continuous mask use. All health-care workers should be vigilant in completing self-assessments for any symptoms prior to every shift. Staff are also required to comply with all public health measures that are in place, including staying home if unwell and following direction from regional Public Health.

Facilities are required to continue to follow direction for visitors, including screening for symptoms prior to entering a facility.

[GNB Updates](#)

Public Health reported 17 new cases of COVID-19 today, 12 cases in Zone 1 (Moncton region), three cases in Zone 3 (Fredericton region), and two cases in Zone 5 (Campbellton region).

Public Health has identified potential public exposure to the virus at the following locations in Zone 1:

- Moncton Squash Club on Dec. 29, 30 and 31 between 9 a.m. and 5 p.m. (71 Essex St., Moncton) and;
- Bo Diddley's Lounge on Dec. 31 and Jan. 1 between 2 p.m. and 4 p.m. (285 Collishaw St., Moncton).