

The background of the slide features a photograph of a healthcare worker in a blue uniform and mask, attending to a patient. The patient is a woman with long dark hair, wearing a patterned scarf and a dark jacket. The ISC logo is overlaid on the top left of the image.

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# COVID-19 (novel coronavirus): Update

ISC FNIHB OR Communicable  
Disease Unit  
**April 2020**



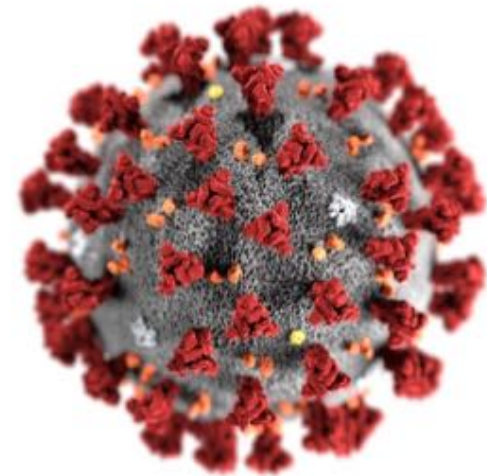
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# COVID-19 Learning Objectives

- History of Emerging Diseases
- Overview of the COVID-19
- Case definition & Reporting Responsibilities
- Routine Personal Protective Equipment
- Resources
- Questions



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# COVID-19 (novel coronavirus)



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# Emerging Infectious Agents

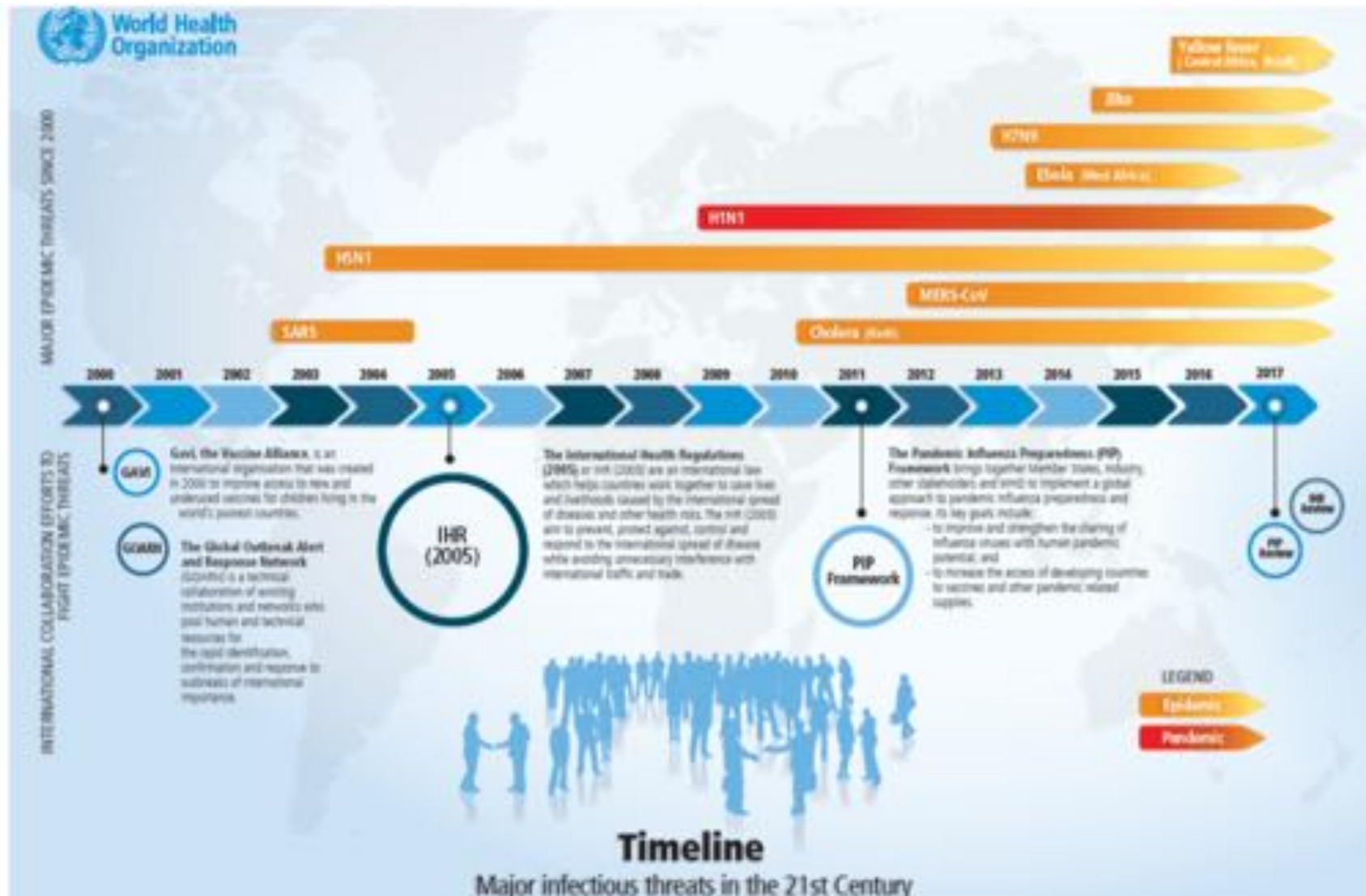
- viruses continue to emerge around the world posing threats to human health and challenges to public health
- 70-80% of these viruses are found in animals
  - some can be transmitted from animals and humans
- factors that contribute to the emergence and spread of infectious diseases include:
  - Population growth
  - Climate change
  - Urbanization
  - International travel

## Examples

- 2002: Severe Acute Respiratory Syndrome coronavirus (SARS-CoV, from bats then to civet cats)
- 2009: H1N1 influenza (from birds)
- 2012: Middle East Respiratory Syndrome coronavirus (MERS-CoV, from camels)
- 2015: Ebola Virus Disease (from bush meat)
- 2019: COVID-19 (novel coronavirus) (from unknown source at this point)



# Major Infectious Disease Threats in 21<sup>st</sup> Century



# Coronavirus

- Family of viruses known to cause mild illness in humans ranging from the common cold, to more severe diseases such as MERS and SARS
- First detected in Wuhan City, Hubei Province, China
- Identified on December 31, 2019, after several unusual pneumonia cases seen in Wuhan
- Genetically distinct from common human coronaviruses
- Monitored closely by both Provincial and Federal Health Authorities

# COVID-19 (Novel Coronavirus)

## Incubation:

- 2-14 days after exposure

## Infectivity:

- duration unknown

## Transmission:

- person to person, especially during close contact
  - e.g. household contacts, clinical care without appropriate PPE
- people at risk include:
  - close contact with animals (e.g. working with animals)
  - family members caring for person infected by new coronavirus
  - health care workers caring for person infected by new coronavirus
  - pre-existing chronic health conditions
  - age

## Symptoms:

- fever
- cough
- difficulty breathing
- pneumonia
- kidney failure
- illness ranges from mild to severe
  - mild
    - flu-like symptoms
  - severe
    - pre-existing chronic health conditions
    - age

## Treatment:

- no treatment or vaccine is available
- supportive care

# Current Situation \*update



## North America: 4,507 cases

- United States – 4,171 cases; 70 deaths
- Canada - 336 cases; 4 deaths (all deaths are in British Columbia)
  - Ontario has:
    - a cumulative total cases of 177
    - 1537 persons under investigation (PUI) pending results
    - **To Date- there have been no reported cases in First Nations communities**



# COVID-19 Basics

- People infected with the virus experience mild symptoms
  - a small portion of people experience more severe disease
- People with a weakened immune system are at risk of complications:
  - Older people
  - People with chronic disease
    - diabetes
    - cancer
    - heart disease
    - renal disease
    - chronic lung disease

# Transmission & Communicability

## Transmission:

- Droplet/Contact
- Generally not airborne unless through an aerosolizing procedure
  - Currently no evidence COVID-19 is transmitted via airborne route

## Incubation & Communicability:

- The incubation period is up to 14 days
  - Current estimates range 0-14 days with average of 5-6 days between infection and onset of clinical symptoms of the disease
  - People maybe infected with COVID-19 may be infectious before showing symptoms
    - However, the people who have symptoms are causing the majority of virus spread
  - Cessation of symptoms indicate that the period of communicability is ending
  - Two consecutive negative laboratory test results, at least 24 hours apart, can be used to determine the end of the communicable period

The background of the slide features a photograph of two women. On the left, a woman with long dark hair is seen in profile, looking down at a document. On the right, a woman with long brown hair and a patterned scarf is looking at a tablet. The ISC logo and the title 'Reporting Responsibilities' are overlaid on this image.

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# Reporting Responsibilities



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# What are legal requirements for CD Case Management?

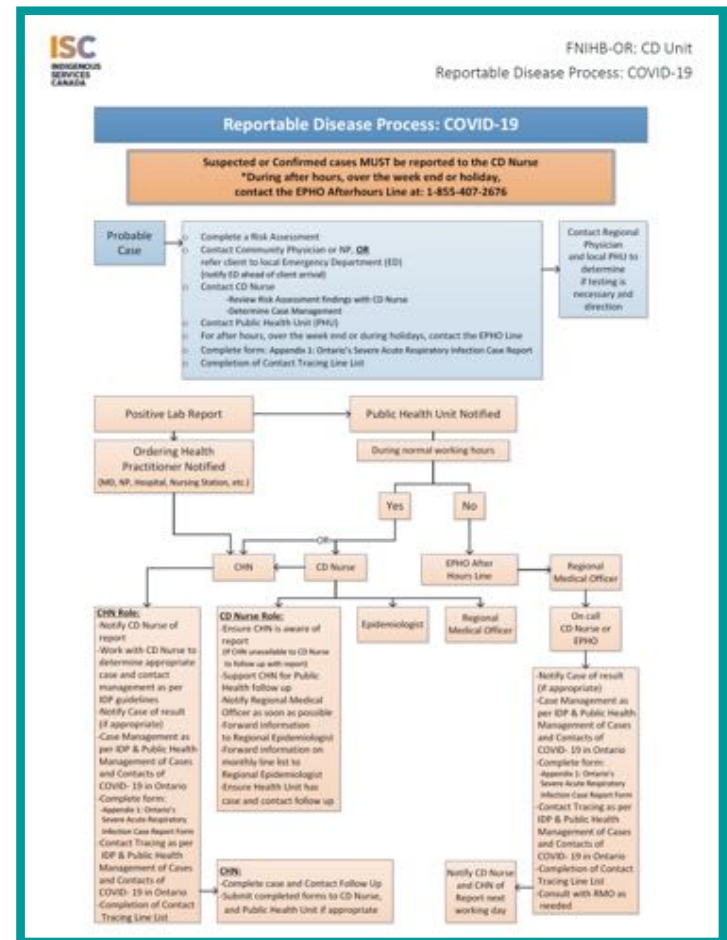
Health Protection and Promotion Act

Diseases of Public Health Importance

Infectious Diseases Protocol: Appendix B

FNIHB-OR Reporting

- Appendix 1: Ontario's Severe Acute Respiratory Infection Case Report
- Contact Tracing: Line List



