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House Keeping

- ***6 will mute and unmute your phone line**
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- **Roll Call**
 - please email manager to advise of participation, especially if joining by phone only
- Questions:
christina.kelly@canada.ca




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**2019 Novel Coronavirus
Infection Prevention and Control
Routine Personal Protective
Equipment (PPE)**

ISC FNIHB OR Communicable
Disease Unit

FEB 2020



Canada

The slide features a background image of two healthcare workers in full PPE, including masks and gloves, attending to a patient. The ISC logo is in the top left, and the Canadian flag logo is in the bottom left. The title is centered in large, bold, white text. The date 'FEB 2020' is in the bottom right of the text area. The word 'Canada' is in the bottom right corner.

Key Messages:

- information presented is current to the date of presentation, and is being updated as new information becomes available, therefore, the information in this presentation may change
- risk of transmission in Ontario broadly, in the absence of travel to affected areas, remains very low

Public Health Agency of Canada 2019 novel coronavirus: For health professionals

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

Ontario Ministry of Health - Guidance for Health Care Workers and Health Sector Employers on novel coronavirus associated with Wuhan, China (2019-nCoV)

- http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx



Learning Objectives

Coronavirus

- History of emerging diseases
- Overview of the 2019-nCoV
- Case definition & CHN reporting responsibilities
- How to prevent & prepare
 - Community
 - Clinic

Routine Personal Protective Equipment

- IPAC
- Resources
- Questions





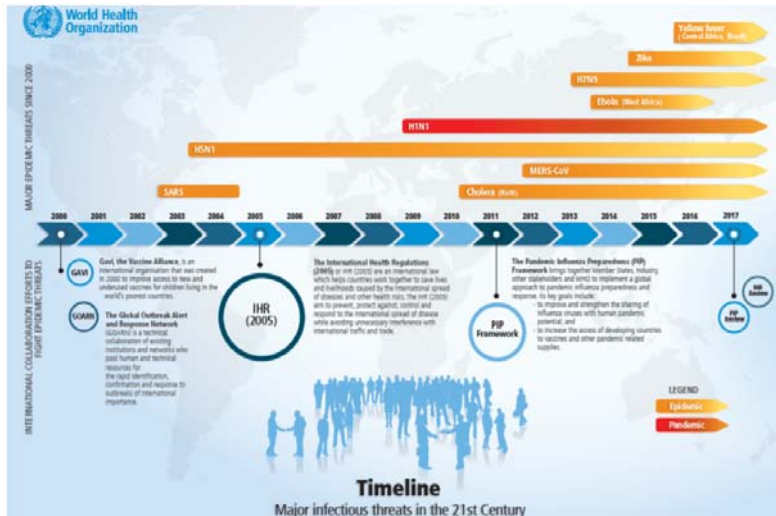
Emerging Infectious Agents

- 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: Novel coronavirus (2019-nCoV, from unknown source at this point)

Major Infectious Disease Threats in 21st 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
- a new, or novel, coronavirus is called nCoV

2019 Novel Coronavirus (2019-nCoV)

- 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

Cases:

- 3 cases confirmed in Ontario*
- 1 case confirmed in British Columbia*
- All had history of recent travel from China

** as of Feb 3, 2020*

Source: Public Health Ontario

2019 Novel Coronavirus (2019-nCoV)

Overall risk of disease spread remains low in Canada

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



Case Definition & Reporting

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

Link for more information related to testing:

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

List of Diseases of Public Health Significance to Report: Coronavirus **ADDED**

- Coronavirus associated disease, novel, including:
 1. Severe Respiratory Syndrome (SARS)
 2. Middle East Respiratory Syndrome (MERS)
 3. 2019-novel coronavirus
- Reportable Disease Form has been updated to reflect this and posted on Onehealth.ca

