

COVID-19: Guidance for the Extra-Mural Program

This document has been updated from the April 18, 2020 version. The following changes have been made:

- Addition to the list of signs or symptoms of COVID-19

The Public Health Agency of Canada is continually monitoring the situation regarding COVID-19. There is an increased risk of more severe outcomes for Canadians who are aged 65 and over, with compromised immune systems, and with underlying medical conditions. As knowledge of the virus and its transmission has increased, there is now evidence that asymptomatic and pre-symptomatic transmission can occur. As the situation evolves it is important to be aware of the most current information at www.gnb.ca/coronavirus.

Extra-Mural healthcare professionals who are required to enter patient's homes to provide care, should only do so to offer essential services. Staying safe means asking questions. Call ahead to know your patient's health status and prepare accordingly.

Guidance for case and contact management is provided by Public Health directly to the household and staff as required.

Signs or symptoms of Covid -19

2 or more of the following symptoms:

- Fever or signs of fever
- new cough or worsening chronic cough
- runny nose
- headache
- sore throat
- new onset of fatigue
- new onset of muscle pain
- diarrhea
- loss of taste or smell

OR

- a child is displaying purple fingers or toes even as the only symptom

Transmission

- Symptomatic cases of COVID-19, including mild cases, are causing the majority of transmission, although there is also evidence that asymptomatic and pre-symptomatic transmission can occur.

- Person-to-person transmission is mostly occurring via infectious respiratory droplets.
- The virus enters a person's body either:
 - by large respiratory droplets containing the virus that adhere to mucous membranes of a person's eyes, nose or mouth, or
 - by touching a surface or an object contaminated with the virus and then proceeding to touching one's eyes, nose and mouth.
- A longer exposure time and a more severe illness with coughing likely increases the risk of exposure to the virus.
- Performing an aerosol-generating medical procedure (AGMP) can generate aerosols capable of being inhaled, and capable of spreading further in the air than respiratory droplets.
- Fecal-oral and body fluid transmission of COVID-19 viruses could be occurring.

Incubation period

Current estimates of the incubation period range from 0-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease.

Period of communicability

The period of communicability is not well understood and varies by type of coronavirus. Detailed medical information from people infected is needed to determine the infectious period of COVID-19.

For contact tracing purposes, New Brunswick has adopted the period of communicability for COVID-19 from two days prior to onset of symptoms up to 14 days after symptom onset.

Control measures

- If **you** are experiencing symptoms, stay home and isolate yourself from others as quickly as possible. Call the dedicated line 1-833-475-0724 for health care workers.
- Before arriving at a patient's home, call to verify if anyone in the home is experiencing symptoms of COVID-19 or has been advised to self-isolate.

If the answer is **NO**, the patient or a family member is neither symptomatic nor has been asked to self-isolate:

- Offer only essential services.
- Maintain a 2 meter (6 feet) separation distance from others while you are in the home, where possible.
- Continuous use of a surgical/procedure mask is the practice of wearing the same surgical/procedure mask for repeated close contact with different patients. The duration of extended use is dependent on the nature of the task or activity being undertaken. A mask can be worn in multiple homes as the potential benefit of staff wearing a mask for the full duration of their shift is prevention of transmission of unrecognized COVID-19 infection to their patients. It is recommended that HCWs minimize their mask use to two masks per shift where possible.

- The mask should be immediately changed and safely disposed of whenever it is damaged, soiled/wet, and after care for any patient on droplet/contact or contact isolation precautions.
If the mask is not damaged, soiled/wet or contaminated, it should be stored safely for reuse. When driving between clients, the HCW must remove their mask per the guidance for extended and reuse below under personal protective equipment.
- NOTE: This is different from those higher risk situations where health care workers must conduct a Point of Care Risk Assessment to determine the level of PPE required, as described in the Infection Prevention and Control guidance documents for Health Care workers.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based (at least 70%) hand sanitizer, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose and mouth.
- Clean and disinfect tools/equipment between clients as per organization requirements.

If the answer is **YES**, the patient or another person in the home has tested positive for COVID-19, has symptoms of COVID-19 or has been asked to self-isolate due to travel or contact with a traveler:

- Re-assess if the work is essential or urgent, ask for guidance from your manager if needed.
- If you must visit the home, ask that individuals who are ill or in self-isolation to stay in their room during your visit. If this is not possible, ask the client to wear a mask while you are in the house (if tolerated).
- HCW should have training on how to use appropriate personal protective equipment (droplet and contact precautions- disposable gloves, long sleeved gown, and protection for eyes, nose and mouth) and wear this personal protective equipment while in the home to protect themselves and to avoid transferring the virus to other homes/patients. The personal protective equipment must be disposed of properly following the visit.
- Encourage good respiratory hygiene (coughing into your sleeve or tissues).
- Maintain a 2 meter (6 feet) separation distance from others, where possible.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based (at least 70%) hand sanitizer, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose and mouth with unwashed hands.

