

# The Role of the Public Health Nurse - COVID 19

April 20, 2020



Marika Bellerose, NP-PHC  
Craig O'Brien, NP-PHC  
ISC Nursing Practice Consultants

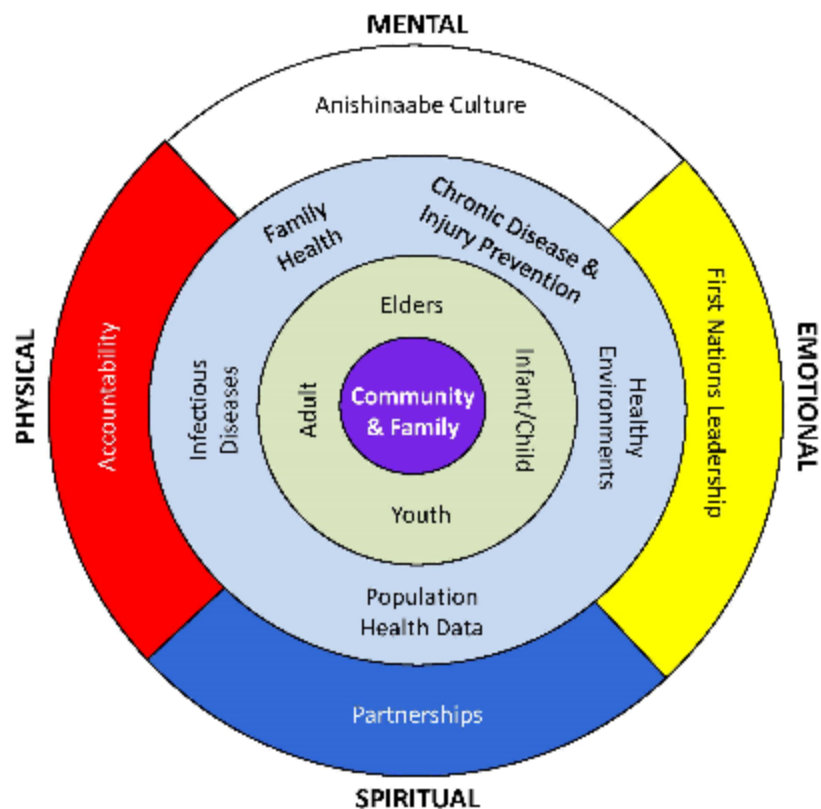


Indigenous Services  
Canada

Services aux  
Autochtones Canada

Canada

# Considerations for Public Health



# Approaches to Community Wellbeing - SLFNHA



# **Public Health Nurse Duties – COVID 19**

1. General duties related to COVID 19
2. Caring for and supporting clients with suspected or confirmed COVID 19
3. Other PHN duties



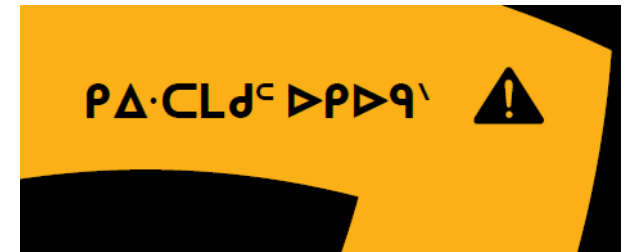
# General Duties Related to COVID-19

## 1. Education



# Resources

- <https://slfnha.com/covid19/resources>
- <http://www.nan.on.ca/covid19>
- <https://www.onehealth.ca/on/Public-Health-Unit/Communicable-Disease-Unit/COVID-19>
- <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources>
- <https://www.waha.ca/covid-19/>



$P^u \wedge \nabla b \vdash \perp$  (ከ  $\nabla b$  ምክንያት፣  $P^u$  ከ  $P$  ጋር ይገናኛል፡፡)

$$\Lambda_{\text{QCD}} > \sigma_{\text{D}} \gg \rho \gg \eta_{\text{D}}.$$
 $\nabla b \cdot \Gamma a$ 

60 PL<sup>U</sup>PPΔ·σσ<sup>c</sup>, α<sup>2</sup>C ΔL U<sup>≠</sup>Δ<sup>||</sup>∇<sup>≠</sup>/  
▷<sup>2</sup>U<sup>≠</sup>Δ<sup>≠</sup> (1-866-797-0000)



If you have at least one of the following symptoms: fever and/or new onset of cough or difficulty breathing  
**OR**

At least two of the following symptoms:

- chills
- fatigue
- headache
- sore throat
- runny nose
- stuffy or congested nose
- lost sense of taste or smell
- hoarse voice
- difficulty swallowing
- digestive issues (nausea/vomiting, diarrhea, stomach pain), or
- for young children and infants: sluggishness or lack of appetite

**please delay your visit AND contact your health care provider, or  
Telehealth Ontario (1-866-797-0000)**

# HARM REDUCTION & COVID-19

Here are some harm reduction tips if you are using drugs during the COVID 19 pandemic. Please stay safe and look after each other.