# Public Health Role (CHN/PHN) for COVID-19 Control and Management

## 1) Confirm Diagnosis

- Positive report or PROBABLE case
  - Review Appendix B (IDP) to confirm case definition and if reportable
  - Review Risk Assessment
- Contact RMO

## 2) Case Management

Review Appendix A (IDP)  
Review Public Health Management of Cases and Contacts of COVID-9 in Ontario  
Completion of Appendix 1: Ontario's Severe Acute Respiratory Infection Case Report Form  
Counselling & Health Education to client/family/care givers

## 3) Contact Tracing

- Obtain list of contacts as per Public Health Management of Cases and Contacts of COVID-9 in Ontario
- Contact contacts for follow up notification and health education
- Completion of Contact Tracing: Line List



# Diseases of Public Health Significance

Upon receiving positive lab report:

- Confirm report with
  - Reportable Disease List
  - Infectious Diseases Protocol

## Added to the RDF

Coronavirus associated disease, novel, including:

1. Severe Respiratory Syndrome (SARS)
2. Middle East Respiratory Syndrome (MERS)
3. 2019-novel coronavirus

**\*\*Confirmed or Probable cases need to be consulted with CD Nurse/EPHO/Medical Officers**

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**LIST OF DISEASES OF PUBLIC HEALTH SIGNIFICANCE TO REPORT**

The following is a list of Diseases of Public Health Significance that must be reported (as per Ontario Regulation 135/18 and Reg. 569 under the Health Protection and Promotion Act R. S. O. 1990, Chapter H.7) within the prescribed timelines for reporting. **NOTE:** In the case of an outbreak involving any of the diseases listed below, please contact the zone CD nurse who will contact the Regional Medical Officer for instructions.

|   |  |
|---|--|
| Acquired Immunodeficiency Syndrome (AIDS), including Human Immunodeficiency Virus (HIV) | <u>Hepatitis, viral</u>  |
| *Acute Flaccid Paralysis  | 1. <u>Hepatitis A</u>  |
| Amebiasis   | 2. <u>Hepatitis B</u>  |
| Anthrax   | 3. <u>Hepatitis C</u>  |
| Blastomycosis   | **Influenza  |
| Botulism  | <u>Lassa Fever</u>   |
| Brucellosis   | <u>Legionellosis</u>   |
| Campylobacter enteritis   | Leptosy  |
| Carbapenemase-producing Enterobacteriaceae  | <u>Listeriosis</u>   |
| Chancroid   | Lyme Disease   |
| **Chickenpox (Varicella)  | ** <u>Measles</u>  |
| Chlamydia trachomatis infections  | <u>Meningitis, acute</u>   |
| Cholera   | 1. <u>Bacterial</u>  |
| Clostridium difficile associated disease (CDAD), outbreaks in public hospitals          | 2. <u>Viral</u>  |
| Coronavirus associated disease, novel, including:                                       | 3. <u>Other</u>  |
| 1. <u>Severe Respiratory Syndrome (SARS)</u>  | <u>Meningococcal disease, invasive</u>   |
| 2. <u>Middle East Respiratory Syndrome (MERS)</u>                                       | **Mumps  |
| 3. <u>2019-novel coronavirus</u>  | Ophthalmia neonatorum  |
| <u>Creutzfeldt-Jakob Disease, all types</u>   | Paralytic Shellfish Poisoning  |
| Cryptosporidiosis   | <u>Parvovirus</u>  |
| Cytomegalovirus   | **Pertussis (Whooping Cough)   |
| **Diphtheria  | <u>Rabies</u>  |
| Encephalitis, including:  | Pneumococcal disease, invasive   |
| 1. Primary, viral   | ** <u>Poliovirus, acute</u>  |
| 2. Post-infectious  | Psittacosis/Oornithosis  |
| 3. Vaccine-related  | <u>Q Fever</u>   |
| 4. Subacute sclerosing panencephalitis  | <u>Rabies</u>  |
| 5. Unspecified  | <u>Respiratory infection outbreaks in institutions and public health hospitals</u>                           |
| Echinococcus multilocularis   | <u>Rubella</u>   |
| Food poisoning, all causes  | <u>Rubella, congenital syndrome</u>  |
| Gastroenteritis, institutional outbreaks  | Salmonellosis  |
| Giardiasis, except asymptomatic cases   | <u>Severe Acute Respiratory Syndrome (SARS)</u>  |
| Gonorrhea   | Shigellosis  |
| Group A Streptococcal disease, invasive   | <u>Smallpox</u>  |
| Group B Streptococcal disease, neonatal   | Syphilis   |
| Haemophilus influenzae disease all types, invasive                                      | *Tetanus   |
| Hantavirus Pulmonary Syndrome   | Trichinosis  |
| Hemorrhagic fevers, including:  | Tuberculosis   |
| 1. <u>Ebola virus disease</u>   | Tularemia  |
| 2. <u>Marburg virus disease</u>   | Typhoid Fever  |
| 3. <u>Other viral causes</u>  | <u>Verotoxin-producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)</u> |
|   | West Nile Virus illness  |
|   | Yersiniosis  |

**NOTE:** Diseases underlined need to be reported to the CD nurse immediately via telephone. Other diseases can be reported by the next working day by fax, telephone, or email.

\*Diseases for which a clinical diagnosis alone is sufficient to confirm cases for reporting purposes.

\*\*Diseases for which clinically compatible signs or symptoms AND an epidemiological link to a lab-confirmed case is sufficient to confirm cases for reporting purposes.

Last Revised Feb 2020

Found on the back of the Reportable Disease Form

# Case Definition & Reporting

1

- Case Definitions are updated regularly by the Ministry of Health
  - Communications are sent out from the CD Unit related to definition changes
- Report any probable or confirmed cases immediately to CD Nurse/EPHO After Hours Line
  - CD Nurse/EPHO will follow up with Regional physician and local Public Health Unit who will determine if testing is indicated

## Visit PHO for testing information:

<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

Ontario 

## Case Definition – Novel Coronavirus (COVID-19)

These case definitions are for surveillance purposes and they are current as of March 30 2020. They are not intended to replace clinical or public health practitioner judgment in individual patient assessment and management.

### A. Person Under Investigation

There is no longer a PUI case definition for surveillance purposes (see footnote 12)

### B. Probable Case

- A. A person with fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough **AND** any of the following within 14 days prior to onset of illness:
- Travel to an impacted area **or**
  - Close contact with a confirmed or probable case of COVID-19 **or**
  - Close contact with a person with acute respiratory illness who has been to an impacted area
- AND** in whom laboratory diagnosis of COVID-19 is not available, inconclusive, or negative (if specimen quality or timing is suspect) (see footnote 5,6,7)
- OR**
- B. A person with fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough **AND** in whom laboratory diagnosis of COVID-19 is inconclusive (see footnotes 6,7)

### C. Presumptive Confirmed Case

Based on the evolving situation with COVID-19 there is no longer a Presumptive Confirmed Case definition for surveillance purposes

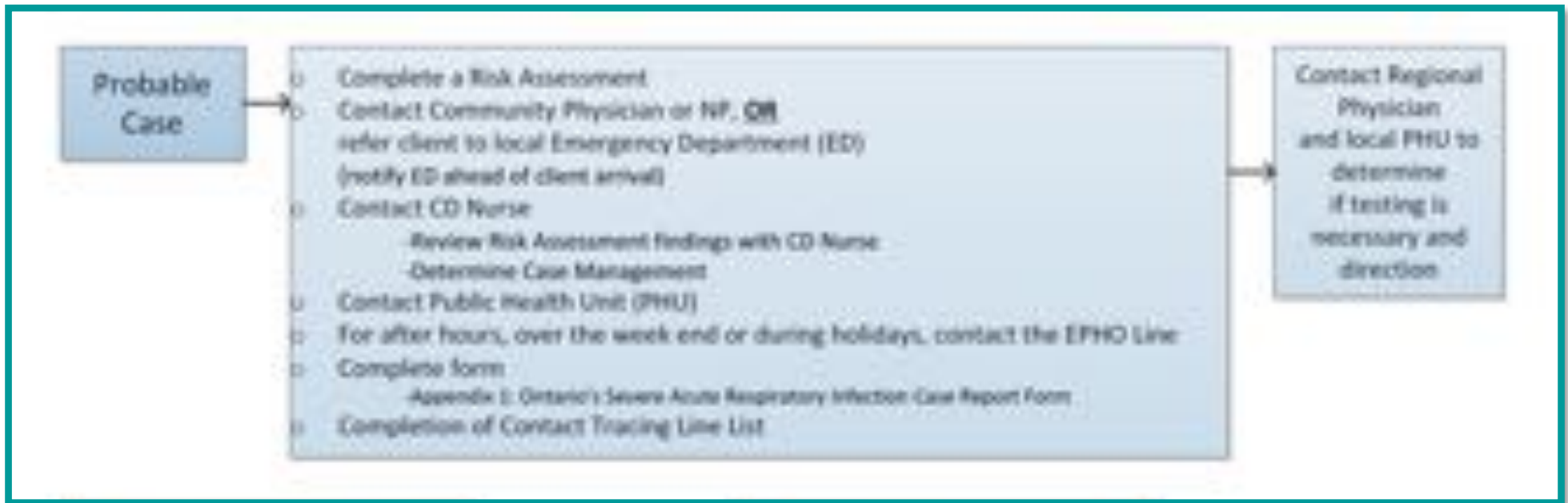
### D. Confirmed Case

A person with laboratory confirmation of COVID-19 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g., hospital or community laboratories). (see footnote 9)

