

2019 Novel Coronavirus (2019-nCoV)

Guidance for Clinical Staff in Family Physicians' Offices

The 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 (2019-nCoV) can be found at the PHAC <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Currently, a patient will receive further investigations including testing for 2019-nCoV if they have a **fever or cough and potential exposure** within 14 days of symptom onset and²:

- Travel to China; OR
- Close contact (i.e. lived with or provided direct care) with a probable or confirmed case of 2019-nCoV; 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 may change as the situation continues to evolve. Check http://www.hss.gov.yk.ca/health_professionals_guidelines.php for ongoing updates.

HCPs must report all patients presenting with signs and symptoms and exposure criteria consistent with 2019-nCoV 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 2019-nCoV patient.
 - If outside of business hours, call CMOH again. If unsuccessful contact ED doctor on call.

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:
 - Post signs to help patients self-identify as a potential 2019-nCoV 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.

Reception staff:

- Reception staff should ask all patients presenting with **fever or cough** if they may have potential exposure to coronavirus: either through travel to China or contact with someone who has been diagnosed with coronavirus or who has a travel history to China.
- 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 2019-nCoV 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 2019-nCoV is on the differential diagnosis, so they can take appropriate precautions. This must occur prior to the patient leaving the clinic setting.
- When 2019-nCoV 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 2019-nCoV is in your differential diagnosis for patients on the telephone:

Individuals who telephone the clinic and meet the screening criteria defined on page 1 **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.
- Inform the patient that an infectious disease nurse from YCDC will contact the patient within 1 hour (M-F 08:30-16:30) to evaluate their risk and provide advice about monitoring their health, and arrange further assessment if required.
- **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 nCoV patient.
 - If outside of business hours consult the CMOH at (867) 332-1160 (cell) or DCMOH (867) 335-0546, 7 days a week, all hours.
- **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 call both CMOH 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 <https://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. 25 January 2020

³WHO, 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



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