



**2019 Novel Coronavirus (COVID-19)**  
**Guidance for Community Nursing Health Centres in Rural Yukon**

**Contents**

**Introduction..... 2**

**How to prepare your clinic..... 3**

**Illness.....3**

**Hygiene.....3**

**Reception area.....4**

**Waiting area.....4**

**Common areas for staff and patients .....4**

**Common staff areas .....5**

**Clinical areas.....5**

**Prior to the appointment..... 6**

**Determining the presence or absence of risk factors for COVID-19.....6**

**At the appointment ..... 7**

**When the patient arrives .....7**

**What to do if COVID-19 is in your differential diagnosis for a patient in your clinic.....7**

**When the patient is in the clinic room.....7**

**When the patient is leaving.....8**

**Personal Protective Equipment (PPE) ..... 8**

**How to transfer patients to the hospital if further assessment or management is required..... 8**

**Environmental cleaning ..... 9**

**References..... 10**

**Contact numbers..... 11**

## Introduction

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.

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

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

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 five close contacts.

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 document provides interim considerations for Yukon community health centres regarding provision of care to patients with influenza-like illness (ILI) during the COVID-19 pandemic. While we encourage continued utilization of virtual care, we recognize that some patients will benefit from direct, in-person care. The goal of this document is to assist community health centres in the preparation to resume services and to support the direct provision of care to patients with ILI.

After reviewing the document, if questions remain, please refer to the following:

- For questions regarding Environmental Cleaning/Clinic set up or flow, please contact Environmental Health Services at 867 667-8391 and/or [environmental.health@gov.yk.ca](mailto:environmental.health@gov.yk.ca)
- For questions regards PPE and the management of patients within the clinical setting, please contact Yukon Communicable Disease Control at 867 667-8323.

### **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.
- Ensure ongoing dialogue with your NIC and Community Nursing Manager

### **Illness**

The health of all staff is paramount and must be monitored to assure the health and safety of the rest of the clinical team. No staff members, including administrative, nursing and physicians, should work while sick.

### **Hygiene**

The continuation of basic public health measures shown to reduce the risk of transmission and acquisition of COVID-19 is imperative to all interactions:

- Physical/social distancing
- Hand hygiene
- Respiratory etiquette

Frequent and diligent hand hygiene should be conducted using soap and water or an alcohol-based hand rub (at least 70% alcohol). Staff are encouraged to wash or disinfect hands:

- When entering the health centre
- After using the restroom
- Before and after contact with patients or when doing a procedure
- After removing PPE
- After touching contaminated surfaces or items
- Before eating

Reminders about hand hygiene can be found here: [https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid\\_handwashing\\_web.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid_handwashing_web.pdf)

## Reception area

- Minimize contact with individuals
  - Ensure physical/social distancing
  - Consider adding a barrier (e.g. Plexiglas) or place duct tape on the ground to encourage physical distancing
  - Stagger appointment times
  - Create an area for patient screening and hand sanitizing
- Limit places for patient interaction and disinfect after each patient
- Avoid using shared items such as pens and pencils
- Have masks available for patients if they are presenting with ILI symptoms/COVID-19

## Waiting area

- If possible, designate a separate area for those patients with ILI symptoms/COVID-19
- Promote social distancing by removing chairs or demarcating 2 metres distances on the floor
- Remove any unnecessary items, such as books, magazines, children's toys
- Have a receptacle available for tissue disposal
- Minimize the number of patients (and any accompanying family members) permitted at one time
- Prepare the restrooms – clean frequently, assure an adequate supply of soap, paper towels and proper waste receptacle
- Post visual cues and notices about proper respiratory hygiene, social distancing and hand washing. Resources can be found here: <https://yukon.ca/en/health-and-wellness/covid-19/download-covid-19-resources>
- If possible, remove fabric surfaces

If your waiting area is not large to assure proper physical distancing measures, consider alternative solutions. Such solutions may include having the patient wait in their vehicle or outside (weather permitting) and contacting them when the provider is ready to see them.

## Common areas for staff and patients

- Consider ways to minimize traffic flow in common areas, such as hallways
  - Consider placing physical markings on the floor indicating direction of traffic

### **Common staff areas**

- Limit the number of staff allowed at once time
- Encourage social distancing
- Disinfect frequently touched surfaces often throughout the day
- Consider staggering lunch breaks
- Post visual cues promoting hand hygiene and respiratory etiquette

### **Clinical areas**

Consider how your health centre would like to approach seeing patients presenting with ILI symptoms/COVID-19. There are several possibilities to consider and we encourage you and your staff to discuss and implement a plan that is best suited for your clinical environment/setting and human resources.

