## QUICK REFERENCE ON ALERT LEVELS - PATIENTS (2022-10-06)



## This table summarizes the most recent measures to be implemented in relation to patients

For all isolation case related to COVID-19, use SRI-CV isolation sign (Click here)

	ALERT LEVELS IN A ZONE OR FACILITY		
SECTIONS	RED INTERNAL PHASE	ORANGE INTERNAL PHASE	YELLOW INTERNAL PHASE
		PATIENTS	
Admitted symptomatic patient (Do not forget other respiratory viruses such as influenza)	<ul> <li>These patients should undergo a rapid test for COVID-19 (GeneXpert).</li> <li>All patients screened in the Emergency Rooms for COVID should wait for their result before going up to the unit.</li> <li>If the patient must go up to the unit before the result is available, he must be isolated SRI-CV on his arrival at the unit until the result is obtained. It is not necessary to isolate him in a private room, isolate the patient in his environment (ex. isolate patient in a room for two: draw the curtain, place the isolation sign, place a commode for the patient, follow good routine practices and additional precautions).</li> </ul>	<ul> <li>These patients should undergo a rapid test for COVID-19 (GeneXpert).</li> <li>All patients screened in the Emergency Rooms for COVID should wait for their result before going up to the unit.</li> <li>If the patient must go up to the unit before the result is available, he must be isolated SRI-CV on his arrival at the unit until the result is obtained. It is not necessary to isolate him in a private room, isolate the patient in his environment (ex. isolate patient in a room for two: draw the curtain, place the isolation sign, place a commode for the patient, follow good routine practices and additional precautions).</li> </ul>	<ul> <li>These patients should undergo a rapid test for COVID-19 (GeneXpert).</li> <li>All patients screened in the Emergency Rooms for COVID should wait for their result before going up to the unit.</li> <li>If the patient must go up to the unit before the result is available, he must be isolated SRI-CV on his arrival at the unit until the result is obtained. It is not necessary to isolate him in a private room, isolate the patient in his environment (ex. isolate patient in a room for two: draw the curtain, place the isolation sign, place a commode for the patient, follow good routine practices and additional precautions).</li> </ul>
Asymptomatic patients in the following categories:  Admitted who have not tested positive in the last 90 days (PCR or POCT)  Admitted who are not vaccinated or not up to date on vaccination  Unable to answer COVID-19 screening questions (e.g., unconscious, dementia, etc.)	<ul> <li>These patients should undergo a rapid test for COVID-19 (GeneXpert).</li> <li>All patients screened in the Emergency Rooms for COVID should wait for their result before going up to the unit.</li> <li>If the patient must go up to the unit before the result is available, he must be isolated SRI-CV on his arrival at the unit until the result is obtained. It is not necessary to isolate him in a private room, isolate the patient in his</li> </ul>	<ul> <li>These patients should undergo a rapid test for COVID-19 (GeneXpert).</li> <li>All patients screened in the Emergency Rooms for COVID should wait for their result before going up to the unit.</li> <li>If the patient must go up to the unit before the result is available, he must be isolated SRI-CV on his arrival at the unit until the result is obtained. It is not necessary to isolate him in a private room, isolate the patient in his</li> </ul>	The use of rapid testing using the GeneXpert platform will be adjusted as necessary based on review by the Provincial COVID-29 Laboratory Working Group. Changes to the criteria will be communicated to providers.

