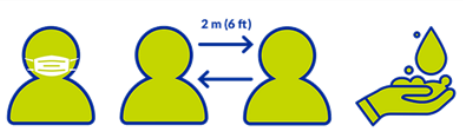
Bulletin #124: COVID-19 Information
March 3, 2021



In This Issue: COVID-19 Bulletin

COVID-19 Bulletin

End of life care for COVID-19 positive patients

The following resources have been compiled and are available for end of life care for COVID-19 positive patients:

- Agreement Regarding Provision of End of Life Religious Cultural Care for COVID-19 Patients
- Guidelines for Administering In-person Religious End of Life Practices to COVID-19 Patients – All Phases
- Appendix A Revised Sacramental Practices for Catholic Patients During COVID-19
- Guidelines for Ceremonial Anointing Washing Marking for COVID-19 Patients – All Phases

Use of N95 masks in outbreak situations where the PROMT is activated

The Pandemic Task Force wishes to advise about the use of N95 masks in a COVID-19 outbreak situation where the Provincial Rapid Outbreak Management Team (PROMT) is activated.

Wearing an N95 mask during an outbreak should be considered a temporary additional measure in exceptional circumstances. It is important to ensure that standard infection prevention and control measures essential to the management of a COVID-19 outbreak are in place and adhered to rigorously before considering additional measures.

The Task Force recommends that upon activation of the PROMT, the first phase team, (typically consisting of an IPC practitioner and an ANB operations lead), will use N95 masks during the initial facility evaluation.

Bulletin #124: COVID-19 Information
March 3, 2021

After the initial assessment is concluded (2 to 3 hours), a decision will be made as to what level of masks all staff involved in the outbreak (facility staff, PROMT and Public Health) shall use. Extended use of N95 masks by the care team would only occur in settings where there are ongoing aerosol-generating medical procedures (AGMP) that are not contained in a negative pressure room. N95 masks would otherwise only be used when a point of care risk assessment indicates that an AGMP is likely to occur.

The Task Force also recommends enhanced IPC training and education in each facility upon PROMT activation.

Alcohol based hand rub in nursing homes

Please note: This is not Horizon guidance, but being shared for those employees who work in facilities such as nursing homes.

Hand hygiene remains one of the most important means to prevent and control communicable disease, and should be performed frequently by residents, staff, visitors, and volunteers. Good hand hygiene saves lives and reduces the strain on our healthcare system.

Hand washing is an effective way to reduce microbial contamination of hands and should be part of the routine of residents, staff and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting.

Please note: staff and visitors should not use the resident's sink or washroom, designated staff/visitor facilities should be used for hand hygiene.

Please note the following revision to current guidance document: Adult Residential Facilities and Nursing Homes must use an alcohol-based hand rub between 70-90% ethyl alcohol, where a minimum of 70% ethyl alcohol is now required. Public Health NB guidance documents are currently being revised to reflect these changes.

Hands must be cleaned at the point of care and it is crucial that hand hygiene is performed at these 4 critical moments:

1. Before initial resident/resident environment contact.
2. Before aseptic procedure.
3. After body fluid exposure risk.
4. After resident/resident environment contact

Personal hand hygiene should also be performed:

- Before assisting residents with their meals
- Before and after preparing food
- After using the toilet
- After blowing your nose, coughing or sneezing
- If there is visible soiling, hands should be washed with soap and water.

Bulletin #124: COVID-19 Information
March 3, 2021

Change to asymptomatic testing eligibility in nursing homes

Please note: This is not Horizon guidance, but being shared for those employees who work in facilities such as nursing homes.

As an added level of protection for residents of Adult Residential Facilities (ARFs) and Nursing Homes (NHs), staff are encouraged to participate in asymptomatic testing (sentinel testing) on a regular basis. In order to further protect residents, **Designated Support Persons (DSPs)** will now be included in those eligible for asymptomatic testing.

Effective immediately, staff and DSPs can now be tested **every week** (previously every two (2) weeks) as part of the sentinel testing program. Public Health NB guidance documents are currently being revised to reflect these changes.

Please refer to the ARF and NH Sentinel Testing Information Sheet for more information on how to register for a test.
Please note:

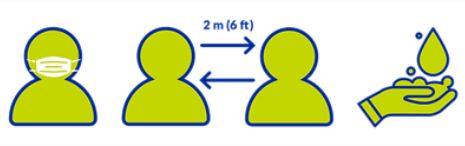
- Asymptomatic testing is not a replacement for screening measures, all individuals entering ARFs and NHs must be screened as per the recovery alert level.
- If staff or DSP become symptomatic after registering for an asymptomatic test, they must re-register and identify they are now symptomatic.

Recommendations on the use of COVID-19 Vaccines and Tuberculin Skin Testing from NACI

Tuberculin skin testing (TST) or Interferon Gamma Release Assay (IGRA)

- There is no data available on whether COVID-19 mRNA vaccines affect either the tuberculin skin test (TST) or the interferon gamma release assay (IGRA) result.
- Although the COVID-19 mRNA vaccine is not a live virus vaccine, there is a theoretical risk that mRNA vaccines may temporarily affect cell-mediated immunity or may result in a false-negative TST or IGRA test result.
- If tuberculin skin testing or an IGRA test is required, it should be administered and read prior to immunization with a COVID-19 mRNA vaccine.
- If a COVID-19 mRNA vaccine has been administered, it is recommended that TST or IGRA testing be delayed for at least 4 weeks after vaccination.
- The risk of delaying TST or IGRA testing should be weighed against the risk of a possible false negative result.
- If the benefit of performing TST or IGRA testing outweighs the risk, especially for those whom there is a high suspicion of TB infection, re-testing at least 4 weeks post COVID-19 mRNA vaccination is recommended to verify the result.

Bulletin #124: COVID-19 Information
March 3, 2021



GNB updates

When live, the full GNB news release can be accessed here.