

# Bulletin #195: COVID-19 Information

## March 3, 2022



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## COVID-19 Bulletin



### [Important Employee Health Updates](#)

#### [Point of Care Testing](#)

Point of Care Testing (POCT) for COVID-19 will **no longer be required** three times a week for Horizon employees and physicians.

**Rationale:** We have noted that our health care workers (HCW) are not testing positive until they are symptomatic and in that case a PCR is preferred. Additionally, we would like conserve our supply of POCT for those following return to work guidelines and testing.

Please review the following recommendations regarding the utilization and distribution of POCT:

1. Employees and physicians may choose to continue doing three times a week testing and we have enough

stock to support this for whomever chooses to continue the testing.

2. All employees & physicians should keep (5) tests at home to use in alignment with EH return-to-work testing recommendations.
3. Managers can order POCT as required for their employees to be distributed as requested by employees.

**Reminder:** If you have a negative POCT, but fail screening due to COVID-19 symptoms you should **NOT** report to work and should schedule a [PCR test](#).

#### [Travel guidelines](#)

The [travel guidelines](#) have been updated, and testing is no longer required when returning from travel in Canada outside of the Atlantic provinces. We continue to strongly recommend testing upon return from international travel.

**Rationale:** This testing is to detect new variants at an early stage and will assist us in keeping you and our workplace safe.

Horizon employees and physicians will **no longer be required** to complete the Travel Notification Form.

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### [Employee and physician screening](#)

An update to the employee and physician screening tool will be made to reflect the new travel guidelines. It states the following:

**Note: If you have travelled outside of Canada, please review Employee Health recommendations on Skyline for testing post travel.**

### [Eye protection for non-clinical areas](#)

Eye protection will **no longer be required** for those that work in non-clinical areas in Horizon.

**Rationale:** We are not seeing positive HCW in non-clinical settings at the same rate as clinical settings.



### [ID-IPC Updated Guidance Documents](#)

#### **Shortened 10-day quarantine (isolation) period**

The ID/IPC COVID-19 Committee has reviewed emerging data and determined the quarantine (isolation) period for COVID-19 suspect patients can be safely reduced from 14 days to 10 days.

Isolation for new admissions or inpatients identified as close contacts of a COVID-19 positive case will be discontinued at

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Day 10 with a negative test result. If patient refuses testing, a 14-day isolation will be required.

This will shorten the COVID-19 outbreak period of two viral cycles from 28 days to 20 days, and exposures will be declared over in 10 days after one viral cycle.

This change in practice will improve patient flow and decrease the workload of frontline health care workers.

This recommendation was approved by Horizon EOC on March 3, 2022.

#### **Domestic travel no longer considered a risk factor for COVID-19**

The ID/IPC COVID-19 Committee supports that risk factors associated with domestic travel be removed and that patients/visitors only be screened for international travel.

The patient/visitor active screening criteria has been revised to query travel outside of Canada in the last 14 days. This change will take place on Monday March 7, 2022.

This recommendation was approved by Horizon EOC on March 3, 2022.

#### **Update: Continuous use of eye protection in non-clinical settings**

The ID/IPC COVID-19 Committee has reviewed the requirement for continuous eye protection in non-high-risk clinical settings and non-clinical settings. The Committee

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noted with the ongoing 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 would remain in place for all clinical settings in all Horizon facilities.

For HCWs working in non-clinical settings, the continuous use of eye protection will revert back to the previous practice and will be optional.

**Non-clinical settings:** The continuous use of eye protection (safety glasses) is optional for HCWs working in non-clinical settings.

**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 / a \*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 / a \*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 / a \*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.

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

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

## Vaccination Post COVID-19 Infection

Revised IPC DSP Vaccination Guidelines updated to include Based on available evidence on immunity following infection, the current suggested interval between COVID-19 infection and subsequent vaccine doses is outlined in the table below.

<b>Infection before the start or completion of a primary vaccination series</b>	
<b>Population</b>	<b>Suggested interval between COVID-19 infection and vaccination</b>
5 years of age and older; not considered moderately to severely immunocompromised; no previous history of	8 weeks after symptom onset or positive test (if asymptomatic)

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Multisystem inflammatory syndrome in children MIS-C	
5 years of age and older; moderately to severely immunocompromised; no previous history of MIS-C	4 to 8 weeks after symptom onset or positive test (if asymptomatic)
5 years of age and older; previous history of MIS-C (regardless of immunocompromised state)	Receive the vaccine dose when clinically recovered or >90 days since the onset of MIS-C, whichever is longer

<b>Infection after primary series but before booster dose</b>	
<b>Population</b>	<b>Suggested interval between COVID-19 infection and vaccination</b>
12 years of age and older	3 months after symptom onset or positive test (if asymptomatic) AND at least 5 months from *primary series completion

\* Definitions of a primary series are:

- 2 full doses of a combination of either of the following COVID-19 vaccines: AstraZeneca, COVISHIELD, Moderna and Pfizer
- 1 full dose of Janssen (Johnson & Johnson)
- For individuals 5 and over who are moderately to severely immunocompromised a primary series is now considered 3 doses.

These intervals serve as a guide and clinical discretion is advised. Evolving evidence will continue to be evaluated and communication will be updated as needed.

A longer interval between infection and vaccination may result in a better immune response as this allows time for this response to mature in breadth and strength, and for circulating antibodies to decrease, thus avoiding immune interference when COVID-19 vaccines are administered.

Individuals may choose to get their vaccine sooner than the recommended intervals. At a minimum, symptoms of an acute illness should be completely resolved, and provided 10 days has passed since the onset of symptoms of positive test to minimize the risk of transmission of COVID-19 at an immunization venue.

For more information on when to vaccinated after a COVID-19 infection, an FAQ is available [here](#).

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