

## 2019 Novel Coronavirus (COVID-19)

### Guidance for Community Nursing Health Centres in Rural Yukon

The COVID-19 (previously known as 2019-nCoV) epidemic is evolving rapidly and clinical information will continue to change as epidemiological understanding of the virus continues to develop. This guidance, based on documents developed by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) is to help you prepare for a possible case presenting to your clinic. Please share this information with your colleagues who interact with patients, including your administrative staff.

Background information on 2019 Novel Coronavirus (COVID-19) can be found at the PHAC [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html)

Currently, a patient will receive further investigations including testing for COVID-19 if they have a **fever or cough and potential exposure** within 14 days of symptom onset and<sup>2</sup>:

- Travel to [affected areas](#); OR
- Close contact (i.e. lived with or provided direct care) with a probable or confirmed case of COVID-19; OR
- Close contact (i.e. lived with or provided direct care) with someone with acute respiratory illness who has recently travelled to an affected area 14 days prior to their illness.

NOTE: This definition including affected areas may change as the situation continues to evolve. See [www.hss.gov.yk.ca/health\\_professionals\\_guidelines.php](http://www.hss.gov.yk.ca/health_professionals_guidelines.php) for ongoing clinician updates and [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html) for UTD affected areas. At time of writing, affected areas include China, South Korea, Italy, Singapore, Japan, Iran, and Hong Kong.

**HCPs must report all patients presenting with signs and symptoms and exposure criteria consistent with COVID-19 infection to the CMOH or designate (see contact numbers on last page), 7 days a week, all hours.**

- If unable to reach directly, leave a message. You should expect a return call within 20 minutes.
- If you do not receive an urgent call back:
  - Contact YCDC (867) 667-5080 (M-F 8:30-4:30) and ask to speak to a nurse about a potential COVID-19 patient.
  - If outside of business hours, call CMOH again. If unsuccessful contact ED doctor on call.

Inform your Community Nursing Manager of all COVID-19 investigations.

Guidance for testing, clinical care and infection control can be found at Guidelines for Health Professionals at [www.hss.gov.yk.ca/health\\_professionals\\_guidelines.php](http://www.hss.gov.yk.ca/health_professionals_guidelines.php)

**This guideline covers three possible scenarios – people who arrive at a primary health care centre unannounced, people who call a primary health care provider and how to transfer patients when further assessment or management is required.**

#### How to prepare your clinic:

- Educate all staff about this situation and specifically about how the virus is spread, that risk of infection is to close contacts and can be prevented with contact and droplet precautions, including:
  - Post signs to help patients self-identify as a potential COVID-19 case.
  - Reception staff should be trained in identifying potential cases.
  - Clinical staff should be familiar with contact and droplet precautions.
  - Appropriate equipment and cleaning materials should be available: required PPE supplies, testing equipment and cleaning supplies.
- Ensure ongoing dialogue with your NIC and Community Nursing Manager

#### Reception staff:

- Reception staff should ask all patients presenting with **fever or cough** if they may have potential exposure to COVID-19 either through travel to affected areas or contact with someone who has been diagnosed with COVID-19 or who has acute respiratory illness and a travel history to affected areas.
- If yes, then reception staff should:
  - Offer patient a mask.
  - Place patient in a separate room (i.e. clinic room) with a closed door or similar separate area.
  - Immediately notify the Primary Health Care Nurse for priority clinical care.

In addition, the following routine measures should continue:

- Continue to apply basic principles of infection control and standard precautions.
- Respiratory hygiene: if patients have refused a mask, ask patient to cough into tissue and to discard, then wash hands.
- Perform hand hygiene immediately after contact with respiratory secretions.
- Prioritize care for symptomatic patients as appropriate.

## What to do if COVID-19 is in your differential diagnosis for a patient in your clinic:

Routine examination can safely occur within a clinic setting for symptomatic patients, provided droplet and contact precautions are in place:

- Upon entering the room HCWs should wear:<sup>2,3</sup>
  - Facial protection: mask and eye protection, or face shield, or mask with visor attachment;
  - a clean, non-sterile, long-sleeved gown;
  - gloves.
- after patient care, appropriate doffing and disposal of all PPE's and hand hygiene should be carried out immediately upon exiting the clinic room.<sup>2,3</sup>
- a new set of PPE's is needed, when care is given to a different patient.<sup>2,3</sup>
- equipment should be either single-use and disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g., by using ethyl alcohol 70%).<sup>3</sup>

If medically stable, management of persons under investigation, contacts and cases of COVID-19 can safely and effectively be managed in rural Yukon. On a case-by-case basis, with consideration of a multifactor risk assessment and dialogue between CMOH, CN and YHC admission to an acute care facility may be considered.