LIST OF DISEASES OF PUBLIC HEALTH SIGNIFICANCE TO REPORT	
The following diseases are specified as reportable as per Ontario Regulation 559/91 under the Health Protection and Promotion Act (HPPA). NO TB. In the case of an outbreak involving any of the diseases listed below, please contact the zone CD nurse for appropriate instructions.	
Acquired Immunodeficiency Syndrome (AIDS), including Human Immunodeficiency Virus (HIV) *Acute Flaccid Paralysis ▲ Amebiasis ▲ Anthrax ▲ Blastomycosis ▲ Botulism ▲ Brucellosis ▲ Campylobacter enteritis ▲ Carbapenemase-producing Enterobacteriaceae Chancroid **Chickenpox (Varicella) Chlamydia trachomatis infections ▲ Cholera ▲ Clostridium difficile associated disease (CDAD) outbreaks in public hospitals Coronavirus associated disease, novel, including: 1. Severe Respiratory Syndrome (SARS) 2. Middle East Respiratory Syndrome (MERS) 3. 2019-novel coronavirus ▲ Creutzfeldt-Jakob Disease, all types ▲ Cryptosporidiosis ▲ Cyclosporiasis **Diphtheria	Hepatitis, viral 1. ▲ Hepatitis A 1. Hepatitis B 3. Hepatitis C **Influenza, <u>Lassa</u> , Fever ▲ Legionellosis Leprosy ▲ Listeriosis ▲ Lyme Disease **Measles, <u>Meningitis</u> , acute 1. Bacterial 2. Viral 3. Other **Meningococcal disease, invasive **Mumps NCov2019 Ophthalmia neonatorum ▲ Paralytic Shellfish Poisoning ▲ Paratyphoid Fever **Pertussis (Whooping Cough) <u>Bogus</u> Pneumococcal disease, invasive **Poliovirus, acute **Rabies

13 ISC INDIGENOUS SERVICES CANADA

ISC INDIGENOUS SERVICES CANADA

Preparation & Prevention

Canada

Indigenous Services Canada / Services aux Autochtones Canada

Role of the CHN: Preparation, Planning & Prevention

- Education
 - clients, community, Health facility staff and Chief & Counsel on Coronavirus
 - provide credible resources for accurate and current information
 - use various means of communication applicable for the community
- Prepare for Appropriate Screening & Assessment
- Practice appropriate Infection Prevention and Control
 - continue routine infection prevention and control practices
 - apply additional precautions based on risk assessment

Preparation – Community Education

- be up-to-date with all recommended adult vaccinations as per current Publicly Funded Immunization Schedule for Ontario
- provide up to date education and awareness on the novel virus to community via usual communication channels (e.g. radio, bulletin board, community social media website, newsletters)
- hand hygiene practices
- cough etiquette
- avoid touching your face, mouth, nose and eyes with unwashed or gloved hands
- avoid close contact with anyone with anyone developing cold or flu-like symptoms and seek medical care if exhibiting any fever, cough, difficulty breathing
- individuals planning to travel should consult PHAC travel advisory website

Preparation – Clinical Setting

Screening/Signage (passive screening):

Do you have fever and/or onset of cough or difficulty breathing,
AND any of the following:

- Travel to Hubei Province (includes Wuhan), China in the 14 days before onset of illness

OR

- Close contact with a confirmed or probable case of 2019-nCoV

OR

- Close contact with a person with acute respiratory illness who has been to Hubei Province (Wuhan), China within 14 days prior to their illness onset

****Clients meeting above criteria should be isolated immediately and further assessed after donning PPE****

Preparation – Clinic Staff

- self- monitor for fever and respiratory symptoms such as cough, shortness of breath and/or difficulty breathing
- seek medical attention and report these to your manager and occupational health and safety department
- stay informed with memos from the Communicable Disease Unit, Public Health Agency of Canada, and the Ministry of Health and Long-Term Care
 - Onehealth.ca
- ensure all staff are:
 - aware of screening criteria
 - updated as needed regarding changes in case definition
 - screening for travel history