- Tips:**
- Try to hang out with a small consistent group of people to use substances with.
  - If using alone, start with a smaller amount of drugs before using a full dose to decrease chances of overdose.
  - Prepare your own drugs/drug use supplies & have others prepare their own to decrease the spread of germs.

**Don't Share:** pipes, bongs, vapes, joints, straws (for inhaling/snorting), injecting and homemade drug equipment (including sterilized water), or cigarettes.



## Stock up on Equipment & Be Safe:



- Pick up enough safe injection supplies for a week or more (longer if you are high risk for infection and ONLY if programs can manage it).
- Avoid putting drug bags/wraps in your mouth.
- Wash your hands with soap and water before you prepare your drugs and clean the surface area where you are preparing your drugs.
- Pick up a Naloxone Kit from your Nursing Station. Naloxone can help save someone's life in an overdose.

## If you are Sick:

**AVOID GOING TO YOUR LOCAL HARM REDUCTION PROGRAMS - ASK IF THEY CAN DELIVER SUPPLIES TO YOU.**



Sioux Lookout  
First Nations  
Health Authority

# Alcohol Use & COVID-19

## COVID-19 CAN INCREASE THE ANXIETY AND LONELINESS PEOPLE FACE EVERY DAY.

You, or someone you love, may be triggered to pick up a drink to cope with these uncertain times. For those who drink alcohol on a daily basis, limited access to their regular supply can lead to withdrawal, which could be fatal. Alcohol and binge drinking can also weaken the immune system, putting people at greater risk for getting COVID-19. Protect yourself and loved ones by:

## RECOGNIZING ALCOHOL USE & THE SIGNS OF WITHDRAWAL

**Symptoms of alcohol withdrawal include:** Irritability, anxiety, agitation, being unable to sleep, upset stomach and vomiting.



**Severe symptoms of alcohol withdrawal include:** Insomnia (being unable to sleep), hallucinations (seeing, hearing or feeling things that are not there), sweating, rapid heart rate, tremors (the shakes), seizures, delirium (being disoriented) and anxiety.



## PREPARING FOR ISOLATION IN YOUR COMMUNITY



1. **Reach out to your family doctor or nursing station** if you experience any symptoms of alcohol withdrawal as listed above.
2. **Gradually decrease your alcohol use** rather than stopping your alcohol intake over the upcoming days and weeks.
3. **Seek treatment from your family doctor or addictions specialist** to undergo monitored, medically-assisted alcohol detox.



## HOME BREW: KEEPING SAFE



# IPAC & PPE



Sioux Lookout  
First Nations  
Health Authority

Public Health Ontario | Santé publique Ontario

Coronavirus Disease 2019 (COVID-19)

## Cleaning and Disinfection for Public Settings

### Check List for Medical Drivers

- Post signage in vehicle, both sides (cover your cough).
- Recommended supplies in vehicle:
  - ✓ Masks for passengers with cough or fever
  - ✓ Garbage bags
  - ✓ Tissues
  - ✓ Hand SANITIZER
  - ✓ Gloves
  - ✓ Disinfectant wipes
- Clean 2 times in the morning and 2 times in the afternoon wipe the vehicle door handles inside and out with disinfectant wipes (ACCEL, Lysol or Clorox). Also wipe the any surfaces that passengers might touch.
- If you are transporting a patient with cough or fever wipe surfaces and door handles with disinfectant wipes immediately and in the evening if transportation is needed.
- Wear gloves when using wipes and remove gloves keeping the germs inside and put the gloves directly into the garbage can. Ask the NIC to show you how to remove gloves.
- Provide a "procedure mask" to patients with fever or cough. It is not necessary to provide a mask to every patient or for patients who want a stock at home. We need to save for people who are sick and need them.
- Ask NIC how you should bring patients with cough or fever into the building, to limit exposure to other community members

This document provides guidance on cleaning and disinfection of public settings, including schools, transit, colleges/universities and other workplaces in Ontario. For more information, please contact your local public health unit.