If medically unstable, routine process and decision making including consultation with WGH ER MD and CN manager should occur. See section **How to transfer patients when further assessment or management is required**.

### **Environmental cleaning:**

- Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.<sup>3</sup>
- Routine cleaning with a disinfectant having both a broad spectrum virucide claim (i.e. "broad spectrum sanitizer, virucidal") and a drug identification number (DIN) as printed on the product label, when used according to the manufacturer's instruction is sufficient.<sup>1</sup>
- Public areas where the patient has passed and spent minimal time in (such as waiting rooms) require no additional cleaning.
- Patient rooms and ambulances, should have a terminal clean completed prior to any further use.

### What to do if COVID-19 is in your differential diagnosis for patients on the telephone:

If client requires urgent assessment, follow routine process including ambulance response with droplet, contact and eye protection and ensure PPE are in place. See **How to transfer patients when further assessment or management is required** for more information.

If ambulance is not required, attempt to complete an initial phone assessment that includes:

- Collect patient contact information: name, phone numbers and physical address and alternate contact details if warranted.
- Does the client meet the exposure criteria on page 1?
- Within 14 days of exposure criteria on page 1, does the client have one or more of the following signs/symptoms:
  - Cough
  - Fever
  - Breathing Difficulties
  - Acute Respiratory Distress
  - Pneumonia
  - Severe ILI (influenza-like illness)

**Note initial presentation usually includes mild symptoms. The presence of mild s/s should be considered as present and should trigger further follow-up including testing for COVID-19.**

Plan for when and where follow-up assessment will occur. Consideration can be given to home visit, scheduled appointment and/or more urgent follow-up. Consideration should include:

- Acuity of illness
- Time of call
- Additional assessments, including lab tests or diagnostic imaging that may be required
- Transportation options
- Supports in place for the health care provider
- Mitigation of possible exposure to others

### How to transfer patients when further assessment or management is required:

- It is very important that clients are transferred for further assessment at all health care facilities in a controlled and organized manner. Efforts should be made to limit the use of ambulance service unless deemed medically necessary. Patients should take their own vehicle if they can drive themselves or be driven by someone who has already had close contact with them. Otherwise, patients may need to be transferred via ambulance.
- The receiving facility and dispatch services should be notified that COVID-19 is on the differential diagnosis, to ensure appropriate PPE and other precautions are in place.
- If ambulance dispatch is required:
  - Within your community:
    - ensure persons involved in the response who are within 2 metres of the patient use appropriate PPE.
  - To Whitehorse General Hospital
    - ensure the ER department and EMS are aware COVID-19 is in the differential to support appropriate infection prevention and control precautions are in place.

### References:

<sup>1</sup>PHAC, 2019 novel coronavirus: For health professionals. Date modified: 2020-01-30. Retrieved from [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html)

<sup>2</sup>PHAC, Infection Prevention and Control for Novel Coronavirus (2019-nCoV): Interim Guidance for Acute Healthcare Settings. 25 January 2020

<sup>3</sup>WHO, Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance, 25 January 2020, WHO/2019-nCoV/IPC/v2020.2



**Contact numbers:**

**Dr. Brendan E. Hanley MD CCFP (EM) MPH**  
Chief Medical Officer of Health, Yukon  
204 Lambert Street, 4<sup>th</sup> Floor, Whitehorse,  
PO Box 2703 (H-2)

**Telephone:**

Office: (867) 456-6136

Cell: (867) 332-1160

Fax: (867) 667-8349

**Yukon Communicable Disease Control**  
Hours: Monday- Friday (08:30 to 16:30)  
#4 Hospital Road, Whitehorse, YT Y1A  
3H8

**Telephone:**

Local (867) 667-8323

Within Yukon 1-800-661-0408, ext. 8323

Fax: (867) 667-8349

**Dr. Catherine Elliott MD MHS Sc FRCPC**  
Deputy Chief Medical Officer of Health, Yukon  
204 Lambert Street, 4<sup>th</sup> Floor, Whitehorse,  
PO Box 2703 (H-2)

**Telephone:**

Cell: (867) 335-0546

Fax: (867) 667-8349

**Whitehorse General Hospital**  
#5 Hospital Road, Whitehorse, YT, Y1A 3H7  
**Telephone:** (867) 393-8700  
**Fax:** (867) 393-8772

**WGH Laboratory telephone:** (867) 393-8739