

# Bulletin #193: COVID-19 Information

Jan. 31, 2022



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### COVID-19 Bulletin



#### **COVID-19 Red Phase IPC Guidance: Continuous Use of Eye Protection in Clinical and Non-Clinical settings**

**NOTE:** Eye Protection has been shown to reduce the risk of COVID-19 infection by 40 to 90%.

With the high risk of exposure to the Omicron variant in the community and the risk of transmission between health care workers (HCWs), the continuous use of eye protection is now mandatory at **all times for all HCWs in all clinical and non-clinical settings in all Horizon facilities.**

#### **Clinical settings**

All HCWs working in high-risk clinical settings (i.e. COVID-19 units, ERs, All ICUs, ORs, and COVID-19 Assessment Centres)

will wear facial protection, N95 respirator/\*well fitted medical grade face mask and eye protection (**goggles/face shield**), continuously, at all times in all areas of their workplace when a physical barrier (i.e., plexiglass) is not in place to prevent transmission of infection. This includes all interactions with patients, coworkers, and others.

All HCWs will wear facial protection, N95 respirator/\*well fitted medical grade face mask and eye protection (**goggles/face shield**), when providing care to suspect/confirmed COVID-19 patients.

All HCWs working in non-high risk clinical settings will wear facial protection, N95 respirator/\*well fitted medical grade face mask and eye protection (**safety glasses**), continuously, at all times in all areas of their workplace when a physical barrier (i.e., plexiglass) is not in place to prevent transmission of infection. This includes all interactions with patients, coworkers, and others.

#### **Non-clinical Settings**

All HCWs working in non-clinical settings will wear facial

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protection, \*well fitted medical grade face mask and eye protection (**safety glasses**), continuously, at all times when a physical barrier (i.e., plexiglass) is not in place or when physical distancing cannot be maintained to prevent the transmission of infection. This includes all interactions with coworkers and others. A N95 respirator is available as an option in these settings.

\*A well fitted medical grade face mask covers your nose, mouth, chin, and fits snugly against the sides of your face with no gaps.



### **COVID-19 IPC Guidance: Health care workers working in outbreak facilities / units**

As you are aware, New Brunswick is seeing an increase in the number of positive COVID-19 cases. In order to prevent the unintentional spread of COVID-19, the following HCW restrictions are in place for those working in an outbreak facility or a patient care unit in an outbreak:

- HCWs refrain from working in health facilities external to Horizon where an outbreak of COVID-19 has been declared. This would include nursing homes, special care homes, other adult residential facilities, etc.
- The number of HCWs caring for COVID-19 patients should be minimized whenever possible.



- HCWs should be cohorted to work only with COVID-19 patients whenever possible.
- HCWs should be assigned to work in their primary workplace (more than 50% of their time) and not work in multiple facilities.

**NOTE:** This does not prevent an employee from responding to an urgent need for staffing resources issued by GNB or the PROMT Team to assist in an outbreak. Please note that employees are still permitted to work at multiple Horizon facilities.

For employees and physicians who currently work in an adult residential facility where there is an outbreak of COVID-19, please contact your manager.

**Please visit the [IPC Resources COVID-19 Skyline Page](#) for COVID-19 information.**

### **GNB Enhanced Precautionary Guidance for Use of PPE**

In response to the Omicron variant and the continued high number of cases, the province is updating its December 23, 2021 and January 11, 2022 interim enhanced precautionary Infection Prevention and Control (IPC) guidance for Health-care Workers (HCWs) and other employees, including designated support persons (DSPs) within health-care settings\* who provide services in the community, acute care and long-term care sectors. This guidance will continue to be updated as

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more information is available. To view Appendix A, click [here](#).

Note: In this context of this document, the reference to patient is the recipient of care. May also be called a client, or resident.