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<ul> <li>Clinically suspected of being COVID+ who are unable to comply with isolation requirements (e.g. homeless)</li> </ul>	environment (ex. isolate patient in a room for two: draw the curtain, place the isolation sign, place a commode for the patient, follow good routine practices and additional precautions).	environment (ex. isolate patient in a room for two: draw the curtain, place the isolation sign, place a commode for the patient, follow good routine practices and additional precautions).	
Patient suspected or confirmed COVID +	Droplet-contact isolation (use SRI-CV isolation sign) and do COVID-19 test for symptomatic patients.  If patient had a positive result on a previous POCT, confirm by PCR and ask Microbiologist for CT value to determine if old COVID and action to be taken.	Droplet-contact isolation (use SRI-CV isolation sign) and do COVID-19 test for symptomatic patients.  If patient had a positive result on a previous POCT, confirm by PCR and ask Microbiologist for CT value to determine if old COVID and action to be taken.	Droplet-contact isolation (use SRI-CV isolation sign) and do COVID-19 test for symptomatic patients.  If patient had a positive result on a previous POCT, confirm by PCR and ask  Microbiologist for CT value to determine if old COVID and action to be taken.
Contact patient Patient from a nursing home/residences/correctional centers/addiction centers/care unit in outbreak Close contact to a COVID+ case	Droplet-contact isolation for 7 days from the last contact (use SRI-CV isolation sign). Testing on days 0, 5 and 7 and stop isolation once the negative result is obtained for the test on day ten.	Droplet-contact isolation for 7 days from the last contact (use SRI-CV isolation sign). Screening on days 0, 5 and 7 and stop isolation once the negative result is obtained for the test on day ten.	Droplet-contact isolation for 7 days from the last contact (use SRI-CV isolation sign). Screening on days 0, 5 and 7 and stop isolation once the negative result is obtained for the test on day ten.
Inpatient or outpatient who lives under the same roof as a COVID positive person (within 7 days prior to admission / or appointment)	Droplet/contact isolation (use SRI-CV poster). COVID test only if symptomatic.	Droplet/contact isolation (use SRI-CV poster). COVID test only if symptomatic.	Droplet/contact isolation (use SRI-CV poster). COVID test only if symptomatic.
Cohort of suspected COVID patients	As a last resort, when there are no isolation rooms available, a cohort plan can be established under the direction of the PCI nurse. Please contact them.	As a last resort, when there are no isolation rooms available, a cohort plan can be established under the direction of the PCI nurse. Please contact them.	As a last resort, when there are no isolation rooms available, a cohort plan can be established under the direction of the PCI nurse. Please contact them.
Surgical cases Pre-op test	COVID test for all pre-op cases no later than 72hr before surgery. The patient must limit social contacts between the	COVID test for all pre-op cases no later than 72hr before surgery. The patient must limit social contacts between the	Pre-OP screening for patients who meet the following screening criteria: symptomatic patients, those who have been in close

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	date of the test and the surgery or wear a mask. GeneXpert for urgent surgeries.	date of the test and the surgery or wear a mask. GeneXpert for urgent surgeries.	contact with a confirmed case in the last 7 days or from a facility in an outbreak. GeneXpert for urgent surgeries.
Seismotherapy treatments (ECT) for admitted patients	Urgent ECT only  COVID test for all scheduled treatments no later than 72hr before treatment (including patients with more than 1 treatment per week).	Screening is not necessary for asymptomatic patients without risk factors. Perform active screening (ask questions) every day during the stay and COVID-19 test only for symptomatic patients.  For patients who have risk factors (e.g. symptomatic patients, those who have been in close contact with a confirmed case in the last 7 days or from an outbreak environment), test for COVID two (2) times per week for the first two(2) weeks of treatment, non need to isolate the patient if asymptomatic.	Active screening (ask questions) every day during the stay and COVID-19 test only for symptomatic patients.
Seismotherapy treatments (ECT) for outpatients	COVID test for all scheduled treatments no later than 72hr before treatment (including patients with more than 1 treatment per week). The patient must limit social contacts between the date of the test and the ECT.	Screening is not necessary for asymptomatic without risk factors.  Perform active screening (ask questions) before each treatment and COVID-19 test only for symptomatic patients.  For patients who have risk factors (e.g. symptomatic patients, those who have been in close contact with a confirmed case for the last 7 days or from an outbreak environment), test for COVID two (2) times per week, no later than 72 hr before each ECT treatment and patient must isolate between the date of the test and the date of the ECT treatment. If patient has only one (1) treatment per week, COVID test once (1) per week no later than 72 hr before each treatment	Perform active screening (ask questions) before each treatment and COVID-19 test only for symptomatic patients.

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		and patient must isolate between the date of the test and the date of the ECT treatment.	
COVID test for obstetric patient in labor	Perform a GeneXpert: on all patients in labour.  If possible, place a mask at all times on the patient during labor.	Perform a GeneXpert: on all patients in labor clinically suspected of being infected with COVID or that are a close contact of a known case, live in a building with a facility cluster in the last 7 days. If possible, place a mask on the patient in the 2nd stage of labor.	Perform a GeneXpert: on all patients in labor clinically suspected of being infected with COVID or that are a close contact of a known case, live in a building with a facility cluster in the last 7 days.
Patient undergoing COVID  Test	Any patient undergoing a COVID test must be placed in isolation (use SRI-CV isolation sign), unless the COVID test is ordered for administrative reasons (e.g. sentinel testing, admission to a nursing home). Consult the ICP nurse as needed to evaluate the need to isolate the patient.	Any patient undergoing a COVID test must be placed in isolation (use SRI-CV isolation sign), unless the COVID test is ordered for administrative reasons (e.g. sentinel testing, admission to a nursing home). Consult the ICP nurse as needed to evaluate the need to isolate the patient.	Any patient undergoing a COVID test must be placed in isolation (use SRI-CV isolation sign), unless the COVID test is ordered for administrative reasons (e.g. sentinel testing, admission to a nursing home). Consult the ICP nurse as needed to evaluate the need to isolate the patient.
Criteria to stop isolation precautions for COVID-19 positive cases with mild-to moderate illness Clinical signs of pneumonia (fever, cough, dyspnea, tachypnea) may or may not be present. No signs of severe pneumonia. Patients do not require oxygen.	<ul> <li>10 days have passed since onset of symptoms OR date of positive screening test if patient is asymptomatic; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>10 days have passed since onset of symptoms OR date of positive screening test if patient is asymptomatic; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>10 days have passed since onset of symptoms OR date of positive screening test if patient is asymptomatic; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>
Criteria to stop isolation precautions for COVID-19 positive cases that have severe illness. Patients requiring oxygen. Fever or suspected respiratory	<ul> <li>14 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>14 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>14 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>

