

# Special Bulletin

## from the Office of the Chief Medical Officer of Health

**Date:** March 11, 2020 **Update**

**To:** Nova Scotia Health Care Providers (including 811/911)

**Topic:** 2019 Novel Coronavirus (SARS-CoV-2)

### **Updates:**

- Information to the screening tool on the referral for SARS-CoV-2 testing from a community setting.
- Returning travellers from Italy, Iran and Hubei Province in China are required to **self-isolate**.

The Office of the Chief Medical Officer of Health (OCMOH), Department of Health and Wellness, in partnership with the Public Health Agency of Canada, is monitoring the current situation of the emergence of the novel coronavirus, SARS-CoV-2.

With rapid global spread of SARS-CoV-2, Nova Scotia continues to enhance surveillance activities. We are shifting the surveillance focus to include **anyone who has travelled outside of Canada**. People who have travelled outside of Canada will be instructed at border entry points and through public messaging to:

- 1) monitor their health for 14 days from the day they entered Canada and minimize their contact with individuals who are at high risk of severe COVID-19 illness (e.g. not visiting a long-term care facility)
- 2) self-isolate if they begin to feel unwell in the 14-day period
- 3) call 811 if they develop fever ( $> 38^{\circ}\text{C}$ ) **OR** new onset (or exacerbation of chronic) cough in the 14-day period to arrange testing for the SARS-CoV-2 virus

People who have travelled outside of Canada to Italy, Iran and Hubei Province in China will be instructed at border entry points and through public messaging to:

- 1) self-isolate for 14 days from the day they entered Canada
- 2) call 811 if they develop fever ( $> 38^{\circ}\text{C}$ ) **OR** new onset (or exacerbation of chronic) cough in the 14-day period to arrange testing for the SARS-CoV-2 virus

### **Patient Screening**

To minimize the possibility of a COVID-19 patient not being identified as they present for health care, COVID-19 screening of patients needs to be continued using the triage screening tool on the reverse side.

At this time there is no known community transmission of SARS-CoV-2 within Canada but clinicians with concerns about COVID-19 in a patient who has travelled within Canada can contact their local Medical Officer of Health (MOH) to discuss testing. During business hours, the local MOH can be contacted through the appropriate regional hospital switchboard (in Central Zone this is QEII locating); after hours phone 902-473-2222 and ask for the MOH on-call.

### **Testing**

Specimens needed for testing for standard respiratory viruses and SARS-CoV2 will be taken and forwarded to the QEII Microbiology Laboratory. Detailed information on testing and appropriate infection control/personal protection equipment has been provided by the NSHA and IWK. Further disposition of the patient will be determined by the attending health care provider.

### **Office-based Infection Prevention and Control**

Follow standard precautions in your office/community clinic as you would for other respiratory illnesses:

- screen patients on intake and for those with respiratory symptoms provide a surgical/procedure mask (N95 not required) and separate from other patients (a 2-meter separation is recommended).
- ask patients to practice respiratory/cough etiquette (wear a surgical/procedure mask and use tissues for coughing, sneezing, and controlling nasal secretions with immediate disposal of tissue in waste receptacle followed by hand hygiene).
- practice good hand hygiene (both patient and care provider) by using alcohol-based hand rub or water/soap if hands are visibly soiled.

# 2019 Novel Coronavirus (SARS-CoV-2)

## Intake/Triage Screening Tool

March 11, 2020

A recent travel and immunization history should always be obtained from individuals presenting with a complaint that could be an infectious disease. As per standard of care, individuals presenting with respiratory symptoms should don a surgical/procedure mask.

*The following information should be obtained from patients who present for care in an emergency department or primary health care setting (e.g. university health clinics, family practice office, walk-in clinic, outpatient clinics, ambulatory care and specialty care) or to assist in responses for EHS Communications Centre and 811.*

### Question 1:

**In the past 14 days, has the patient travelled outside of Canada?**

### Question 2:

**In the past 14 days, has the patient been in close contact (within 2 meters) with a confirmed case of COVID-19?**

### Question 3:

**In the past 14 days, has the patient been in close contact with a person with fever OR a new onset (or exacerbation of chronic) cough who has travelled outside of Canada within 14 days prior to their illness onset?**

*If the patient answers **NO** to Question 1, 2 AND 3, triage as per norm*

*If the answer is **YES** to Question 1, 2 OR 3, ask Question 4.*

### Question 4:

**Does the patient have fever or symptoms of a fever (over 38 degrees Celsius) OR new onset of (or exacerbation of chronic) cough?**

*If the patient answers **YES** to Question 4,*

- *In a community setting, for information on COVID-19 assessment centres call 811. 811 will provide information on the nearest location for these assessment centres. Please do not send a patient to an assessment centre without having been referred by 811. In the event an individual requires more urgent care, 811 will provide information on accessing emergency departments.*
- *In hospital settings, place the patient in a single room immediately, with a closed door, and implement contact/droplet precautions (gloves, gown, surgical/procedure mask & eye protection/face shield)*
- *Notification of Public Health **IS NOT** required as this will be done through the electronic laboratory information system*

*If the patient answers **NO** to Question 4,*

*Advise patient to continue to monitor their health, self-isolate if feeling unwell and call 811 if fever (> 38°C) OR new onset of (or exacerbation of chronic) cough occur*