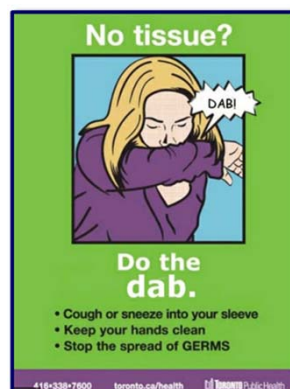
Preparation – Clinic Supplies

- adequate supply of personal protective equipment for at least 2 weeks
 - Including: gloves, gown, surgical mask, N-95 or fit tested mask, eye shield
 - Ontario's Pandemic Plan recommends the following formula to calculate the number of N95 masks required during a pandemic, which can be used as a guide:*

$$\# \text{ staff/shift} \times 4 \text{ PPE changes/shift} \times n \text{ shifts/day} \times n \text{ days}$$
- confirm appropriate stock for testing supplies
 - i.e. nasopharyngeal swabs and viral swab kits, laboratory forms, transport supplies
- ensure the “pandemic box” is up-to-date
 - for health centres with treatment and nursing stations
- communicable disease plan is up-to-date (aka pandemic plan)
 - ensure involved stakeholders and partners are aware of their role
- reference cleaning and sanitation procedures for all precautions as per Environmental Cleaning Manual

Patient Management

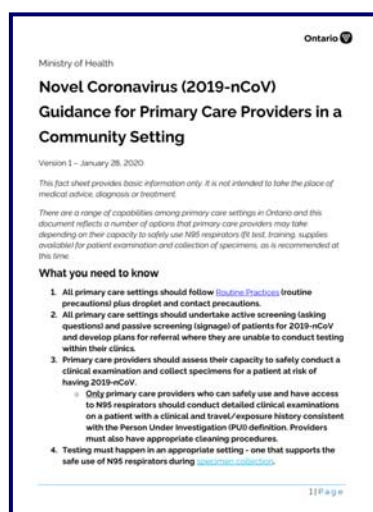
- identify appropriate room for patients being isolated
- post signage for required precautions
- patients should wear a surgical mask during transportation, if tolerated
- equipment must be dedicated to the client whenever possible
- visitors should be kept to a minimum
- ensure education on hand hygiene and appropriate use of PPE as indicated on the signage





Infection Prevention and Control

- **PPE and contact, droplet and airborne 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](https://onehealth.ca))
- **the application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA)**



Infection Prevention and Control

- **healthcare workers (HCW) should use both Droplet/Contact and Airborne precautions**
 - i.e. gown, gloves, eye protection, N95 respirator or fitted mask
- **new PPE must be worn by the HCW between each client and if PPE becomes soiled**
- patients should wear a surgical mask during transportation
- ensure that precautions are initiated whenever a case is suspected; precautions to be discontinued when case is cleared

Infection Prevention and Control

- appropriate selection and use of personal protective equipment:
 - gloves; **AND**
 - a long-sleeved gown; **AND**
 - facial protection: Surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment

Hand hygiene should be performed whenever indicated, paying particularly attention to before and after removal of PPE, and after leaving the patient care environment

Use of IPAC Policy & Procedure

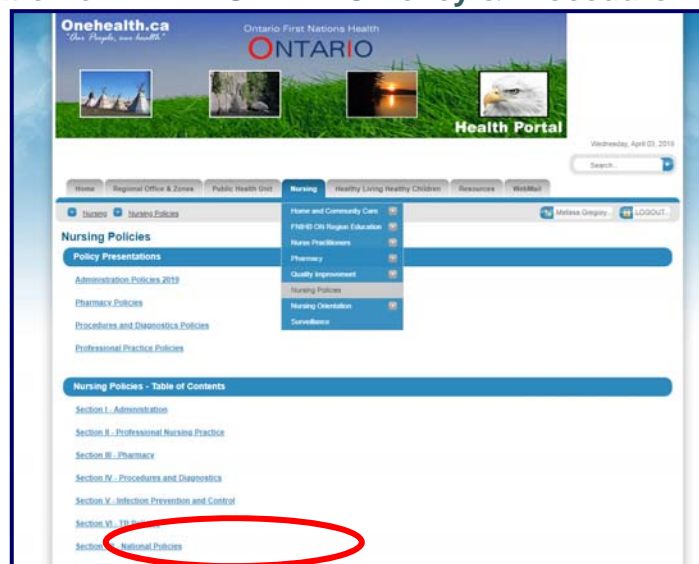
IPAC
Policy &
Procedure
Manual is
available on
Onehealth.ca

