



2019 Novel Coronavirus (COVID-19)

Guidance for Clinical Staff in Family Physicians' Offices

The COVID-19 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 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Refer to current COVID-19 Testing recommendations for testing indication and immediate case management requirement, available at <https://yukon.ca/en/novel-coronavirus-hp>

HCPs must report all patients presenting with signs and symptoms and exposure criteria consistent with COVID-19 infection as required under the Public Health and Safety Act.

All persons investigated must be reported by fax to YCDC

Monday to Friday 830-430: YCDC 667-8323 or 667-5080 Fax: 667-8349

Weekends, holidays and after hours: a/CMOH 335-0546 Fax: 667-8349

Immediate reporting by phone call is required for all persons investigated who may be part of a larger Yukon cluster: hospitalized cases, long term care facilities (residents or staff), health care providers, large gatherings or greater than 5 close contacts.

Guidance for testing, clinical care and infection control can be found at Guidelines for Health Professionals at http://www.hss.gov.yk.ca/health_professionals_guidelines.php

This guideline covers two possible scenarios – people who arrive at a primary health care centre unannounced and people who call a primary health care provider.

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:
 - Institutes processes to support 2 metre social distancing for all interactions.
 - 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. No PPE is required in a community setting outside a 2 metre range.

Reception staff:

- Reception staff should ask all patients presenting with **fever, cough or difficulty breathing** if they may have potential exposure to COVID-19 either through travel (outside Yukon or international) 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 physician 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 or if a mask not available, 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:^{2,3}
 - 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^{2,3}
- a new set of PPE's is needed, when care is given to a different patient^{2,3}
- 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%).³

How to transfer patients to hospital if further assessment or management is required:

- **It is very important that patients are transferred for further assessment 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 institution and the dispatch service should be notified that COVID-19 is on the differential diagnosis, so they can take appropriate precautions. This must occur prior to the patient leaving the clinic setting.
- When COVID-19 is in your differential and a follow-up clinic visit or non-emergency diagnostic care is being considered, please discuss options and approach with CMOH or delegate or YCDC.
- **Ask patients to go to the ED ONLY if urgent medical attention is required.** If directing the patient to ED, call both the MOH or designate **and** the receiving Emergency department to ensure the appropriate infection prevention and control precautions are in place (see how to transfer patients to hospital for additional direction).

Environmental cleaning:

- Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.³
- 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.¹

- Public areas where the patient has passed and spent minimal time in (such as waiting rooms) require no additional cleaning.

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

Individuals who telephone the clinic and meet the current testing recommendations **should be advised not to visit the clinic.**

- Collect patient contact information: name, phone numbers and street address.
- Ask the physician to take the call urgently.
- Clients can be referred to the Respiratory Assessment Centre at the Yukon Convention Centre, 4051 4th Avenue for an assessment.
- If high index of suspicion or complex management call YCDC to arrange for follow up and provide YCDC with the patient contact information.
 - Contact YCDC (867) 667-5080 (8:30-4:30) and ask to speak to a surveillance nurse about a potential COVID-19 patient.
- **Advise patients to stay home and not to go to ED, unless urgent medical attention is required.** If advising patients to go to the ED please Contact YCDC and the receiving Emergency department (see how to transfer patients to hospital for additional direction).

References:

¹PHAC, 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

²PHAC, Infection Prevention and Control for Novel Coronavirus (2019-nCoV): Interim Guidance for Acute Healthcare Settings. 24 February 2020 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

³WHO, Infection prevention and control during health care when COVID-19 is suspected. Interim guidance, 19 March 2020, [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)



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Local (867) 667-8323

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

Fax: (867) 667-8349

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#5 Hospital Road, Whitehorse, YT, Y1A 3H7

Telephone: (867) 393-8700

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