1. All health-care workers must perform a point-of-care risk assessment before every patient interaction to determine the most suitable respiratory protection.
2. Well-fitted medical grade face masks (no gaps and worn over your nose and mouth) remain an appropriate level of PPE for the care of a suspect/confirmed COVID-19 patient. However, as a precautionary measure, the following masking recommendations should be followed until otherwise indicated.
3. A fit tested and seal-checked N95 respirator (NIOSH-approved or equivalent) is required for all HCWs who provide care or must enter the room of a suspect/confirmed COVID-19 patient when an Aerosol Generating Medical Procedure is performed. Non-fit tested respirators will not be permitted as an option in these situations.
4. Fit-tested and seal-checked N95 respirators (NIOSH-approved or equivalent) will be made available as an option where frequent or unexpected exposure to AGMPs is anticipated (e.g. critical care units, emergency departments). Non-fit tested respirators will not be permitted as an option in these situations
5. Fit-tested and seal-checked N95 respirators (NIOSH-approved or equivalent) are strongly recommended for all



clinical or non-clinical HCWs while caring (entering the room/bed space or are within two metres of a patient) for a suspect/confirmed COVID-19 patient if they determine there is a significant risk of transmission when all elements of controls have been addressed as best as possible.

A non-fit tested but seal-checked N95 respirator (NIOSH-approved or equivalent) can be used as an alternative to a medical grade face mask if a HCW is not yet fit tested or when the respirator on which they are fit tested is not available.

6. A fit-tested and seal-checked N95 respirator (NIOSH-approved or equivalent) is strongly recommended for HCWs working in settings where there is a high density of COVID-19 patients (e.g. COVID-19 unit, uncontrolled COVID-19 outbreaks).

A non-fit-tested but seal-checked N95 respirator (NIOSH-approved or equivalent) can be used as an alternative to a medical grade face mask if a HCW is not yet fit tested or when the respirator on which they are fit tested is not available.

7. Fit-tested seal-checked N95 respirators (NIOSH-approved or equivalent) and/or non-fit-tested N95 respirators (NIOSH-approved or equivalent) will be made available as an option for HCWs (clinical or non-clinical) in all other health-care settings.

Note: The use of non-fit-tested respirators is an interim measure, until such time that all health-care workers who provide direct patient care or support services in the patient/resident/client care environment, have been fit-tested.

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8. All outpatients/visitors should wear either a well-fitted (no gaps and worn over your nose and mouth) medical grade face mask or PHAC-approved and authorized KN95 respirators or equivalent alternate mask on entry into the health-care facility.

9. Outside of health-care settings, (i.e. schools, workplaces, retail, public spaces etc.) individuals should continue to adhere to publicly available community mask guidance that indicates that a mask with 3-layers, or 2-layers with a filter, is considered good protection, and any medical mask or PHAC approved respirator is better protection. Any mask worn outside of health-care settings must be well-fitted, with no gaps and worn over your nose and mouth.

10. The RHAs in collaboration with Service NB and the DOH will assess the available supply of PPE on an ongoing basis. All parties will commit to continue to explore all available avenues to obtain and maintain a sufficient supply. In the event that the supply of PPE reaches a point where current supplies are anticipated to last for only 30 days (i.e., a shortage), or where utilization rates indicate that a shortage will occur, the RHA's Infection Prevention & Control Guide to Managing Personal Protective Equipment in a Shortage: COVID-19 Pandemic will be implemented.

NB is strongly recommending:

- Booster doses for all HCWs given the evidence indicating that the Omicron variant is able to escape the immune protection offered from double vaccination.



- Increased emphasis on eye protection, which has been demonstrated to reduce the relative risk of infection by 40-96%.
- Implementing 2 serial point-of-care testing (POCT) 3 times per week for HCWs.
- That HCWs consistently follow Public Health Guidance while in the community, as the majority of COVID-19 infections in HCWs have been acquired in community settings rather than in health-care facilities.

### [GNB Access to Paxlovid for the treatment of COVID-19](#)

Health Canada has authorized nirmatrelvir/ritonavir (PAXLOVID™), Canada's first oral antiviral treatment for mild to moderate COVID-19 in adults who do not require hospitalization and are at high risk of progressing to serious illness.

Initially Paxlovid™ will be in short supply compared to potential demand, and prioritizing access to treatment is necessary. Eligibility criteria have been formulated to help with prioritization. These eligibility criteria are based on clinical risk factors, including age, immunocompromised conditions, and vaccination status which are associated with an increased likelihood of progression to more severe illness requiring hospitalization.

In addition Paxlovid™ has numerous significant and serious drug interactions. A thorough medication review needs to be

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conducted for each patient before prescribing and dispensing Paxlovid™.

For patients who are eligible to use Paxlovid™, it is important that treatment starts within 5 days of onset of symptoms. This memo will further outline the eligibility criteria and the process for the assessment of eligibility and distribution of the drug to appropriate patients.