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



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POINT-OF-CARE RISK ASSESSMENT (PCRA)

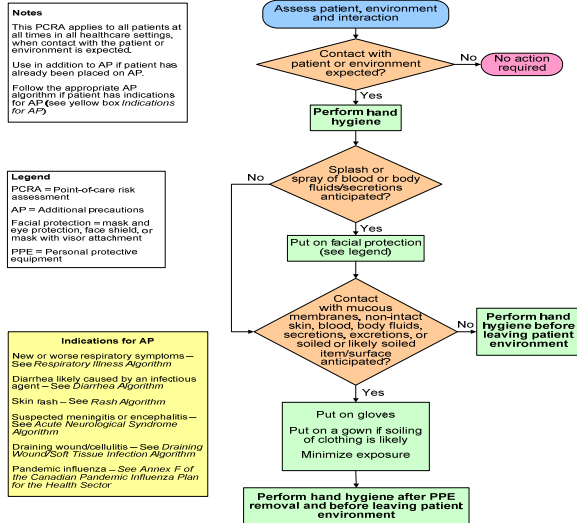
- determining if there is a risk of HCP being exposed to an infectious agent for a specific interaction, with a specific client, in a specific environment and under current conditions
- choosing the appropriate actions (e.g. placing the client in a single room) and PPE needed to minimize the risk of 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

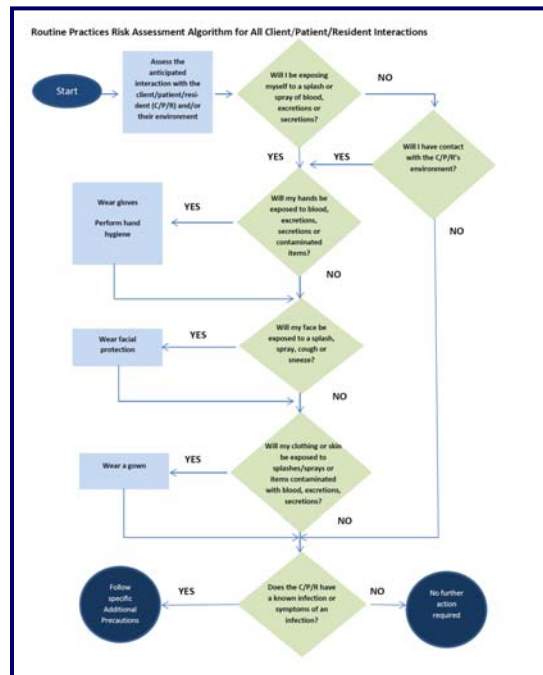


Source: Public Health Agency of Canada. (2012). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Revised Nov 2016.

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

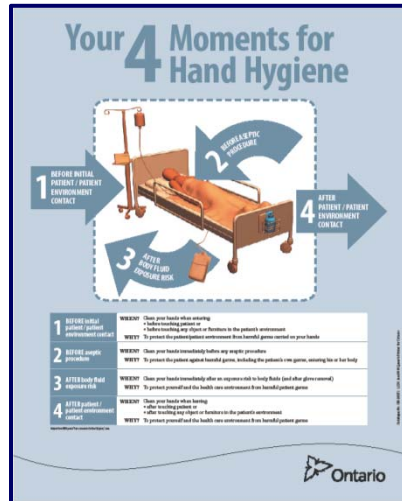
additional precautions: contact, droplet, airborne

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

Routine Practices

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

HAND HYGIENE



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

ADDITIONAL PRECAUTIONS: CONTACT

- Contact Precautions are used to prevent transmission of diseases by contact with an infected or colonized individual (direct) or their environment (indirect)
 - most common route by which infectious agents are spread

PPE	Based on PCRA <ul style="list-style-type: none">• Gloves• Gown
Common Infections	<ul style="list-style-type: none">• Norovirus• MRSA• C-diff
Example of Symptoms	<ul style="list-style-type: none">• Diarrhea• Vomiting• Open, draining wounds• Patches of open skin• Rash