### What you should know

- Commonly used cleaners and disinfectants are effective against COVID-19.
- Frequently touched surfaces are most likely to be contaminated.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
- Check the expiry date of products you use and always follow manufacturer's instructions.

### Clean frequently touched surfaces twice per day

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.
- Examples include doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads.



# IPAC PPE



Nishnawbe  
Aski Nation  
ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ

ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ  
ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ



1 ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ



2 ᑎᑎᑦᑎᑦᑎᑦ



3 ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ



4 ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ



5 ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ



6 ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ

ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ ᑎᑎᑦᑎᑦᑎᑦ

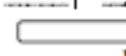
## REMOVING PERSONAL PROTECTIVE EQUIPMENT

- 1 REMOVE GLOVES
- 2 REMOVE GOWN
- 3 PERFORM HAND HYGIENE
- 4 REMOVE EYE PROTECTION
- 5 REMOVE MASK OR N95 RESPIRATOR
- 6 PERFORM HAND HYGIENE

## PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

- 1 PERFORM HAND HYGIENE
- 2 PUT ON GOWN
- 3 PUT ON MASK OR N95 RESPIRATOR
- 4 PUT ON EYE PROTECTION
- 5 PUT ON GLOVES

Public Health Ontario | Santé publique Ontario



[www.publichealthontario.ca](http://www.publichealthontario.ca)

# General Duties Related to COVID-19

## 2. Screening Tool



### Screening Questions for Clients Entering the Nursing Station or Health Centre

Each client will be asked these questions when they present to the nursing station or health centre and when they phone to schedule an appointment. The purpose of these questions is to provide information related to respiratory/breathing illness so that the best care can be provide.

Patient Name: \_\_\_\_\_

| Question   | Response                           |    |
|--|------------------------------------|----|
|  | Please circle the box that applies |    |
| Have you traveled in the last 14 day? Where: _____   | Yes                                | No |
| Have you been in close contact with a person diagnosed with COVID-19?  | Yes                                | No |
| Have you been in close contact with a person with a respiratory (breathing) illness including cough, fever, shortness of breath? | Yes                                | No |
| Do you have a fever or are you feeling feverish or have had shakes or chills?  | Yes                                | No |
| Do you have a cough?   | Yes                                | No |
| Are you short of breath?   | Yes                                | No |
| Do you have other symptoms such as tiredness, muscle ache, sore throat, runny nose, headache, diarrhea?                          | Yes                                | No |

Please have all clients wash hands/use hand sanitizer.

If you have replied 'Yes' to any of the above:

- you will be provided with a mask and

# General Duties Related to COVID-19

## 3. Isolation Room Set up







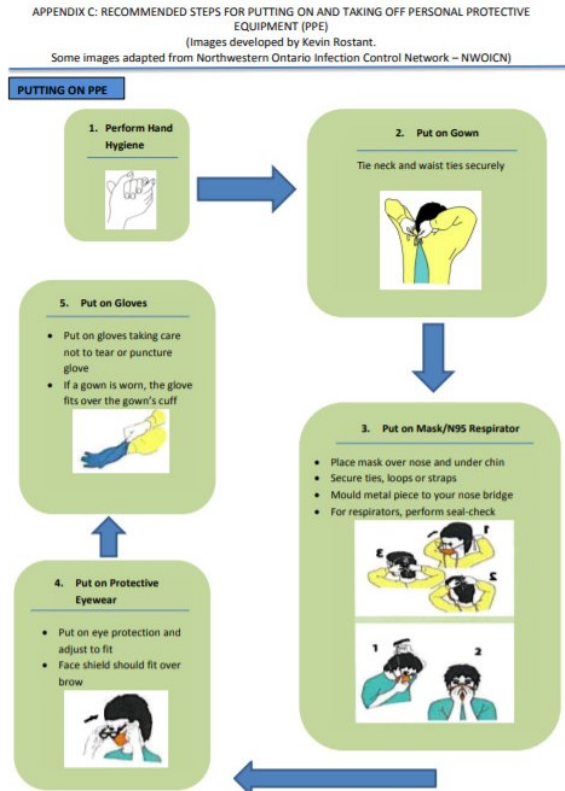
# Caring for & Supporting Clients with Suspected or Confirmed COVID-19