## Eligibility Criteria

- COVID-19 infection confirmed by PCR.
- Treatment initiated within five days from symptom onset.
- At high risk of progressing to serious illness which includes the following categories:
  - Moderately to severely immunocompromised individuals regardless of COVID-19 vaccination status (refer to Appendix for an overview)
  - ≥80 years of age regardless of COVID-19 vaccinations status
  - ≥60 years of age whose COVID-19 vaccinations are not up-to-date (includes anyone who has completed their primary series but has not received their booster in the 6 month timeframe) or those who are residing in a long-term care setting; or living in, or from First Nations communities or those receiving home care services.



When supply permits, the criteria may be expanded to include other populations at increased risk of severe illness.

## Temporary Process for Assessment of Eligibility

For COVID-19 positive patients in the community, Public Health New Brunswick will do an initial triage of eligibility based on the above criteria and patient's consent.

Once an initial assessment has confirmed that the patient is eligible, an assessment team comprising of pharmacists and specialist consultants will be available to review the current medication profile and assess appropriateness of prescribing Paxlovid™ for the specific patient. If Paxlovid™ is considered favorable, a prescription will be sent to a participating pharmacy in the vicinity of the patient in the community.

## Distribution Process

Given the limited supply, a select number of pharmacies have been identified to dispense Paxlovid™. These pharmacies will receive prescriptions from the assessment team and will communicate and counsel the patient on appropriate use.

Only prescriptions from the assessment team will be filled.

## When the drug is prescribed to your patient

Primary care providers will be informed by the assessment team if their patient is prescribed the drug. The participating pharmacy that dispenses

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the drug is being asked to follow up with the patient to answer any questions. Primary care providers are asked to follow up with their patients when appropriate.

### Staff and Physician Use of Designated Points of Entry

As Horizon continues to do its part in flattening the curve on COVID-19, we take the health and safety of staff, visitors and patients seriously.

We would like to take this opportunity to remind all staff and physicians of the importance of using only designated staff points of entry to access the workplace. Staff and physicians are also reminded to wear their employee ID as per Horizon policy [Identification and Security Access Cards \(HHN-SA-008\)](#).

Public Health Agency of Canada guidelines are clear in their recommendation that points of entry to facilities for staff and public be separate.

### GNB Pericarditis Myocarditis Recommendations

In relation to the recent guidance change from the National Advisory Committee on Immunization (NACI) on re-vaccination with COVID-19 vaccines following myocarditis and/or pericarditis, Public Health New Brunswick has revised its recommendations for individuals who have experienced



myocarditis or pericarditis after a dose of mRNA vaccine.

#### **Pericarditis**

Public Health New Brunswick now recommends that: Those with a history compatible with pericarditis following a dose of an mRNA COVID-19 vaccine and who either had no cardiac workup or had normal cardiac investigations, can receive the next dose once they are symptom free and at least 90 days has passed since vaccination. If the client received an abnormal investigation, vaccination should be deferred until more information is available. All individuals who have previously been granted a temporary or permanent medical exemption for pericarditis should be contacted by their primary care provider to discuss their next steps following the new recommendations.

#### **Myocarditis**

Public Health New Brunswick continues to recommend that an individual who experienced myocarditis (with or without pericarditis) following a dose of an mRNA COVID-19 vaccine should receive a temporary medical exemption until more information is available, and receive appropriate clinical follow-up.

Some people with confirmed myocarditis and/or pericarditis may choose to receive another dose of vaccine after discussing the risks and benefits with their healthcare provider. If another dose of vaccine is offered, they should be offered the PfizerBioNTech 30 mcg vaccine due to the lower reported rate

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of myocarditis and/or pericarditis following the Pfizer-BioNTech 30mcg vaccine compared to the Moderna 100 mcg vaccine. Informed consent should include discussion about the unknown risk of recurrence of myocarditis and/or pericarditis following receipt of additional doses of Pfizer-BioNTech COVID-19 vaccine in individuals with a history of confirmed myocarditis and/or pericarditis after a previous dose of mRNA COVID-19 vaccine, as well as the need to seek immediate medical assessment and care should symptoms develop.

Public Health New Brunswick will continue to review and monitor the evidence on re-vaccination following myocarditis and/or pericarditis after a dose of an mRNA COVID-19 vaccine as it emerges and will update their recommendations as needed.



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