ADDITIONAL PRECAUTIONS: DROPLET

- droplet Precautions prevent transmission of diseases caused by large respiratory droplets that are generated by coughing, sneezing, or talking
 - can also contaminate the environment (e.g. a nearby table) and lead to indirect contact transmission

PPE	<ul style="list-style-type: none"> • Mask and face shield • Gloves and gown based on PCRA (particularly if contact with client environment is anticipated)
Common Infections	<ul style="list-style-type: none"> • Influenza • Pertussis
Example of Symptoms	<ul style="list-style-type: none"> • Coughing • Sneezing • May or may not be accompanied by a fever, fatigue, and headache

ADDITIONAL PRECAUTIONS: AIRBORNE

- airborne precautions are used for clients with known or suspected infectious agents that spread through aerosolized airborne droplets (e.g. Tuberculosis or measles)
 - remain suspended in the air for long periods of time and can be dispersed by air currents

PPE	<ul style="list-style-type: none"> • N95 Respirator and face shield • If N95 not available, use a regular procedure mask and ask the client to put one on as well
Common Infections	<ul style="list-style-type: none"> • Tuberculosis • Measles
Example of Symptoms	<ul style="list-style-type: none"> • Chronic cough with possible night sweats • Fever with unexplained rash

Donning PPE


Home > Videos > Putting on Full Personal Protective Equipment

Save Share Print

Putting on Full Personal Protective Equipment

Step-by-step demonstration of how to properly put on full personal protective equipment.

Duration: 2 min



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

Doffing PPE

Public Health Ontario | Santé publique Ontario

Login Search


Home > Videos > Taking off Full Personal Protective Equipment

Save Share Print

Taking off Full Personal Protective Equipment

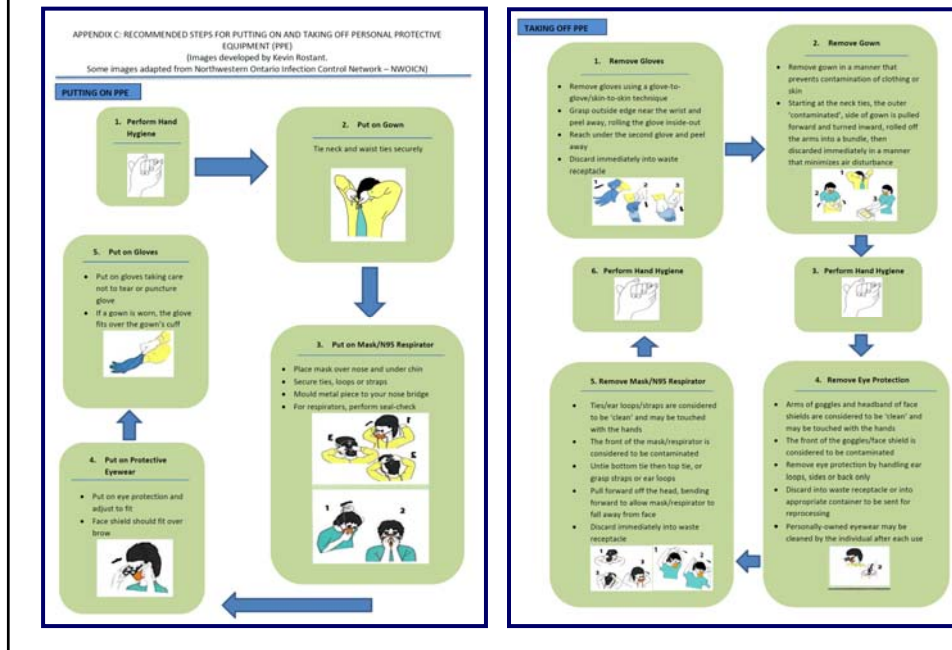
Step-by-step demonstration of how to properly take off full personal protective equipment.