# Reportable Disease Process: COVID-19

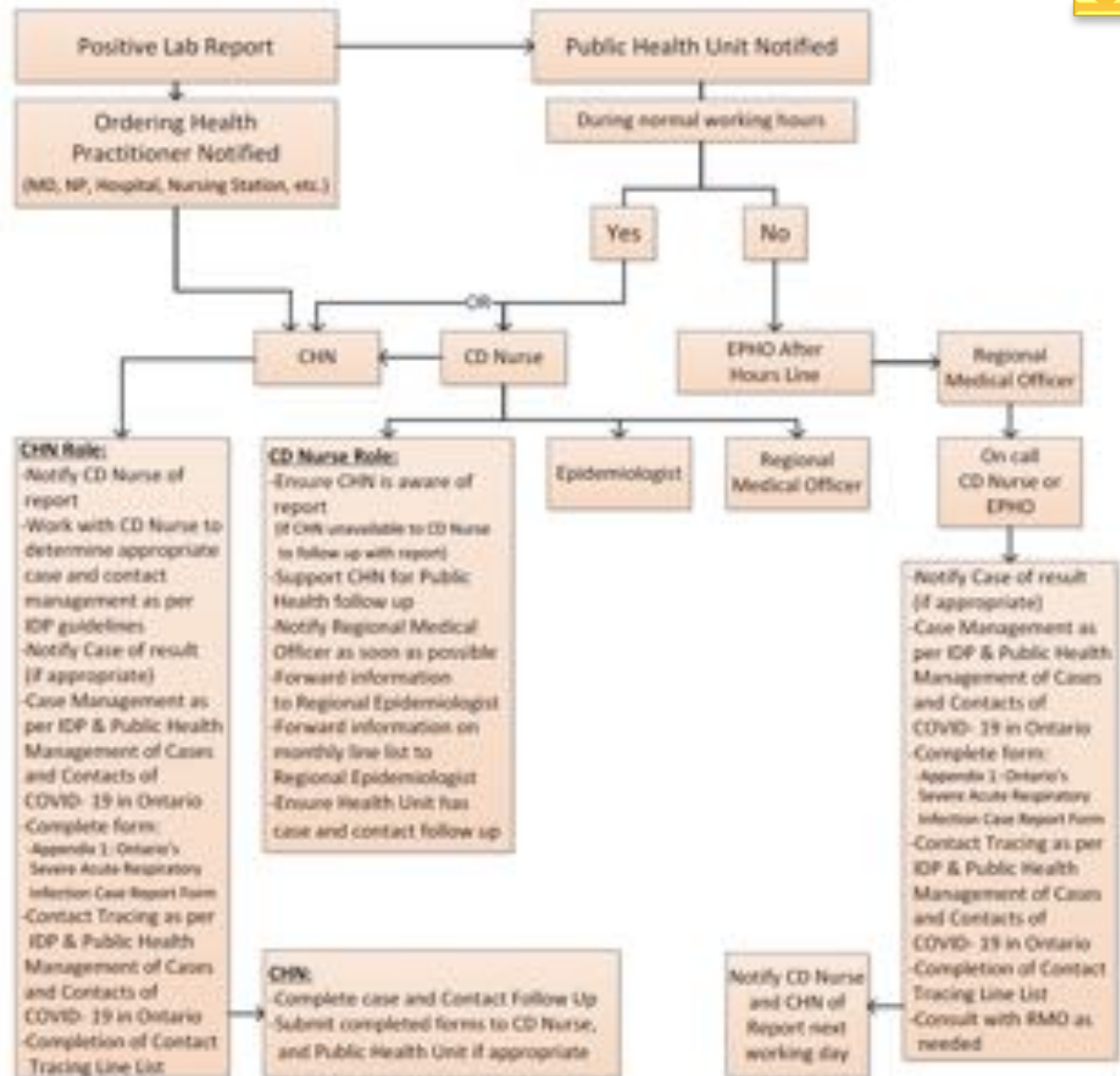
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## Probable Case:



# Positive Case:

1





# Ontario Public Health Standards: Infectious Diseases Protocol



[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/infdispro.asp](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.asp)

X

Ministry of Health  
Infectious Diseases Protocol

## Appendix A: Disease-Specific Chapters

Chapter: Diseases caused by a novel coronavirus,  
including Severe Acute Respiratory Syndrome (SARS)  
and Middle East Respiratory Syndrome (MERS)  
Effective: January 2020

Ministry of Health  
Infectious Diseases Protocol

## Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Diseases caused by a novel coronavirus,  
including Severe Acute Respiratory Syndrome (SARS)  
and Middle East Respiratory Syndrome (MERS)  
Effective: January 2020

Ontario

Ontario



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# Case Management



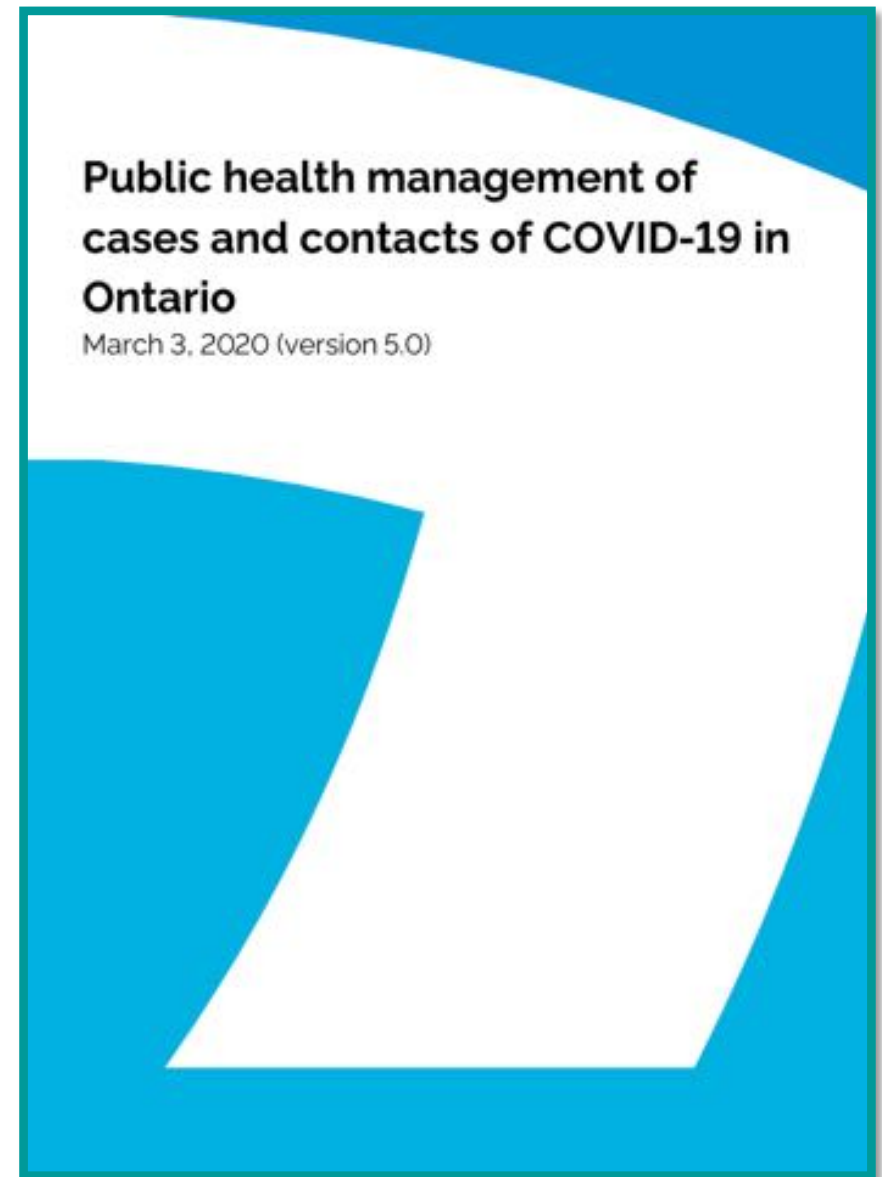
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# Case Management

- Case follow-up and monitoring
- Self-isolation for cases/PUIs in the household setting
- Occupational health & safety and infection prevention & control advice for acute care settings



# Resources for COVID-19 Follow Up:

- [MOH Case Definition- Novel Coronavirus \(COVID-19\)](#)
- [Ministry of Health: Infectious Disease Protocol- Appendix A \(Coronavirus\)](#)
- [Ministry of Health: Infectious Disease Protocol- Appendix B \(Coronavirus\)](#)
- Public Health Management of Cases and Contacts of COVID-19 in Ontario
  - Appendix 1: Ontario's Severe Acute Respiratory Infection Case Report Form
- [FNIHB-OR: Contact Tracing Line List](#)

# 2

- ## Appendix 1: Ontario's Severe Acute Respiratory Infection Case Report Form

|   |  |
|---|--|
| iPHIS Case ID: _____  |  |
| <b>CLIENT RECORD</b>  |  |
| Last name: _____<br>First name: _____<br>Usual residential address: _____<br>_____<br>City: _____ Province/Territory: _____<br>Postal code: _____<br>Responsible Health Unit: _____<br>Branch office: _____<br>Diagnosing Health Unit: _____<br>Phone number(s): (____) _____ - _____<br>(____) _____ - _____<br>Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) |  |
| <b>PROXY Information</b>  |  |
| Is respondent a proxy? (e.g., for deceased patient, child)<br><input type="checkbox"/> No <input type="checkbox"/> Yes (complete information below)   |  |
| Last name: _____<br>First name: _____<br>Relationship to case: _____<br>Phone number(s): (____) _____ - _____<br>(____) _____ - _____   |  |
| <b>Contact information for health unit person reporting</b>   |  |
| Name: _____<br>Telephone #: (____) _____ - _____<br>Email: _____  |  |

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# Contact Tracing

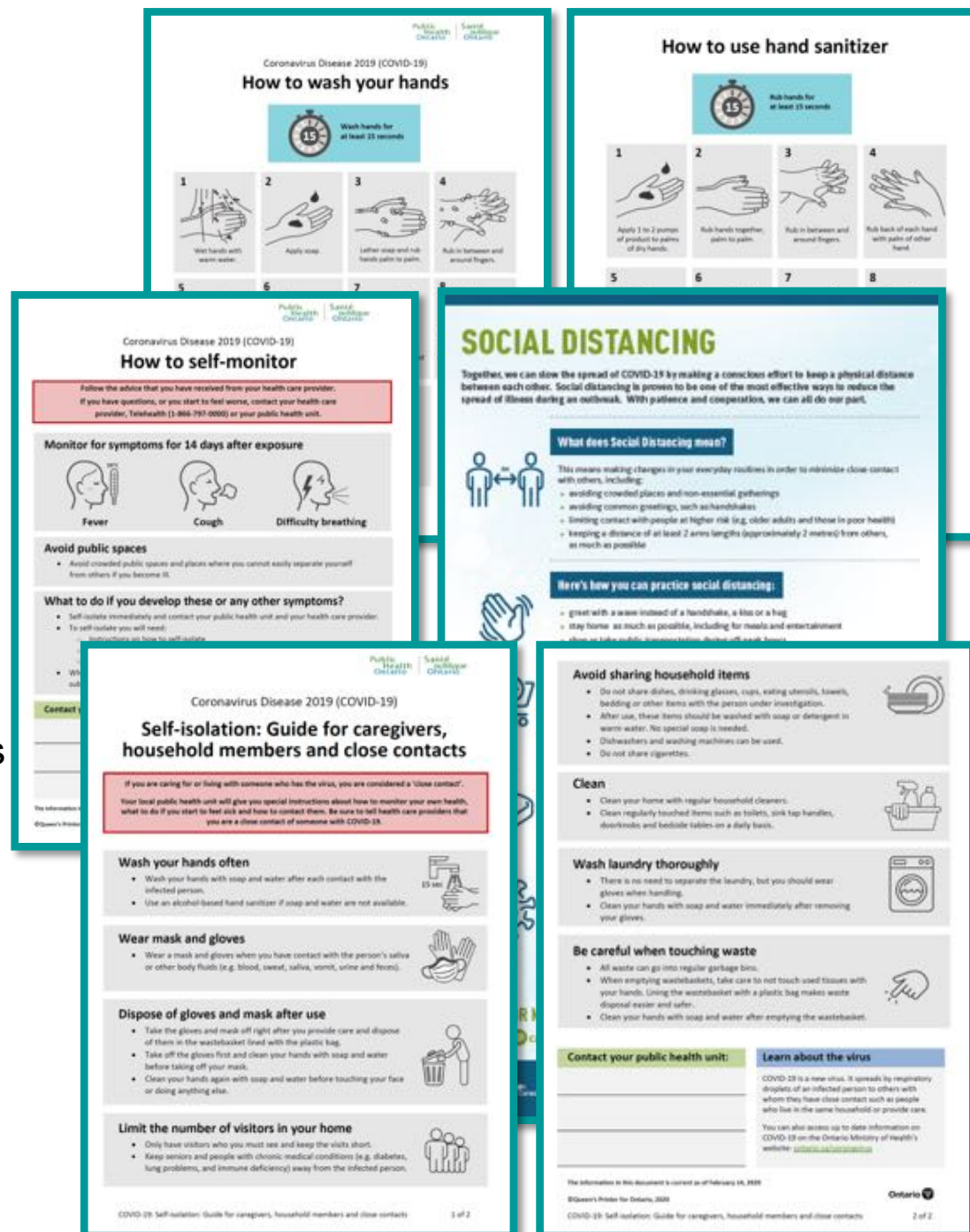
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- The identification of a probable, presumptive confirmed or confirmed case triggers an investigation
  - Assess potential exposures within the **14 days prior to symptom onset**
  - Evaluate potential transmission among close contacts
- **A close contact is defined as:**
  - A person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact**OR**
  - Who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