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infection plus one of the following: Respiratory rate > 30 breaths/min, Severe respiratory distress, SpO2 ≤ 92% on room air.			
Criteria to stop isolation precautions for COVID-19 positive cases that are immunosuppressed (e.g. have received a solid organ transplant) or that have critical illness for COVID-19 Admitted to Intensive Care and requiring respiratory support (high-flow oxygen, non-invasive ventilation, or mechanical ventilation) May be characterized by ARDS, Sepsis or Septic Shock.	<ul> <li>20 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>20 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>	<ul> <li>20 days have passed since onset of symptoms; AND</li> <li>No fever for 24 hours without taking antipyretics; AND</li> <li>Improvement of clinical condition (excluding loss of taste and smell).</li> </ul>
Patients with aerosol- generating respiratory therapy e.g.: CPAP, BiPAP, Airvo, Optiflow (including home CPAP/BiPAP users)  Hyperlink - Memo	<ul> <li>Before starting any aerosol-generating respiratory therapy ensure the therapy is necessary.</li> <li>Before starting the therapy, a GeneXpert must be done (day 0). While waiting for the result, place patient in a negative pressure room or private room with door closed.</li> <li>If the test on day 0 is negative, isolation can be stopped, unless there is suspicion of COVID (pneumonia, lymphopenia, close contact or other).</li> <li>Repeat COVID test on day 2.</li> </ul>	<ul> <li>Before starting any aerosol-generating respiratory therapy ensure the therapy is necessary.</li> <li>Before starting the therapy, a GeneXpert must be done (day 0). While waiting for the result, place patient in a negative pressure room or private room with door closed.</li> <li>If the test on day 0 is negative, isolation can be stopped, unless there is suspicion of COVID (pneumonia, lymphopenia, close contact or other).</li> <li>Repeat COVID test on day 2.</li> </ul>	<ul> <li>Before starting any aerosol-generating respiratory therapy ensure the therapy is necessary.</li> <li>Before starting the therapy, a GeneXpert must be done (day 0). While waiting for the result, place patient in a negative pressure room or private room with door closed.</li> <li>If the test on day 0 is negative, isolation can be stopped, unless there is suspicion of COVID (pneumonia, lymphopenia, close contact or other).</li> <li>Repeat COVID test on day 2.</li> </ul>

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	<ul> <li>If the patient is COVID+, avoid aerosol- generating respiratory therapy if deemed clinically acceptable. Otherwise the patient must be in a negative pressure room.</li> </ul>	If the patient is COVID+, avoid aerosol- generating respiratory therapy if deemed clinically acceptable. Otherwise the patient must be in a negative pressure room.	If the patient is COVID+, avoid aerosol- generating respiratory therapy if deemed clinically acceptable. Otherwise the patient must be in a negative pressure room.
Patient's temporary leave of absence and outings on the facility grounds	Temporary leaves and outings on the grounds are allowed if the patient's condition permits.	Temporary leaves and outings on the grounds are allowed if the patient's condition permits.	Temporary leaves and outings on the grounds are allowed if the patient's condition permits.
	Temporary leave of absence: Permitted if no occupants of the patient's residence: -is in self-isolationhas symptoms compatible with COVID-19; -has been in contact with a suspected or confirmed case of COVID-19.  Outings on facility grounds: the patient and the attendant must always wear a mask and physical distancing from other people must be respected. Hand hygiene should be carried out on leaving the unit and on entering the facility by the patient and the attendant.	Temporary leave of absence: Permitted if no occupants of the patient's residence: -is in self-isolationhas symptoms compatible with COVID-19; -has been in contact with a suspected or confirmed case of COVID-19.  Outings on facility grounds: the patient and the attendant must always wear a mask and physical distancing from other people must be respected. Hand hygiene should be carried out on leaving the unit and on entering the facility by the patient and the attendant.	Temporary leave of absence: permitted if no occupant of the patient's residence: -is in self-isolation; -has symptoms compatible with COVID-19; -has been in contact with a suspected or confirmed case of COVID-19.  Outings on facility grounds: the patient and the attendant must wear a mask at all times and physical distancing from other people must be respected. Hand hygiene should be carried out on leaving the unit and on entering the facility by the patient and the attendant.
Sentinel testing	<ul> <li>5 asymptomatic patients twice a week on units who are not in outbreak or exposure and this includes the CHR except the F1 unit.</li> <li>For units with less than 10 patients, 2-3 sentinel testing twice a week.</li> </ul>	Do 5 sentinel tests on asymptomatic patients twice a week if:  The facility is in outbreak.  The unit is in exposure.  If the unit has admitted COCID+ patients on their unit.	Do 5 sentinel tests on asymptomatic patients twice a week if:  • The facility is in outbreak.  • The unit is in exposure.  If the unit has admitted COCID+ patients on their unit.