COVID - 19

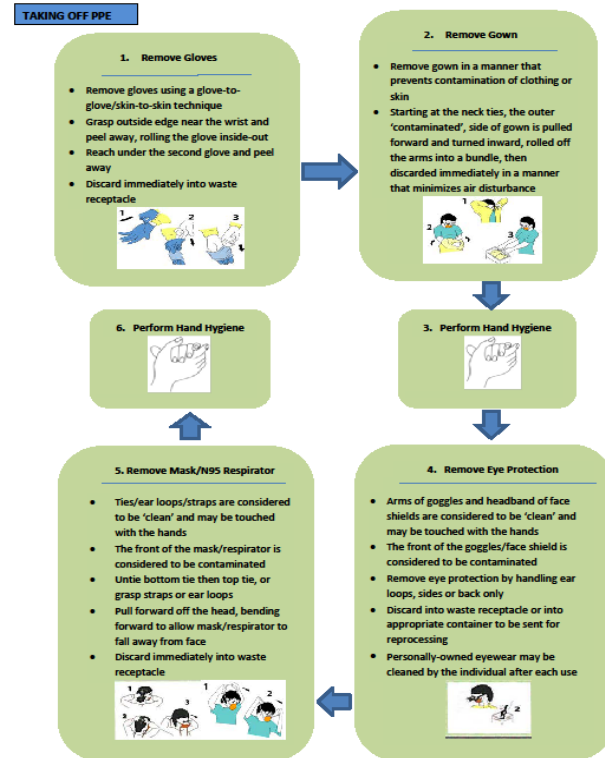
Nursing Station Processes

Final  
Apr18/20

# 1. Ensure appropriate PPE (droplet, contact) when caring for suspected/confirmed cases



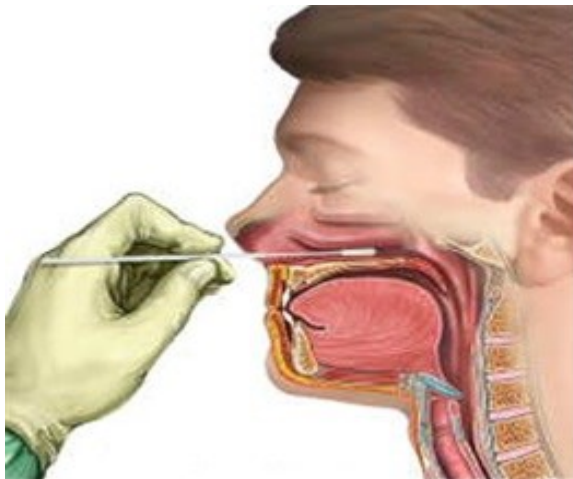
Source: PIDAC Appendix L: Routine Practices and Additional Precautions in All Health Care Settings | November, 2012. Page 70



Source: PIDAC: Routine Practices and Additional Precautions in All Health Care Settings | November, 2012 p. 71

## 2. Collecting/Completing Nasopharyngeal Swabs (NP)

- Requires MD/NP order
- Complete required documentation(test requisition, Public Health (PH) forms
- Package for transport/shipment to lab centre