**For further information regarding case and contact management activities, refer to the guidance document: Public Health Management of Cases and Contacts of COVID-19 in Ontario**
- Contact tracing should start from the last day the case felt asymptomatic/well (i.e., **48 hours** prior to symptom onset)
  - As early symptoms of COVID-19 may be mild and non-specific, and there have been early reports of potential asymptomatic transmission

# Client Resources

- How to wash your hands
- How to use hand sanitizer
- Frequently asked questions: General
- Frequently asked questions: Self-isolation vs Self-quarantine
- How to self-isolate
- How to self-quarantine
- How to self-monitor
- Self-isolation and self-quarantine recommendations for confirmed and probable cases, and those with symptoms COVID-19
- Self-Isolation Goals for Caregivers, Household Members and Close Contacts
- Cleaning & Disinfecting Public Areas
- Social Distancing





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# Routine Personal Protective Equipment (PPE)

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# Infection Prevention and Control

- **PPE: contact, droplet precautions**  
are encouraged should a patient present **with the criteria outlined** in the Ministry's guidance document
- additional information related to routine practices and additional precautions for the Coronavirus is found within the Ministry document
- IPAC recommendations and resources may be found in FNIHB-OR Nursing policies ([Onehealth.ca](http://Onehealth.ca))
- **the application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA)**

Ontario

Ministry of Health

**COVID-19 Guidance: Primary Care Providers in a Community Setting**

Version 3 - March 20, 2020

**Highlights of changes**

- Implementing a system for virtual and/or telephone consultations
- Referrals to local assessment centres
- Conducting clinical examination and specimen collection using Contact/Droplet precautions
- Link to latest case definition, signage and PHO IPAC recommendations

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, the latest case definition, FAQs, and other pertinent information: [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)

### General

1. All primary care providers are encouraged to implement a system for virtual and/or telephone consultations when and where possible. When possible, conduct a consultation over the phone to determine if a virtual/telephone or in-person appointment is necessary. The purpose of this is to support social distancing and minimizing contact of persons who may have COVID-19 with health care settings.
2. Non-essential face-to-face appointments should be postponed or converted to virtual appointments

1 | Page



# Summary of PPE Recommendations

## Key Points:

- Health care workers should perform a Point of Care Risk Assessment (PCRA) for task, patient, and environment encounters. Based on the PCRA additional PPE may be required
- For every patient and/or patient environment encounter, apply the [four moments of hand hygiene](#)
- Droplet and Contact precautions are recommended for the routine care of patients with suspected or confirmed COVID-19. This includes: surgical/procedure mask, isolation gown, gloves, and eye protection (goggles/face shield)
- Airborne precautions should be used when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID-19. This includes: fit-tested N95 respirator, isolation gown, gloves, eye protection (goggles/face shield), and a negative pressure room (if available). The collection of nasopharyngeal swab or throat swab is NOT considered an AGMP
- PPE is one effective measure in prevention of transmission, in addition to administrative and environmental controls (see "In addition to PPE below")



# Summary of PPE Recommendations

## Aerosol Generating Medical Procedures (include but not limited to):

- Endotracheal intubation, airway management, cardio-pulmonary resuscitation (CPR)
- Open airway suctioning, tracheostomy care, or sputum induction (diagnostic or therapeutic)
- High flow oxygen therapy, positive pressure ventilation for acute respiratory failure (e.g. CPAP, BiPAP)
- Administration of aerosolizing or nebulizing medications

# Summary of PPE Recommendations

In addition to PPE, these measures help to prevent transmission:


- Administrative Controls includes but not limited to: active and passive screening of patients, use of physical barriers, masks and hand sanitizer at reception, keep 2 metres distance, virtual care, visitor restriction policy
- Environmental Controls includes but not limited to: rearrange clinic to improve distancing with patient, restrict entrances and areas to higher risk patients, keep clinic windows open if possible
- Practice and encourage physical distance of 2 metres
- Perform frequent hand hygiene and respiratory etiquette
- Hand hygiene should be performed at minimum: when donning/doffing PPE, after blowing your nose/coughing/sneezing, before and after patient care, after washroom use or changing a diaper, after touching the garbage, and before handling food. IPAC & PPE information and videos are available on [Onehealth](#)
- Avoid touching your eyes, nose and mouth, if you do, perform hand hygiene before and after
- Clean and disinfect equipment and rooms between patients, and frequently for high-touched surfaces
- PPE should be discarded in appropriate waste container after use, and hand hygiene must be performed
- Limit number of health care workers to essential numbers to care for suspect/confirmed COVID-19 case
- Bundle activities to minimize number of times a room is entered
- Limit number of visitors into COVID-19 patient's room and/or home, delaying if possible
- If visitors enter patient's room, PPE and donning and doffing instructions should be provided
- Public health investigators (those helping with case and contact management) must be trained in performing hand hygiene and use of PPE if conducting interviews in the home

# Summary of PPE Recommendations

## Use of PPE in Community:

- The Public Health Agency of Canada recommends the use of medical masks by health care workers and those providing direct care to COVID-19 patients. The use of surgical masks by non-health care workers is indicated for:
  - Sick people: when leaving self-isolation for medical appointment; or if cannot self-isolate from others in the home
  - Well people: when providing care to someone in the home; or if the ill person cannot self-isolate in the home
- Wearing a non-medical mask, such as a cloth mask, is an additional measure to protect others from your respiratory droplets, such as during a cough and sneeze, in addition to frequent hand washing and physical distancing. It is not proven to protect the person who is wearing the mask. If you choose to wear one, remember:
  - Wash your hands before putting it on and after taking it off, do not touch your eyes or the mask while wearing it
  - The mask should fit well (no gaps) and should not be shared with others
  - When taking it off, put it directly into the washing machine and wash in hot cycle (can be washed with laundry)
- PPE is not required to handle cargo/supplies from affected areas, hand hygiene is routinely recommended after handling cargo/supplies

# COVID-19 Public Health & PPE Resources

FNIHB-OR: CD Unit  
COVID-19 Public Health & PPE Resources  
April 9, 2020

## COVID-19 Public Health & PPE Resources

\*Please share this communication with CHNs, or other allied service providers and supports within your zone

In the event of a probable or confirmed COVID-19 case:

- During regular hours, CHNs are to contact their assigned CD Nurse
- For afterhours, over the weekend or during a holiday, contact the EPHO afterhours line at 1-855-407-2676
- Public Health Management Forms for COVID-19 Cases are available on [Onehealth.ca](https://www.onehealth.ca)
  - [Appendix 1 - COVID-19 Follow-up Form](#)
  - [Appendix 2 - Routine Activities - Promote Worksheet Case](#)
  - [Appendix 3 - Daily Clinical Update Acute Care](#)
  - [Appendix 4 - Client Monitoring Tracking Record](#)
  - [Appendix 5 - Contact Tracing Worksheet](#)

The CD Team will help CHNs navigate through a probable or confirmed case as needed, along with the required forms or any additional questions related to COVID-19

Communication with Chief and Council regarding a positive COVID-19 case within the community

- CD Nurse contacts CHN (or NIC), CHN (or NIC) then contacts the Health Director (HD) or Chief
- If no CHN available (or unknown), then CD Nurse to contact HD
- If no HD or unavailable, then FNIHB-OR Public Health Physician to contact Chief directly

*\*No client identifiers are to be provided to the Health Director or Chief and Council to ensure client confidentiality*

National PPE stockpile requests & orders received over the holiday

The team at National office continues to work to fill PPE requests daily, however, due to shifts in operational capacity at Canada Post for the upcoming weekend, the team will not be fully staffed. If you were anticipating placing an order over the holiday week end and require a quick turnaround time, indicate this within your form submission. National office will try to ensure the quickest possible delivery.

COVID-19 Screening Tool for Health Centres (attached)

- An optional screening tool developed health centres in screening individuals for COVID-19

FNIHB-OR: PPE Resource (attached)

- The attached document summarizes the recommendations of PPE for COVID-19, based on:
  - Public Health Ontario: Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19, March 25<sup>th</sup>, 2020
  - WHO: Rational Use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19), March 19<sup>th</sup>, 2020
  - FNIHB Medical Client Transport Directive March 23<sup>rd</sup>, 2020
  - PHAC Coronavirus Disease (COVID-19): Prevention and Risks April 7<sup>th</sup>, 2020
- Use of masks within community is also highlighted within the document

Onehealth

- Please note: The new URL Ontario OneHealth website is now <https://www.onehealth.ca/en>
- It is no longer <https://www2.onehealth.ca>

# COVID-19 Public Health & PPE Resources

## COVID-19 Fact Sheets (available on [Onehealth.ca](https://onehealth.ca))

- Various fact sheets related to COVID-19 are available on [Onehealth.ca](https://onehealth.ca) including:
  - [Covid-19 Isolation Quarantine Reference Tool - March 2020 v2](#)
  - [FNIHB Covid-19 Caregiver Isolation Guide - March 2020](#)
  - [FNIHB FAQ General - March 2020](#)
  - [FNIHB FAQ Self-Isolation vs Self-Quarantine Fact Sheet - March 2020](#)
  - [FNIHB Self-Isolation Fact Sheet - March 2020 v2](#)
  - [FNIHB Self-Quarantine Fact Sheet - March 2020 v2](#)
  - [FNIHB Strategies for Self-Isolation - March 2020](#)

## Ministry of Health Guidelines related to COVID-19 as of April 3, 2020: Guidance for the Health Sector

- Updated case definitions can found at (a copy of the case definition is included in the attachments):  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)
- MOH Guidelines can be found on the above link
- Provincial guidelines include:

### Health Sector Resources

[Guidance for Primary Care Providers in a Community Setting](#)  
[Guidance for Acute Care](#)  
[Guidance for Home and Community Care Providers](#)  
[Guidance for Long-Term Care Homes](#)  
[-Long-Term Care Homes COVID-19 Screening Checklist](#)  
[Guidance for Paramedic Services](#)  
[Guidance for Independent Health Facilities](#)  
[Community Labs and Specimen Collection Centres](#)  
[Guidance for Community Pharmacies](#)  
[Guidance for Occupational Health and Safety](#)  
[Guidance for Consumption and Treatment Services](#)  
[Quick Reference: Public Health Guidance on Testing and Clearance](#)

### Guidance for Other Sectors

[Guidance for Food Premises](#)  
[Guidance for Industry Operators](#)  
[Guidance for Emergency Childcare Centres](#)  
[Guidance for Funeral and Bereavement Services](#)  
[Guidance for Temporary Foreign Workers](#)  
[Guidance for Homeless Shelters](#)  
[Guidance for Group Homes and Co-Living Settings](#)