Personal protective equipment

- Continuous use of a surgical/procedure mask is the practice of wearing the same surgical/procedure mask for repeated close contact with different patients. The duration of extended use is dependent on the nature of the task or activity being undertaken. A mask can be worn in multiple homes as the potential benefit of staff

wearing a mask for the full duration of their shift is prevention of transmission of unrecognized COVID-19 infection to their patients. It is recommended that HCWs minimize their mask use to two masks per shift where possible.

- The mask should be immediately changed and safely disposed of whenever it is damaged, soiled/wet, and after care for any patient on Droplet/Contact or Contact Isolation Precautions. If the mask is not damaged, soiled/wet or contaminated, it should be stored safely for reuse. When driving between clients, the HCW must remove their mask per the guidance for extended and reuse below under personal protective equipment.
- Guidance for Doffing Surgical Mask with Ties for Continuous Use:
 - Clean hands.
 - Remove the surgical mask by untying the bottom ties and then the top ties. (If the ties cannot be undone without tearing the ties, the mask will be discarded).
 - The front is contaminated, so remove slowly and carefully.
 - After removing facemask, visually inspect to determine if the mask has been damaged or is soiled/wet or contaminated. If damaged, soiled/wet or contaminated the mask must be discarded.
 - If the surgical/ procedure mask is NOT damaged, soiled/wet or contaminated, it should be stored for re-use.
 - Fold the mask in half (lengthwise or widthwise), so the outside surfaces are touching each other, carefully store in a paper bag labelled with your name and date. This will avoid destroying the shape of the mask and to prevent contamination.
 - Clean hands.
 - A disposable surgical mask can be worn for several hours if not damaged, soiled/wet or contaminated.
- A Point of Care Risk assessment, should be done prior to entering a patient's home. If the staff determine that a patient is suspected to have COVID 19 then they should don proper PPE for contact precautions (gown, gloves, mask , eye protection).
- After removing personal protective equipment, immediately clean your hands again with soap and water or alcohol-based (at least 70%) hand sanitizer.
- After use, all personal protective equipment should be disposed of in a sealed bag.
- Collecting a laboratory specimen for COVID-19 requires routine and contact precautions.
- An N95 respirator, eye protection, gown and gloves should be used when performing aerosol-generating medical procedures (AGMP): intubation and related procedures, nebulizing therapy, non-invasive positive pressure ventilation (CPAP, BiPAP), manual ventilation, open endotracheal suctioning on a suspect or confirmed case. **Any aerosol-generating medical procedures should be avoided in the home environment for suspect or confirmed COVID 19 cases.**

Medical equipment

After use, medical equipment should be cleaned, disinfected or sterilized or removed from home in accordance with organizational procedures and manufactures instructions. It is recommended to use environmental disinfecting products registered in Canada with a Drug

Identification Number (DIN) and labelled as a broad-spectrum virucide, which are sufficient for COVID-19. A list of approved products can be found [here](#).

Cleaning

Increased cleaning activity will reduce risk of retention of the virus on hard surfaces. Cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient for COVID-19. A list of approved products can be found [here](#). All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected. It is recommended to keep the room properly ventilated by opening windows whenever safe and appropriate.

Laundry

Use disposable single use gloves when handling dirty laundry. Place possibly contaminated laundry into a container with a plastic liner and do not shake. This minimizes the possibility of dispersing virus through the air. Wash with regular laundry soap and hot water (60-90°C), and dry well. Clothing and linens belonging to the ill person can be washed with other laundry. Use proper hand washing before putting on gloves and after removing them

EMP HCWs should monitor for symptoms:

If an EMP HCW develops COVID-19 symptoms (two or more of the following- new onset/exacerbation of chronic cough, fever or signs of fever, sore throat, runny nose, headache, new onset of fatigue, new onset of muscle pain, diarrhea, loss of taste or smell) while away from their work, they should immediately call the dedicated line 1- 833-475-0724), stay off work and self-isolate, and notify their supervisor who will advise Public Health.

- If an EMP HCW develops symptoms of COVID-19 while at work (two or more of the following: new onset/exacerbation of chronic cough, fever or signs of fever, sore throat, runny nose, headache, diarrhea, new onset of fatigue, new onset of muscle pain, loss of taste or smell) they should:
 - avoid further patient contact
 - immediately exclude themselves from the home
 - do not remove their mask if wearing one or don one immediately
 - wash their hands
 - notify their supervisor who will advise Public Health
 - call the dedicated line to arrange testing