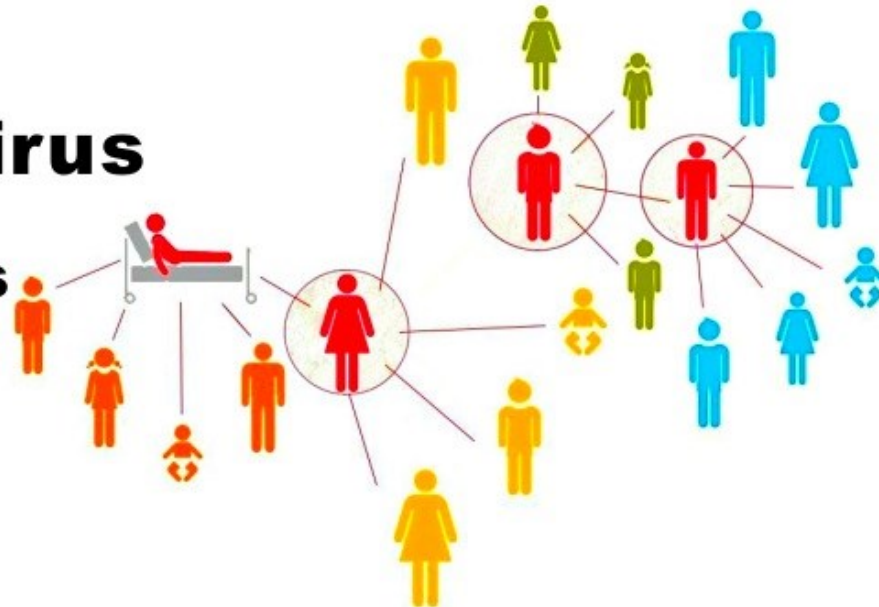
| Public Health Ontario   Santé publique Ontario   |  | For laboratory use only<br>Date received: yyyy / mm / dd PHOL No.:   |  |
|--|--|--|--|
| <b>COVID-19 Virus Test Requisition</b>   |  |  |  |
| ALL Sections of this form must be completed at every visit   |  |  |  |
| <b>1 - Submitter Lab Number (if applicable):</b>   |  | <b>2 - Patient Information</b>   |  |
| Ordering Clinician (required)<br>Surname, First Name:<br>OHIP/PCPSO/Prof. License No.:<br>Address:<br>Postal code:<br>Phone: (###) ###-#### Fax: (###) ###-####  |  | Health Card No.:<br>Medical Record No.:<br>Last Name:<br>First Name:<br>Date of Birth: yyyy / mm / dd Sex: M F<br>Address:<br>Postal Code:<br>Patient Phone No.: (###) ###-####<br>Investigation / Outbreak No.: |  |
| <b>cc Hospital Lab (for entry into LIS)</b><br>Hospital Name:<br>Address (if different from ordering clinician):<br>Postal Code:<br>Phone: (###) ###-#### Fax: (###) ###-####  |  | <b>3 - Travel History</b>  |  |
| <b>cc Other Clinician or ICP:</b><br>Surname, First name:<br>OHIP/PCPSO/Prof. License No.:<br>Address:<br>Postal code:<br>Phone: (###) ###-#### Fax: (###) ###-####  |  | Travel to:<br>Date of Travel: yyyy / mm / dd Date of Return: yyyy / mm / dd  |  |
| <b>7 - Patient Setting / Type</b>  |  | <b>4 - Exposure History</b>  |  |
| Assessment Centre Family doctor/clinic Outpatient/ER not admitted<br>Only if applicable, indicate the group:<br>Healthcare worker Institution / all group living settings<br>Inpatient (hospitalized) Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG/POS/IND)<br>Inpatient (ICU/CCU)<br>First Nations / Inuit<br>Unhoused / shelter For clearance of disease<br>ER - to be hospitalized Other (Specify):<br>Deceased / Autopsy |  | Exposure to probable, or confirmed case? Yes No<br>Exposure details:<br>Date of symptom onset of contact: yyyy / mm / dd   |  |
| <b>8 - Clinical Information</b>  |  | <b>5 - Test(s) Requested</b>   |  |
| Date of symptom onset: yyyy / mm / dd<br>Fever Pregnant / also check if<br>Cough In labour<br>Sore Throat Other (specify):<br>Pneumonia<br>Temperature, if known:  |  | COVID-19 Virus Respiratory viruses check ONLY if required for hospitalized patient or those in group setting)  |  |
| <b>6 - Specimen Type (check all that apply)</b>  |  | <b>8 - Clinical Information</b>  |  |
| Specimen Collection Date: yyyy / mm / dd (required)<br>NPS in UTM If possible:<br>Throat Swab in UTM BAL<br>Other (Specify): Sputum  |  | Date of symptom onset: yyyy / mm / dd<br>Fever Pregnant / also check if<br>Cough In labour<br>Sore Throat Other (specify):<br>Pneumonia<br>Temperature, if known:  |  |

**CONFIDENTIAL WHEN COMPLETED**  
 The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(ii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO Laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-524-4567. Form No. P-SD-SCGP-6000 (04/15).

- Complete contact tracing using appropriate documentation.