### Mental Health Resources

[Talking to Children About the Pandemic](#)  
[Resources for Ontarians Experiencing Mental Health and Addictions Issues During the Pandemic](#)



# Use of IPAC Policy & Procedure

IPAC  
Policy &  
Procedure  
Manual is  
available on  
[Onehealth.ca](http://Onehealth.ca)

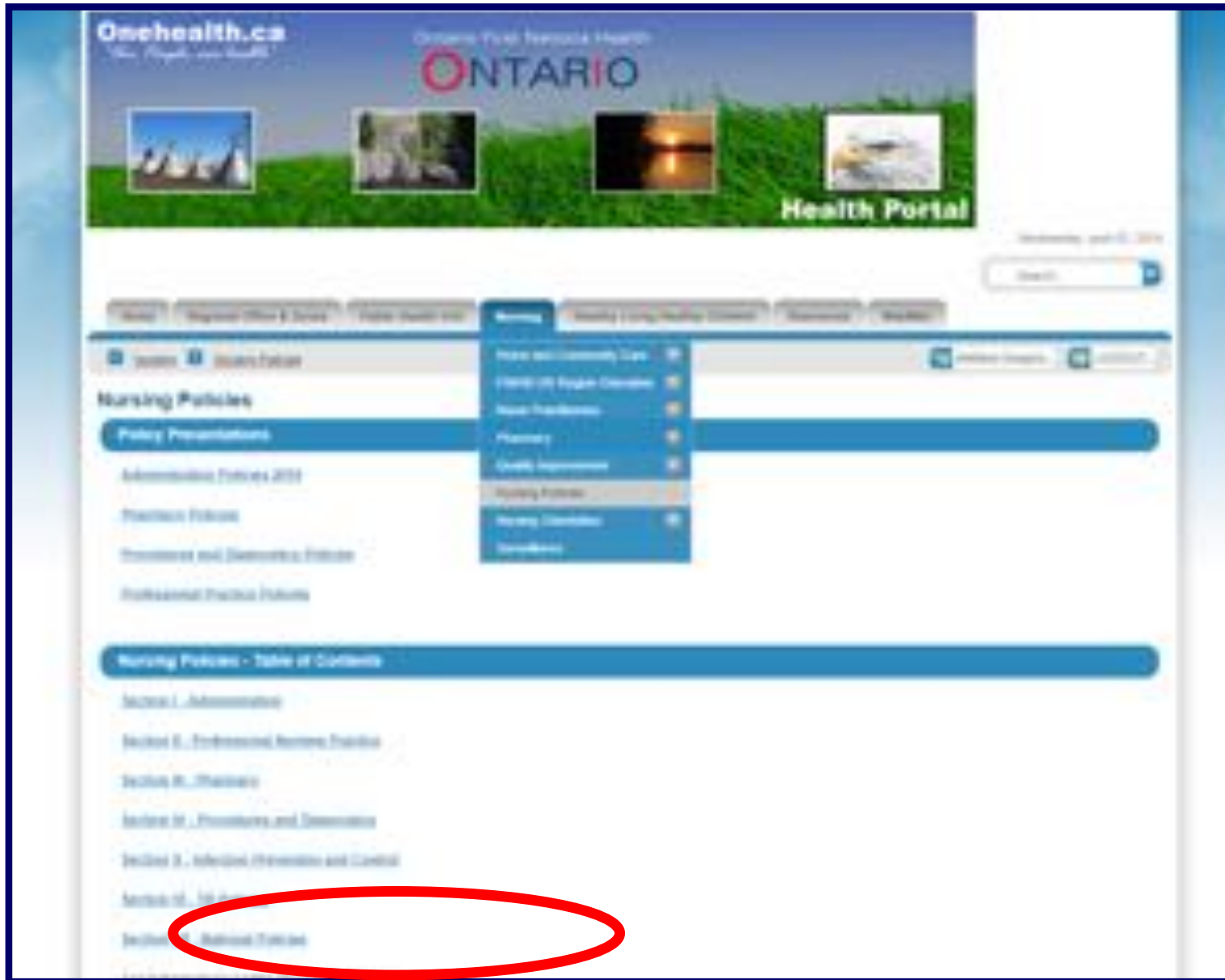
## Suggested Ways to use the IPAC Policy and Procedure Manual

1. Keep this manual in a readily available place as a reference on current IPAC best practices in the health care setting.
2. This manual should be used as part of the IPAC orientation for newly hired HCPs.
3. FNIHB staff should review this manual and could use this activity as part of their individual Learning and Development Plan within the Performance Management Agreement.
4. Supervisors/managers can use the policies and procedures to audit IPAC best practices in the health care setting and to develop appropriate education plans for the HCPs they supervise/manage.
5. In order to use this manual to capacity, FNIHB HCPs should review the next section (Overview of the Chain of Transmission) of this manual as part of their orientation and/or Learning and Development Plan to understand the basic principles behind infection prevention and control and how it relates to all health care delivery by all health care providers.

The policies and procedures in this manual are primarily based on the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice documents. The best practices in this manual reflect the best evidence available at the time of development. As new information becomes available, these policies and procedures will be reviewed and updated.



# Location of FNIHB-OR: IPAC Policy & Procedure Manual



# Content of FNIHB-OR: IPAC Policy & Procedure Manual

## 10 Focus Areas

1. Overview of Chain of Transmission
2. Healthy Workplace
- 3. Hand Hygiene**
- 4. Routine Practices**
- 5. Additional Precautions**
6. Antibiotic Resistant Organisms
7. Specimen Collection, Storage, & Transportation Antibiotic Resistant Organisms
8. Principles of Cleaning and Disinfecting Environmental Surfaces
9. Management of Single Use & Reusable Medical Equipment/Devices
10. Post Mortem Care in the Health Facility

The background of the slide features a photograph of a healthcare worker in a blue uniform, wearing a face shield and gloves, attending to a patient. The ISC logo is overlaid on the top left of this image.

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# Routine PPE



Indigenous Services  
Canada

Services aux  
Autochtones Canada

Canada

# POINT-OF-CARE RISK ASSESSMENT (PCRA)

- determining if there is a risk of HCP being exposed to an infectious agent for a specific interaction, with a specific client, in a specific environment and under current conditions
- choosing the appropriate actions (e.g. placing the client in a single room) and PPE needed to minimize the risk of exposure
- PCRA is performed by HCP to determine:
  - the appropriate IPC measures for safe client care (e.g., to protect the client from transmission of microorganisms)
  - to protect the HCP from exposure to microorganisms (e.g., from sprays of blood)

# POINT-OF-CARE RISK ASSESSMENT (PCRA)

## **PCRA should be performed prior to every client interaction:**

- What type of contact will I have with the client or their environment?
- What task(s) or procedures(s) will I do?
- Will my hands be exposed to blood, other body fluids or contaminated items?
- Will my face be exposed to splashes or sprays?
- Will my clothing or skin be exposed to splashes or sprays?

# POINT-OF-CARE RISK ASSESSMENT

## Notes

This PCRA applies to all patients at all times in all healthcare settings, when contact with the patient or environment is expected.

Use in addition to AP if patient has already been placed on AP.

Follow the appropriate AP algorithm if patient has indications for AP (see yellow box *Indications for AP*)

## Legend

PCRA = Point-of-care risk assessment

AP = Additional precautions

Facial protection = mask and eye protection, face shield, or mask with visor attachment

PPE = Personal protective equipment

## Indications for AP

New or worse respiratory symptoms – See *Respiratory Illness Algorithm*

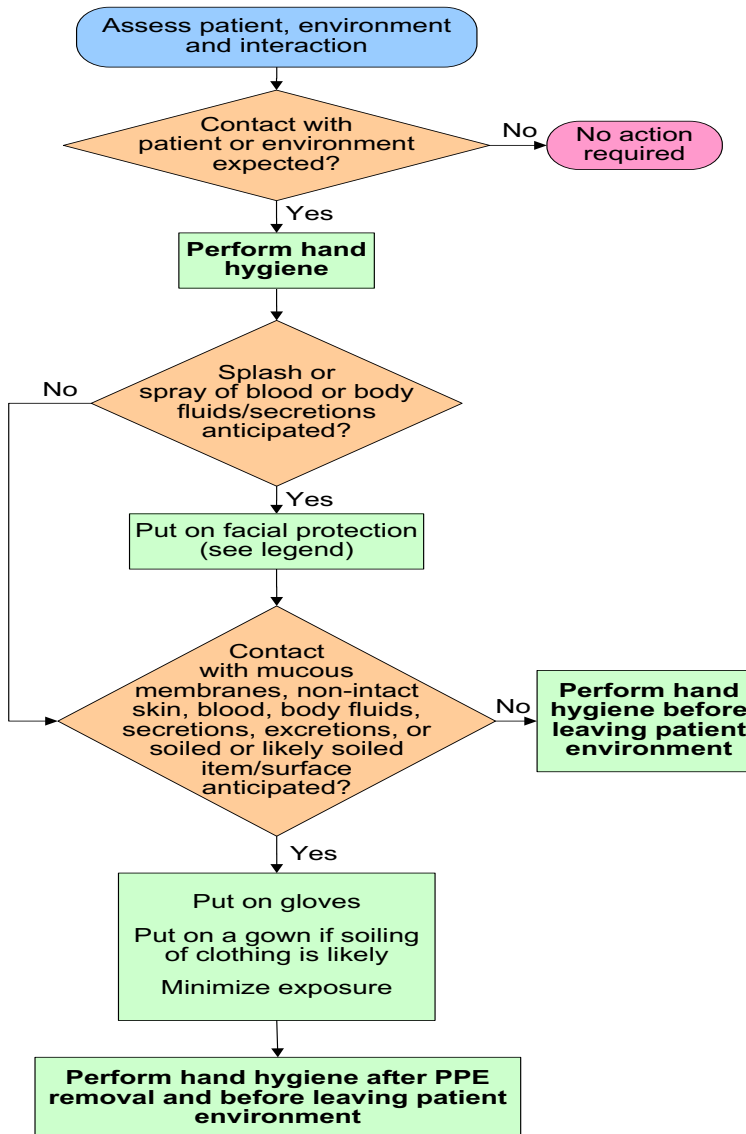
Diarrhea likely caused by an infectious agent – See *Diarrhea Algorithm*

Skin rash – See *Rash Algorithm*

Suspected meningitis or encephalitis – See *Acute Neurological Syndrome Algorithm*

Draining wound/cellulitis – See *Draining Wound/Soft Tissue Infection Algorithm*

Pandemic influenza – See *Annex F of the Canadian Pandemic Influenza Plan for the Health Sector*