Clinic plans may include some of the following:

- Staggering patients
  - Consider having those with an increased risk for COVID-19/ILI be seen during a certain period. For example, those with underlying medical conditions and/or over the age of 65 years can be seen in the morning, the afternoon is reserved for patients with ILI symptoms.
- Designated provider to be the “ILI provider of the day”
  - Each day a provider is assigned to see the patients with ILI symptoms/COVID-19, similar set up to an urgent care or walk-in clinic.
- Designated “skinny” room for seeing patients with ILI symptoms/COVID-19
  - See patients in a room that is bare or with minimal equipment inside. This reduces the risk of contamination and the need for extensive cleaning.

For those health centres where the patient room is also the provider’s documentation area:

- Keep surfaces clear of items as much as possible
- Cover computer mice, keyboards with clear plastic barriers
- Remember to frequently clean high-touch surfaces, including the mouse and keyboard

### **Prior to the appointment**

Patients should be contacted prior to appointment, assessed, and screened for exposure risks of COVID-19 and symptoms of ILI/COVID-19, about 24 hours prior to their appointment. This serve as the first point-of-care (POC) risk assessment. The purpose of the screening is to:

1. Determine the patient's risk of ILI/COVID-19
2. Assign the appropriate appointment time for the patient
3. Explain what the patient can expect when they arrive at the clinic, including recommended public health measures

### **Determining the presence or absence of risk factors for COVID-19**

#### Risk factors for COVID-19:

- Presence of any of the following symptoms: fever and/or chills, cough, difficulty breathing, sore throat, hoarse voice, headache, runny nose, nasal congestion, gastrointestinal symptoms such as diarrhea or vomiting (not otherwise explained), fatigue/muscle aches or loss of sense of taste and/or smell AND
  - Symptom onset within 14 days of all international and out-of-Yukon travel  
OR
  - Symptom onset within 14 days of close contact of symptomatic travelers (close prolonged contact or direct contact with respiratory secretions)
- Presence of any of the following in a person without history of sick contact or travel: fever and/or chills, cough, difficulty breathing

The presence of any of the above risk factors indicate the need for augmentation of Routine Practices, when seeing the patient, and general approach to the patient from arrival to discharge.

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 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.**

## **At the appointment**

### **When the patient arrives**

- Have the patient wash their hands with an alcohol-based hand rub.
- Re-screen the patient for risk factors for COVID-19.
  - For those who are presenting with an ILI and/or the presence of risk factors for COVID-19:
    - 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.
    - Respiratory hygiene: if patients have refused a mask, ask patient to cough into tissue and to discard, then wash hands.
- Remind the patient of physical distancing practices.
- 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:

- See link below for recommended PPE
- 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>1,2</sup>
- A new set of PPE's is needed, when care is given to a different patient<sup>1,2</sup>
- Equipment should be either single-use, disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers).

### **When the patient is in the clinic room**

- If the patient is presenting with ILI and/or presence of risk factors for COVID-19, place mask on prior to entrance to the room.

- No hand shaking.
- Wash hands.
- Don PPE as indicated, if needed, for the encounter.
  - Additional information on how to don PPE can be found here:  
[https://yukon.ca/sites/yukon.ca/files/hss/hss-  
imgs/donning\\_ppe\\_droplet\\_and\\_contact\\_march\\_2020.pdf](https://yukon.ca/sites/yukon.ca/files/hss/hss-<br/>imgs/donning_ppe_droplet_and_contact_march_2020.pdf)

### **When the patient is leaving**

- Have the patient wash or disinfect their hands prior to leaving the health centre.
- After patient leaves, disinfect all patient contacted surfaces.
- 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 PPE was used, doff PPE.
  - Additional information on how to doff PPE can be found here:  
<https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

### **Personal Protective Equipment (PPE)**

For specific information, regarding recommended practices and PPE use in the Yukon Community Health Centres, please visit: <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

### **How to transfer patients to the hospital if 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.

### **Environmental cleaning**

- Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.<sup>2</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>3</sup>
  - General cleaning should occur at least twice daily.
- Public areas where the patient has passed and spent minimal time in (such as waiting rooms) require no additional cleaning.
- Shared equipment should be cleaned between patients – this includes blood pressure cuffs, thermometers, otoscopes, baby scales and examination tables/beds.
- Patient rooms and ambulances, should have a terminal clean completed prior to any further use.

## References

1. PHAC, 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>
2. WHO, 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)
3. 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)
4. College of Physicians and Surgeons of Alberta. "COVID-19: advice to facilities – resumption of service." May 2020. Accessed May 25, 2020. <http://www.cpsa.ca/wp-content/uploads/2020/05/COVID19-CPSA-Advice-to-Facilities-Resumption-of-Services.pdf>
5. Ministry of Health, Ontario. "COVID-19 guidance: primary care providers in a community setting." 22 May 2020. Accessed 25 May 2020.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_primary\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf)



## 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 MSc 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