Duration: 1 min



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

Donning & Doffing PPE





INDIGENOUS SERVICES CANADA


Resources






Indigenous Services Canada Services aux Autochtones Canada








Please Read
Do you have a fever, cough or
difficulty breathing,
AND any of the following:


- Travel history to Hubei Province (includes Wuhan), China, in the past 14 days
- Contact with someone who has travelled to Hubei Province (includes Wuhan), China, in the past 14 days
- Close contact with a confirmed or probable case of novel coronavirus

If you answer YES to any of the above,
ASK TO SEE A NURSE IMMEDIATELY








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Coronavirus Stop Sign
Feb 5, 2020









Droplet + Contact Precautions

	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed</p> <ul style="list-style-type: none"> ✓ Before and after each patient contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the patient's environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Patient Placement</p> <ul style="list-style-type: none"> ✓ 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 ✓ Door may remain open ✓ Perform hand hygiene on leaving the room
	<p>Mask and Eye Protection or Face Shield</p> <ul style="list-style-type: none"> ✓ Wear within 2 metres of the patient ✓ Remove and perform hand hygiene on leaving the room
	<p>Gown (based on risk assessment) and Gloves</p> <ul style="list-style-type: none"> ✓ Wear gloves when entering the patient's room or bed space ✓ Wearing gloves is NOT a substitute for hand hygiene ✓ Remove gloves on leaving the room or bed space and perform hand hygiene ✓ 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
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Dedicate routine equipment to the patient (e.g., stethoscope, thermometer) ✓ Disinfect all equipment that comes out of the room ✓ All high-touch surfaces in the patient's room must be cleaned at least daily
	<p>Patient Transport</p> <ul style="list-style-type: none"> ✓ Patient to wear a mask during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Non-household visitors wear a mask and eye protection within 2 metres of the patient ✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other patients or will be providing direct care* ✓ Visitors must perform hand hygiene before entry and on leaving the room




Airborne Precautions

	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed</p> <ul style="list-style-type: none"> ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one's nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident's environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Client/Patient/Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities ✓ Room must have negative pressure ventilation with room air exhausted outside or through a HEPA filter ✓ Monitor negative pressure daily while in use ✓ Door must remain closed
	<p>N95 Respirator</p> <ul style="list-style-type: none"> ✓ Wear a fit-tested, seal-checked N95 respirator for entry to the room for TB patients ✓ For measles, varicella or disseminated zoster, only immune staff are to enter the room and an N95 respirator is not required
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Equipment that is being used by more than one client/patient/resident must be cleaned between patient/residents ✓ All high-touch surfaces in the patient's room must be cleaned at least daily
	<p>Client/Patient/Resident Transport</p> <ul style="list-style-type: none"> ✓ Client/patient/resident to wear a mask during transport ✓ Transport staff to wear an N95 respirator during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Visitors must be kept to a minimum ✓ Visitors must perform hand hygiene before entry and on leaving the room ✓ For TB, household members do not require an N95 respirator ✓ For TB, non-household visitors require an N95 respirator ✓ For measles/varicella, visitors should be counselled before entering the room

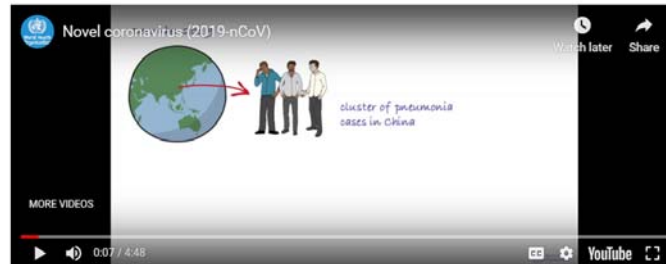
*Direct Care: Providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

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WHO: Coronavirus



- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- 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.



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 \(2019-nCoV\) Guidance for Primary Care Providers in a Community Setting](#)
 - [Public Health Ontario: Novel Coronavirus \(2019-nCoV\)](#)
 - [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 (2019-nCoV). Available at, <https://www.ontario.ca/page/wuhan-novel-coronavirus-2019-ncov>
- 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	Kristina Slyford
613-948-2219	613-954-1934	807-343-5313
Innocent.Magocha@canada.ca	Susan.Conway@canada.ca	Kristina.slyford@canada.ca
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 (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

CD Team

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