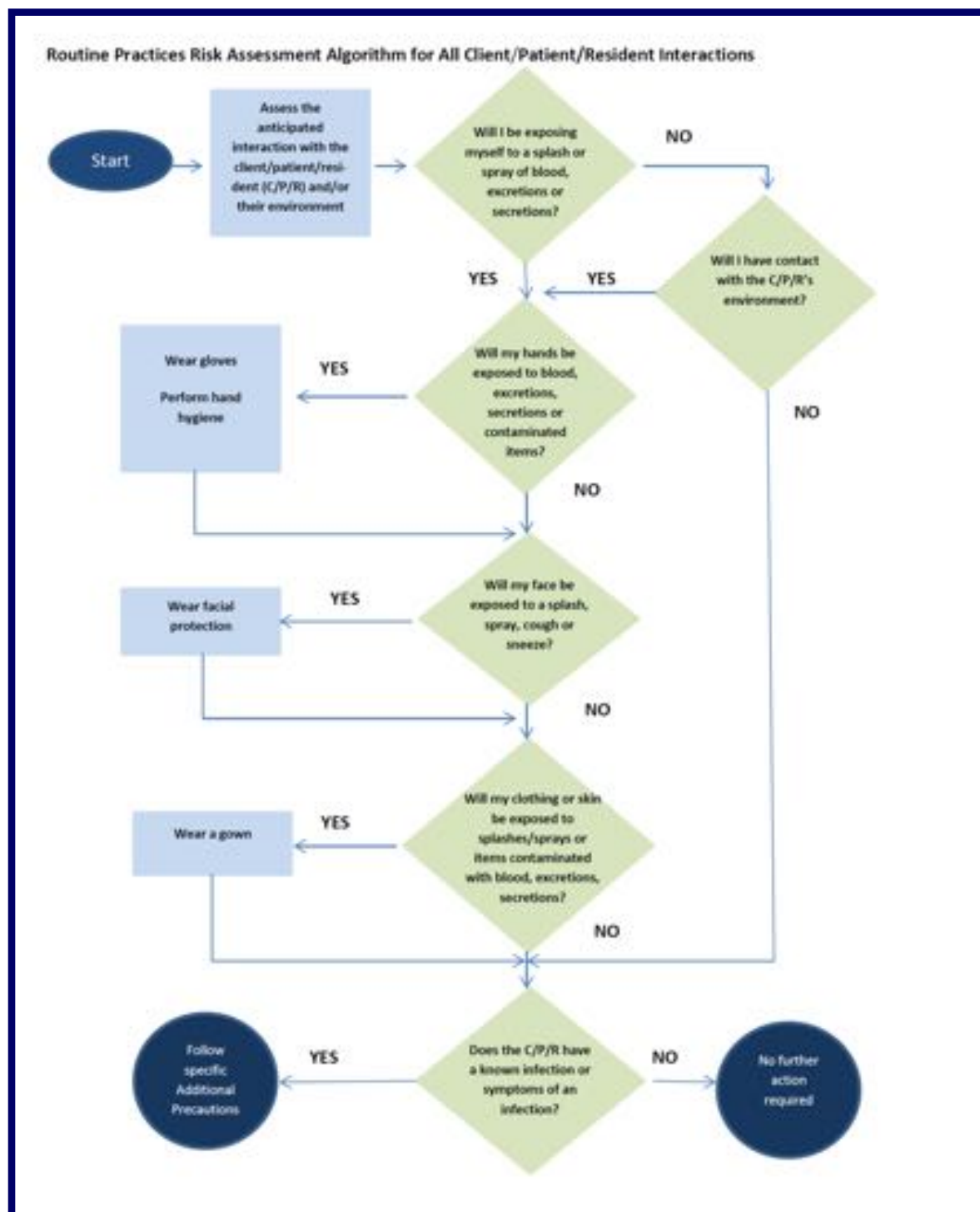
Source: Public Health Agency of Canada. (2012). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Revised Nov 2016.



# Routine Practices Risk Assessment

## Nursing Policy V-04.1 Additional Precautions Overview

- Appendix A Performing a Risk Assessment



# CLIENT PLACEMENT AND ACCOMMODATION









- based on risk assessment
- prioritized for single room placement (if available) according to the potential for transmission of microorganisms

## Priority

additional precautions: contact, droplet, airborne

- ii. visible soiling of the environment or cannot maintain appropriate hygiene, including respiratory hygiene
- iii. uncontained secretions or excretions
- iv. wound drainage that cannot be contained by a dressing
- v. fecal incontinence if stools cannot be contained in incontinent products or infant diapers

# Routine Practices

| Routine Practices to be used with <u>ALL CLIENTS</u>                                |   |
|---|---|
|    | <b>Hand Hygiene</b><br>Hand hygiene is performed using alcohol-based hand rub or soap and water:<br>✓ Before and after each client contact<br>✓ Before performing invasive procedures<br>✓ Before preparing, handling, serving or eating food<br>✓ After care involving body fluids and before moving to another activity<br>✓ Before putting on and after taking off gloves and other PPE<br>✓ After personal body functions (e.g., blowing one's nose)<br>✓ Whenever hands come into contact with secretions, excretions, blood and body fluids<br>✓ After contact with items in the client's environment |
|    | <b>Mask and Eye Protection or Face Shield (based on risk assessment)</b><br>✓ Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretion or excretions.<br>✓ Wear within two metres of a coughing client/patient/resident.   |
|    | <b>Gown (based on risk assessment)</b><br>✓ Wear a long-sleeved gown if contamination of skin or clothing is anticipated.   |
|    | <b>Gloves (based on risk assessment)</b><br>✓ Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects.<br>✓ Wearing gloves is NOT a substitute for hand hygiene.<br>✓ Remove immediately after use and perform hand hygiene after removing gloves.  |
|   | <b>Environment and Equipment</b><br>✓ All equipment that is being used by more than one client must be cleaned between clients.<br>✓ All high-touch surfaces in the client's room must be cleaned daily.  |
|  | <b>Linen and Waste</b><br>✓ Handle soiled linen and waste carefully to prevent personal contamination and transfer to other clients.  |
|  | <b>Sharps Injury Prevention</b><br>✓ NEVER RECAP USED NEEDLES.<br>✓ Place sharps in sharps containers.<br>✓ Prevent injuries from needles, scalpels and other sharp devices.<br>✓ Where possible, use safety-engineered medical devices.  |
|  | <b>Patient Placement/Accommodation</b><br>✓ Use a single room for a client who contaminates the environment.<br>✓ Perform hand hygiene on leaving the room.   |

# HAND HYGIENE

## Your 4 Moments for Hand Hygiene

| Moment | When   | Why  |
|--------|--|--|
| 1      | Before initial patient / patient environment contact | When: Clean your hands when entering a room to see a patient or before touching any object or furniture in the patient's environment.<br>Why: To protect the patient/patient environment from harmful germs carried on your hands. |
| 2      | Before aseptic procedure                             | When: Clean your hands immediately before any aseptic procedure.<br>Why: To protect the patient against harmful germs, including the patient's own germs, entering his or her body.  |
| 3      | After body fluid exposure risk                       | When: Clean your hands immediately after an exposure risk to body fluids (and after glove removal).<br>Why: To protect yourself and the health care environment from harmful patient germs.  |
| 4      | After patient / patient environment contact          | When: Clean your hands when leaving a room to see a patient or after touching any object or furniture in the patient's environment.<br>Why: To protect yourself and the health care environment from harmful patient germs.        |

Ontario

## How to handwash

Letter hands for 15 seconds

Letter hands for 15 seconds

5. Rub back of each hand with palm of other hand. 6. Rub fingertips of each hand in opposite palm. 7. Rub of each hand. 8. Rub of each hand.

9. Pat hands dry with paper towel. 10. Turn off water using paper towel.

JUST CLEAN YOUR HANDS

## How to handrub

Let hands for 15 seconds

Let hands for 15 seconds

5. Rub fingertips of each hand in opposite palm. 6. Rub each thumb against opposite hand. 7. Rub hands until product is dry. Do not use paper towels. 8. Once dry, your hands are safe.

JUST CLEAN YOUR HANDS

Ontario

# USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- need for and type of PPE is informed by the PCRA
- effectiveness of PPE is highly dependent on its appropriate and correct use





# USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

## **Basic principles of safe and effective PPE use:**

- large enough to allow unrestricted free movement of body and arms
- must be correctly in place before entering the client care area
- should be put on in a clean area outside the client room
- have sufficient and undisturbed time to put on and remove PPE correctly
- worn for the duration of exposure to potentially contaminated areas - must not be adjusted during client care
- be removed in a designated area, immediately outside the client care area, and away from clean areas
- should be discarded into designated receptacles immediately after use

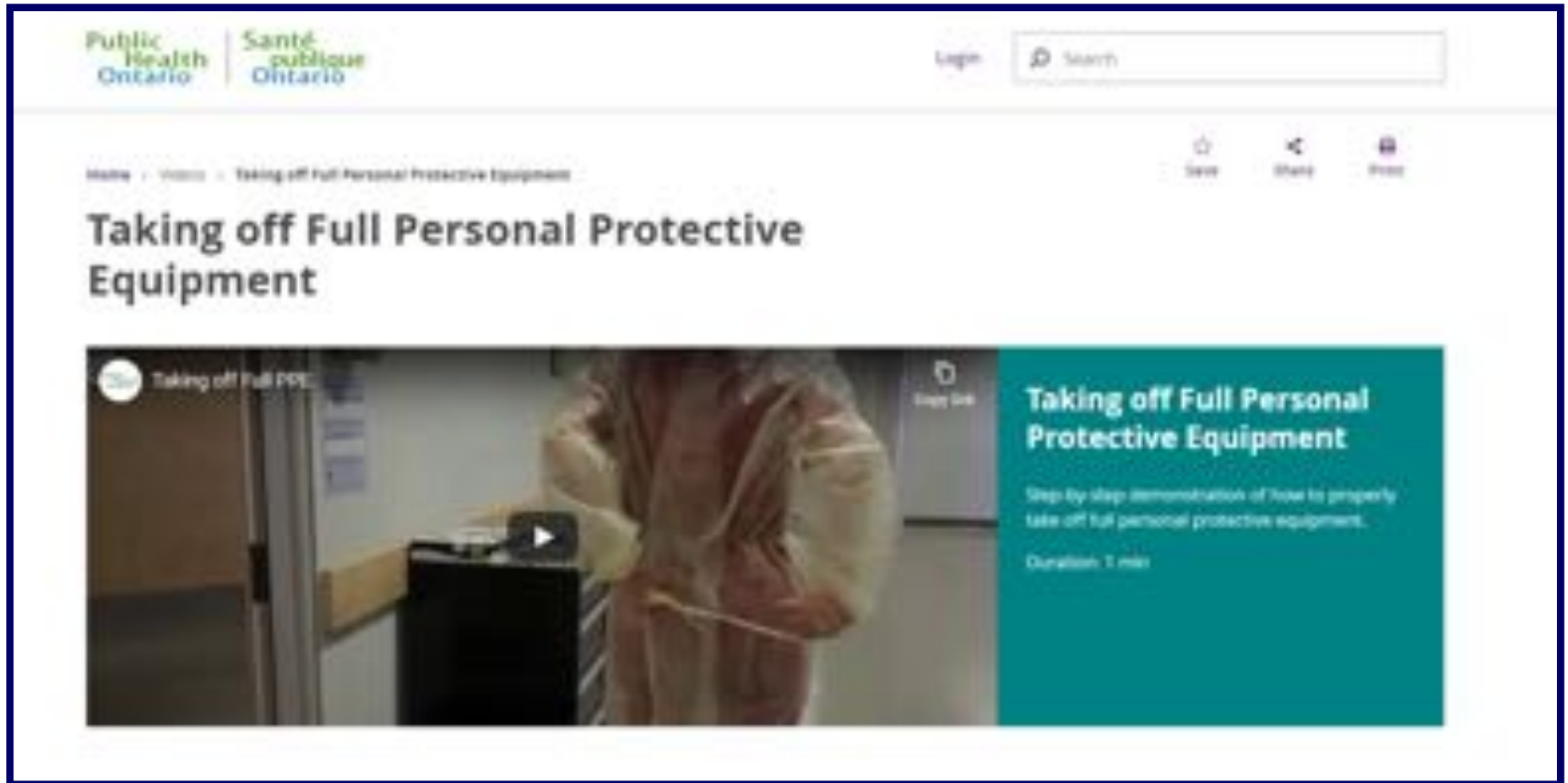


# Donning PPE



- <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

# Doffing PPE



- <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

# Donning & Doffing PPE

## APPENDIX C: RECOMMENDED STEPS FOR PUTTING ON AND TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

(Images developed by Kevin Rostant.