# What is Contact Tracing?

**Coronavirus  
symptoms**



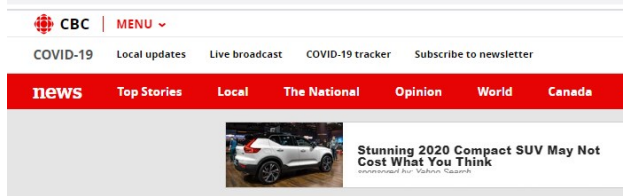
[www.kavithaiintamil.com](http://www.kavithaiintamil.com)



## **Educate client and family on:**

- COVID-19
- Self-isolation, including care giver guide if needed
- Home IPAC, including hand washing and environmental cleaning
- If available, provide kits for clients in isolation – thermometer and O2 sat monitor (how to use, clean and store this equipment).
- Instruct client/caregiver on use of forms for recording self-monitoring

# Resource for Evidenced Based COVID Information



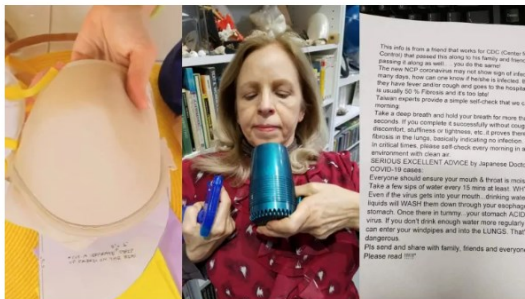
## Health

### No, you can't make an N95 mask out of a bra



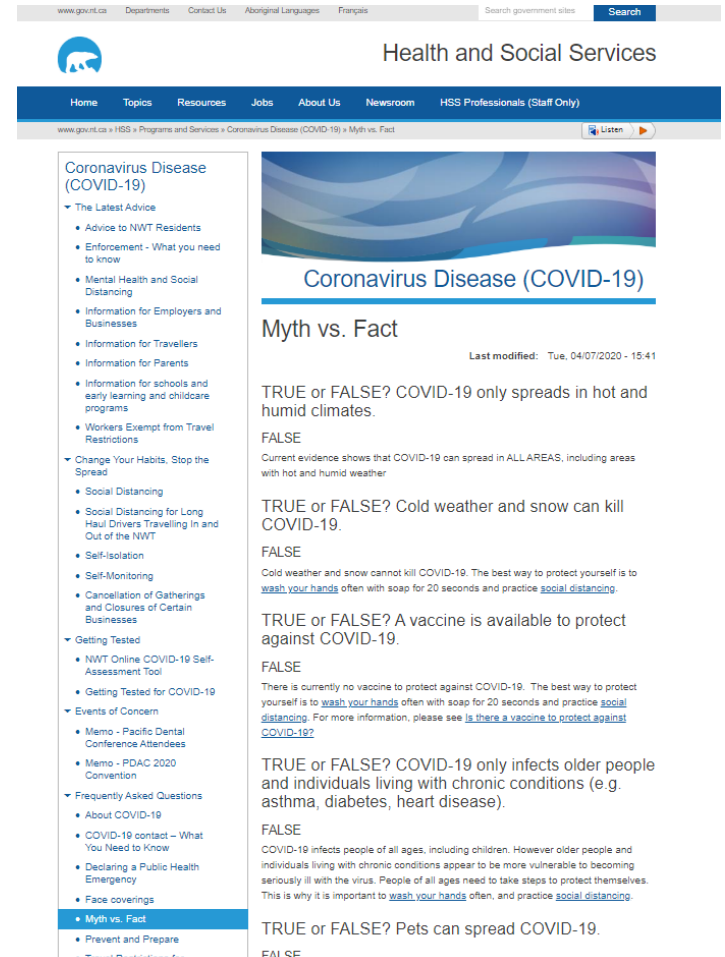
Lemons, gargling with salt, inhaling hot air are some of the false claims circulating online

Katie Nicholson, Jason Ho, Andrea Bellemare - CBC News -  
Posted: Apr 02, 2020 4:00 AM ET | Last Updated: April 2



These images each depict a myth about a way to protect yourself from getting COVID-19 or check if you have it. (Rebecca Brand/YouTube, Facebook, Facebook)

No, drinking hot lemon water, breathing in steam and gargling with salt water will not protect



- Complete **case follow up and monitoring**. Check in with clients once or twice per day as directed using telephone, virtual (OTN) or in person visits. Home visiting may be required.
- Use appropriate documentation tools including public health documentation tools and line lists.
- Consult community health nurse (CHN)/NP/MD according to client status and identified flow of communication in community.

# Other Public Health Duties

1. Tuberculosis
2. Blood borne Infections
3. Sexually Transmitted Infections
4. Immunizations