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	<ul> <li>Exclude palliative care patients or those who have had a PCR COVID+ test done in the last 90 days.</li> </ul>		
Masks	Admitted patient who can tolerate the mask, should be asked to wear a mask when the healthcare worker is within 2 meters and on exposure and outbreak units.  Hospital patients will be required to wear a medical mask when outside their room.  Ambulatory patients will have to put on a mask provided by staff at the entrances of the facility.	Admitted patient may be asked to wear a mask depending on the risk assessment and on exposure and outbreak units.  Hospital patients will be required to wear a medical mask when outside their room.  Ambulatory patients will have to put on a mask provided by staff at the entrances of the facility.	Admitted patient may be asked to wear a mask depending on the risk assessment and on exposure and outbreak units. Hospital patients will be required to wear a medical mask when outside their room, except for long term care/veteran patients who are on closed units (i.e. not mixed/medical patients on the unit).  Ambulatory patients will have to put on a mask provided by staff at the entrances of the facility.
Physical distancing	The requirement for physical distancing in waiting rooms is 1 meter.	The requirement for physical distancing in waiting rooms is 1 meter.	The requirement for physical distancing in waiting rooms is 1 meter.
	The requirement for physical distancing in classrooms and conference rooms is 1 meter, but masks must be worn continuously.	The requirement for physical distancing in classrooms and conference rooms is 1 meter, but masks must be worn continuously.	The requirement for physical distancing in classrooms and conference rooms is 1 meter, but masks must be worn continuously.
	The requirement for physical distancing in cafeterias and break rooms is 2 meters, if a physical barrier is in place, 1 meter is acceptable.	The requirement for physical distancing in cafeterias and break rooms is 2 meters, if a physical barrier is in place, 1 meter is acceptable.	The requirement for physical distancing in cafeterias and break rooms is 2 meters, if a physical barrier is in place, 1 meter is acceptable.
	The requirement for physical distancing in treatment areas / recovery rooms is maintained at 2 meters. 1 meter is acceptable if mask can be worn.	The requirement for physical distancing in treatment areas / recovery rooms is maintained at 2 meters. 1 meter is acceptable if mask can be worn.	The requirement for physical distancing in treatment areas / recovery rooms is maintained at 2 meters. 1 meter is acceptable if mask can be worn.
	Symptomatic or patients requiring isolation will go directly to a procedure room.	Symptomatic or patients requiring isolation will go directly to a procedure room.	Symptomatic or patients requiring isolation will go directly to a procedure room.

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	The measures put in place (e.g. plexiglass or separator) for the separation of patients in waiting rooms will be maintained.	The measures put in place (e.g. plexiglass or separator) for the separation of patients in waiting rooms will be maintained.	The measures put in place (e.g. plexiglass or separator) for the separation of patients in waiting rooms will be maintained.
Pet visitation	Service animals are permitted.  Personal pet visitation is permitted in all phases, except in facility confinement, the visit must not pose a significant risk to the patient and the healthcare worker safety in the context of the pandemic.  Pet therapy has started on certain units, but these units must not be in outbreak. All ICP measures must always be followed.		

<sup>\*</sup>Fully vaccinated: at least 14 days post 2nd dose. New Brunswick accepts any COVID-19 vaccine accepted by the Government of Canada. This includes 2 doses of the vaccines manufactured by Pfizer, Moderna, AstraZeneca / COVISHIELD (can be any combination of vaccines approved by the Government of Canada) or 1 dose of the Janssen vaccine (Johnson & Johnson).