Some images adapted from Northwestern Ontario Infection Control Network – NWOICN)

### PUTTING ON PPE

#### 1. Perform Hand Hygiene



#### 2. Put on Gown

Tie neck and waist ties securely



#### 5. Put on Gloves

- Put on gloves taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff



#### 4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow



#### 3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform seal-check



### TAKING OFF PPE

#### 1. Remove Gloves

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



#### 2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer 'contaminated', side of gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



#### 6. Perform Hand Hygiene



#### 3. Perform Hand Hygiene



#### 5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered to be 'clean' and may be touched with the hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from face
- Discard immediately into waste receptacle



#### 4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of the goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



The background of the slide features a photograph of two women. On the left, a woman with long dark hair is seen in profile, looking down at a sewing machine. On the right, a woman with long brown hair is looking down at a small, dark, rectangular object she is holding in her hands. The image has a warm, orange-brown tint. In the top left corner, the ISC logo is displayed in large, bold, white letters, followed by the text "INDIGENOUS SERVICES CANADA" in a smaller, white, sans-serif font.

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# Resources



Indigenous Services  
Canada

Services aux  
Autochtones Canada

Canada



# Where to get more information?

**Coronavirus and First Nations communities**

The Government of Canada supports First Nations communities in preparing for, monitoring and responding to communicable disease emergencies, including pandemic influenza and other emerging infectious diseases, such as the new coronavirus called COVID-2019.

Visit the Government of Canada's [Outbreak update](#) for more detailed information about symptoms, treatment, prevention and risks.

**On this page**

- [How to avoid infection](#)
- [What to do if you are sick](#)
- [How we have prepared](#)
- [How Indigenous Services Canada \(ISC\) protects against public health threats](#)
- [Who to contact for more information and help](#)

**How to avoid infection**

The Public Health Agency of Canada has the most up-to-date recommendations which can be found at: [Preventing coronavirus](#)

**What to do if you are sick**

1. Check your [symptoms](#). Symptoms of coronavirus may include: fever, cough, and difficulty breathing
2. Check your [risk of getting coronavirus](#)
3. Limit contact with others and avoid situations such as social gatherings, work, school, daycare, health care and seniors residences
4. Avoid individuals with chronic conditions, compromised immune systems and older adults
5. Call your local health facility. Tell them your symptoms and your exposure. They will provide advice on next steps

**Ontario**

Home > [Health and wellness](#)

## The 2019 Novel Coronavirus (COVID-19)

Learn about how the Ministry of Health is preparing for the 2019 novel coronavirus in Ontario. Find out how to protect yourself, what to do if you're sick after you travel and how to recognize possible symptoms.

[Get information in other languages](#)

**On this page**

1. [Status of cases in Ontario](#)
2. [Coronaviruses](#)
3. [The 2019 novel coronavirus \(COVID-19\)](#)
4. [Current affected areas](#)
5. [Travellers returning from affected areas](#)
6. [Laboratory testing](#)
7. [How Ontario is preparing](#)
8. [Symptoms and treatment](#)

**Related**

- Government of Canada Travel Advisories
- Public Health Ontario
- Public Health Agency of Canada
- World Health Organization

## Indigenous Services Canada:

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298>

**Ministry of Health :** <https://www.ontario.ca/page/2019-novel-coronavirus>


## Public Health Agency of Canada:

<https://www.canada.ca/en/public-health/services/diseases/coronavirus.html>

**Public Health Ontario (PHO):** <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>




# COVID-19 Screening Tool for Health Centres



**ISC** INDIGENOUS SERVICES CANADA

FNIHB-OR: CD UNIT

COVID-19 SCREENING TOOL FOR HEALTH CENTRES




| Client Demographic Information * Indicates required information. |   |
|--|---|
| *Client's Name: <small>Last, First, Middle Initial</small>       | *DOB: DD-MMM-YYYY   |
| *Community Name:   | Band Number:  |
| *OHP Number:   | *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ |
| Past Medical History:  |   |

The following questions are guidelines to screen for COVID-19 and are based on the provincial case definition as of April 7, 2020. Visit [www.ontario.ca/coronavirus](http://www.ontario.ca/coronavirus) for current case definition. This tool is for use at health centres without treatment and public offices. Nursing stations and health centres with treatment should use the "Triage Tool" and "Advise Log with COVID-19 Screen." Nurses must adhere to routine and contact and droplet precaution for all clinical examinations and use appropriate PPE based on point of care risk assessment when screening patients. Respirators should be used during aerosol-generating medical procedures (AGMP)<sup>2</sup> (Obtaining a nasopharyngeal/throat swab for COVID-19 testing is not an AGMP and contact and droplet precautions is recommended).

| Questions to Ask Patients  |  |
|--|--|
| <b>Section 1: Are you feeling any of the following symptoms? Circle the symptoms</b>   |  |
| Fever (over 38 degrees Celsius)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| New cough or exacerbation of chronic cough?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, indicate date of onset: _____  |  |
| <b>Section 2: AND had any of the following:</b>  |  |
| Travel to an impacted area in the last 14 days, including outside of the community?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, where: _____ Date of Return: _____   |  |
| In close contact with someone who is confirmed with/or being investigated for COVID-19   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, where: _____ Exposure date(s): _____   |  |
| Details: _____   |  |
| Are you in close contact with someone who is sick with respiratory symptoms (e.g. fever, cough, or difficulty breathing) who recently travelled to an impacted area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, date of exposure: _____ Type of exposure: _____  |  |
| If client screened "yes" in section 1 and 2, treat as <b>probable case</b> – see next page for management  |  |
| <b>Section 3: Testing for COVID-19</b>   |  |
| Have you been tested for COVID-19?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, when: _____, where: _____  |  |
| Do you have a laboratory result confirming you have COVID-19? (if yes, instructions given: _____)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If client screened "yes," treat as <b>confirmed case</b> – see next page for management  |  |
| <b>Reporting</b>   |  |
| Is the client a probable or confirmed case as per screening above?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, this case must be reported to the CD nurse and local public health unit  |  |
| <b>Notes:</b>  |  |
| Nurse's Signature: _____ Date (DD/MMM/YYYY): _____   |  |

<sup>2</sup> Aerosol-generating medical procedures includes: intubation, CPR, open airway suctioning, nebulized medications, sputum induction, non-invasive positive pressure ventilation (CPAP/BiPAP), high-flow oxygen therapy.

# COVID-19 Screening Tool for Health Centres



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FNHIB-OR: CD UNIT

COVID-19 SCREENING TOOL FOR HEALTH CENTRES

### Managing Asymptomatic Patients

(NOTE: Testing of asymptomatic patients is not indicated)

| Risk   | Management  |
|--|---|
| <ul style="list-style-type: none"> <li>No travel to impacted area <b>AND</b> no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area</li> </ul>   | <ul style="list-style-type: none"> <li>Counsel patient on protecting themselves from COVID-19 exposure                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare</li> </ul> </li> </ul>   |
| <ul style="list-style-type: none"> <li>Travelled to an impacted area</li> <li>Impacted areas are listed on the daily <a href="#">WHO situation reports</a></li> <li>Travel outside of the community to an area with confirmed COVID-19 cases and community transmission should also be considered</li> </ul> | <ul style="list-style-type: none"> <li>Quarantine is mandatory for 14 days for travelers returning from outside of Canada</li> <li>If travelled outside of community, self-monitoring for symptoms, <b>and</b> as per community established protocols</li> <li>If symptoms develop, manage as a probable case:                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms coming to clinic</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>Close contact with confirmed case</li> </ul>  | <ul style="list-style-type: none"> <li>Advise client to self-isolate for 14 days since last exposure</li> <li>If symptoms develop, manage as probable case:                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic</li> </ul> </li> </ul>   |
| <ul style="list-style-type: none"> <li>Close contact with probable case <b>OR</b> person with acute respiratory illness who has been to an impacted area</li> </ul>  | <ul style="list-style-type: none"> <li>Self-isolate for 14 days since last exposure</li> <li>If symptoms develop, manage as probable case:                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic</li> </ul> </li> </ul>  |

### Managing Symptomatic Patients

| Risk   | Management  |
|--|---|
| <ul style="list-style-type: none"> <li>No travel to impacted area, <b>AND</b> no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area.</li> </ul> | <ul style="list-style-type: none"> <li>Report to CD nurse all clients being tested for COVID-19</li> <li>Testing may be indicated - consult with MD/NP if needed</li> <li>If your clinic does not offer testing, refer to local hospital or assessment centre to arrange for testing – call ahead</li> <li>Advise client to self-isolate until 24 hours symptom-free and at least 14 days since last known exposure                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare – perform point of care risk assessment based patient's symptoms</li> </ul> </li> </ul>     |
| <ul style="list-style-type: none"> <li>Travelled to an impacted area <b>OR</b> close contact with confirmed or probable case or person with acute respiratory illness who has been to an impacted area</li> </ul>    | <ul style="list-style-type: none"> <li><b>Probable case</b> - report to CD nurse immediately</li> <li>Testing may be indicated - consult with MD/NP if needed</li> <li>If your clinic does not offer testing, refer to local hospital or assessment centre to arrange for testing – call ahead</li> <li>Advise probable case to self-isolate until 24 hours symptom-free and at least 14 days since last known exposure                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare – perform point of care risk assessment based patient's symptoms</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>Positive COVID-19 result</li> </ul>   | <ul style="list-style-type: none"> <li><b>Confirmed case</b> - report to CD nurse immediately</li> <li>FNHIB-OR CD Unit or local Public Health Unit will follow-up with all confirmed cases in collaboration with CHN                             <ul style="list-style-type: none"> <li>○ Patient can continue to receive routine healthcare - perform point of care risk assessment based patient's symptoms</li> </ul> </li> </ul>   |

FNHIB-OR COVID-19 Screening Tool v1 April 8<sup>th</sup>, 2020

## Additional Fact Sheets

- **COVID-19 Fact Sheets (available on [Onehealth.ca](https://onehealth.ca))**
- **Various fact sheets related to COVID-19 are available on Onehealth.ca/on including:**
  - [Covid-19 Isolation Quarantine Reference Tool - March 2020 v2](#)
  - [FNIHB Covid-19 Caregiver Isolation Guide - March 2020](#)
  - [FNIHB FAQ General - March 2020](#)
  - [FNIHB FAQ Self-Isolation vs Self-Quarantine Fact Sheet - March 2020](#)
  - [FNIHB Self-Isolation Fact Sheet - March 2020 v2](#)
  - [FNIHB Self-Quarantine Fact Sheet - March 2020 v2](#)
  - [FNIHB Strategies for Self-Isolation - March 2020](#)



**PLEASE READ**

Do you have a fever, cough or difficulty breathing,  
**AND** any of the following?

- Travel history to mainland China in the past 14 days
- Close contact with a confirmed or probable case of COVID-19 (novel coronavirus)
- Contact with a person with respiratory illness who has travelled to mainland China 14 days before their symptoms started








If you answer YES to any of the above,

**ASK TO SEE A NURSE IMMEDIATELY**



## Droplet + Contact Precautions









|   |   |
|---|---|
|    | <b>Hand Hygiene as per Routine Practices</b><br>Hand hygiene is performed:<br>✓ Before and after each patient contact<br>✓ Before performing invasive procedures<br>✓ Before preparing, handling, serving or eating food<br>✓ After care involving body fluids and before moving to another activity<br>✓ Before putting on and after taking off gloves and other PPE<br>✓ After personal body functions (e.g., blowing one's nose)<br>✓ Whenever hands come into contact with secretions, excretions, blood and body fluids<br>✓ After contact with items in the patient's environment<br>✓ Whenever there is doubt about the necessity for doing so |
|    | <b>Patient Placement</b><br>✓ Single room with own toileting facilities if available, or maintain a spatial separation of at least 2 metres between the patient and others in the room, with privacy curtain drawn<br>✓ Door may remain open<br>✓ Perform hand hygiene on leaving the room  |
|    | <b>Mask and Eye Protection or Face Shield</b><br>✓ Wear within 2 metres of the patient<br>✓ Remove and perform hand hygiene on leaving the room   |
|    | <b>Gown (based on risk assessment) and Gloves</b><br>✓ Wear gloves when entering the patient's room or bed space<br>✓ Wearing gloves is NOT a substitute for hand hygiene<br>✓ Remove gloves on leaving the room or bed space and perform hand hygiene<br>✓ Wear a long-sleeved gown when entering the patient's room or bed space if skin or clothing will come into direct contact with the patient or the patient's environment  |
|   | <b>Environment and Equipment</b><br>✓ Dedicate routine equipment to the patient (e.g., stethoscope, thermometer)<br>✓ Disinfect all equipment that comes out of the room<br>✓ All high-touch surfaces in the patient's room must be cleaned at least daily  |
|  | <b>Patient Transport</b><br>✓ Patient to wear a mask during transport   |
|  | <b>Visitors</b><br>✓ Non-household visitors wear a mask and eye protection within 2 metres of the patient<br>✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other patients or will be providing <b>direct care</b> .*<br>✓ Visitors must perform hand hygiene before entry and on leaving the room   |

\*Direct Care: Providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.



## Airborne Precautions



|   |   |
|---|---|
|    | <b>Hand Hygiene as per Routine Practices</b><br>Hand hygiene is performed:<br>✓ Before and after each client/patient/resident contact<br>✓ Before performing invasive procedures<br>✓ Before preparing, handling, serving or eating food<br>✓ After care involving body fluids and before moving to another activity<br>✓ Before putting on and after taking off gloves and other PPE<br>✓ After personal body functions (e.g., blowing one's nose)<br>✓ Whenever hands come into contact with secretions, excretions, blood and body fluids<br>✓ After contact with items in the client/patient/resident's environment<br>✓ Whenever there is doubt about the necessity for doing so |
|    | <b>Client/Patient/Resident Placement</b><br>✓ Single room with own toileting facilities<br>✓ Room must have negative pressure ventilation with room air exhausted outside or through a HEPA filter<br>✓ Monitor negative pressure daily while in use<br>✓ Door must remain closed   |
|    | <b>N95 Respirator</b><br>✓ Wear a fit-tested, seal-checked N95 respirator for entry to the room for TB patients<br>✓ For measles, varicella or disseminated zoster, only immune staff are to enter the room and an N95 respirator is not required   |
|    | <b>Environment and Equipment</b><br>✓ Equipment that is being used by more than one client/patient/resident must be cleaned between patients/residents<br>✓ All high-touch surfaces in the patient's room must be cleaned at least daily  |
|   | <b>Client/Patient/Resident Transport</b><br>✓ Client/patient/resident to wear a mask during transport<br>✓ Transport staff to wear an N95 respirator during transport   |
|  | <b>Visitors</b><br>✓ Visitors must be kept to a minimum<br>✓ Visitors must perform hand hygiene before entry and on leaving the room<br>✓ For TB, household members do not require an N95 respirator<br>✓ For TB, non-household visitors require an N95 respirator<br>✓ For measles/varicella, visitors should be counselled before entering the room   |

\*Direct Care: Providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.



# WHO: Coronavirus



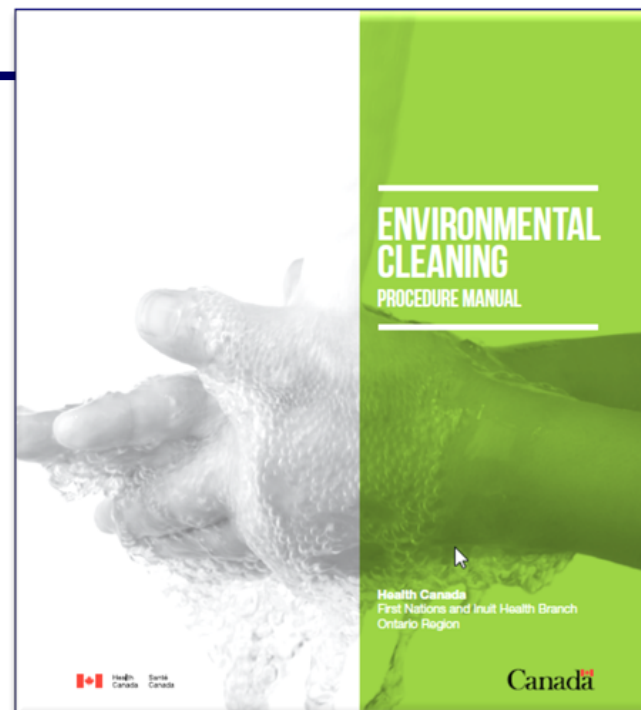
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- [https://www.youtube.com/watch?time\\_continue=7&v=mOV1aBVYKGA&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=7&v=mOV1aBVYKGA&feature=emb_logo)

(Youtube link, which may make it easier to share on social media sites)

## Additional Materials:

### Companion Manual for Environmental Cleaning

The policies and procedures in Section 8.0 (Environmental Cleaning) of this manual should be used in conjunction with the companion manual, FNIHB-OR *Environmental Cleaning Procedure Manual*. The companion manual provides step-by-step procedures for cleaning shared non-critical medical equipment such as blood pressure cuffs, stethoscopes, otoscopes, ophthalmoscopes, oximetry monitors, crutches, basins, k - basins, stretchers, walkers, and wheel chairs that may be used by nurses and other HCPs during client care within the health facility.



Reference the IPAC Policy & Procedure Manual- 2017

## Additional Materials:

All CD Unit Coronavirus material & resources can be found on [Onehealth.ca](https://onehealth.ca)

- Public Health
  - Communicable Disease Unit
  - Other Communicable Disease

Links to other relevant  
Infection Prevention and Control guidelines:



- [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
  
- See the below resources issued for further information and support
  - CD Unit- Coronavirus Preparation Information Sheet Jan 30 2020
  - CD Unit- Coronavirus Case Definition (as of most recent release date)
  - [FNIHB-OR: Nursing Policies \(IPAC; Hand Hygiene, Routine Practices including Risk Assessment, PPE, Additional Precautions, etc.\)](#) (Available on Onehealth.ca)
  - [Novel Coronavirus \(COVID-19\) Guidance for Primary Care Providers in a Community Setting](#)
  - [Public Health Ontario: Novel Coronavirus \(COVID-19\)](#)
  - [Public Health Agency of Canada: 2019 Novel Coronavirus infection \(Wuhan, China\): for health professionals](#)
  - <https://www.publichealthontario.ca/-/media/documents/mers-cov-preparedness-tools.pdf?la=en>
  - [Public Health Ontario: Tools for Preparedness: Triage, screening and patient management for Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) infections in acute care settings](#)

# References

- Ministry of Health (2019). Wuhan Novel Coronavirus (COVID-19). Available at, <https://www.ontario.ca/page/wuhan-novel-coronavirus-COVID-19>
- PHO (2012). Routine Practices and Additional Precautions. Available at, <https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en>
- PHO (2013). Best Practice for Prevention of Transmission of Acute Respiratory Infection. Available at, <https://www.publichealthontario.ca/-/media/documents/bp-prevention-transmission-ari.pdf?la=en>
- PHO (2016) Tools for Preparedness MERS-CoV. Available at, <https://www.publichealthontario.ca/-/media/documents/mers-cov-preparedness-tools.pdf?la=en>

## Resources:

- Public Health Agency of Canada Novel Coronavirus Update (2019). Available at, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- Public Health Agency of Canada Novel Coronavirus Symptoms (2019). Available at, <https://www.canada.ca/en/public-health/services/diseases/coronavirus.html>
- Public Service Occupational Health Program (2019). Occupational Health Advisory: Novel Coronavirus General Information.

# CD Unit Nurses & Support

## Communicable Disease Nurses Community Distribution & Contact Numbers

| Innocent Magocha   | Susan Conway   | Nicole Johnstone   |
|--|--|--|
| 613-948-2219<br><a href="mailto:Innocent.Magocha@canada.ca">Innocent.Magocha@canada.ca</a> | 613-954-1934<br><a href="mailto:Susan.Conway@canada.ca">Susan.Conway@canada.ca</a> | <a href="mailto:Nicole.Johnstone@Canada.ca">Nicole.Johnstone@Canada.ca</a> |
| Attawapiskat   | Big Trout Lake   | All Southern Ontario   |
| Bearskin Lake  | Cat Lake   | All Thunder Bay except:  |
| Fort Albany  | Deer Lake  | • Grassy Narrows   |
| Fort Severn  | Fort Hope  | • Wabaseemoong   |
| Grassy Narrows   | Gull Bay   | • Gull Bay   |
| Kasabonika   | Keewaywin  | • Ogoki (Marten Falls)   |
| Kashechewan  | Lac Seul   | Eagle Lake   |
| Kingfisher Lake  | MacDowell Lake   | Wabigoon Lake  |
| Moose Cree   | New Osnaburgh<br>(Mishkeegogamang)   | Wabauskang   |
| Muskrat Dam  | New Slate Falls  |  |
| Neskantaga   | North Caribou  |  |
| Ogoki (Marten Falls)   | North Spirit Lake  |  |
| Pikangikum   | Ojibway Nation of Saugeen  |  |
| Sachigo Lake   | Poplar Hill  |  |
| Wabaseemoong   | Sandy Lake   |  |
| Wapekeka   | Summer Beaver (Nibinamik)  |  |
| Weenusk  | Webequie   |  |
| Wunnumin Lake  |  |  |

### CD Nurse

- Contact CD Nurse with suspected cases to identify if any early interventions can be put in place
- Support with positive Reportable Disease or Rabies Exposure
- Reference/support for any Communicable Diseases

### Additional CD Team Contacts

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