Navigating COVID-19
Frequently Asked Questions by Clinicians and Health Leadership
March 19, 2020

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9. During the COVID-19 response, what are considerations for other mandatory CD programming?

For answers to Frequently Asked Questions by Community Members, please see:
Information to Share with Community Members

1. **Where can I find the most up to date information to share with community members about COVID-19?**
   Please direct community members to frequently updated, reliable web sources. See links to reliable web sources below:
   - **FNHA:** https://www.fnha.ca/about/news-and-events/news/information-on-novel-coronavirus
   - **BCCDC:** http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-%28novel%29
   - **HealthLinkBC:** https://www.healthlinkbc.ca/health-feature/coronavirus-covid-19
     - BC Self-Assessment tool: https://covid19.thrive.health/

2. **What can I do to ease concerns of community members?**
   Continue to share key messages of what community members can do to prevent the spread of infection for themselves, their family and their community.

   A template PowerPoint has been created with key messages you can use in communication with community members or through social media posts. Please see “COVID-19 Information (PPTX)” on https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus

   A declaration of a pandemic can create overwhelming concern and anxiety. It can also bring up historical trauma and fear related to the spread of communicable diseases in First Nations Communities. Nurses working in First Nations Communities are well equipped to answer questions from community members with a trauma-informed and culturally safe approach.

   The KUU-US Crisis Line Society provides a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week, toll-free from anywhere in British Columbia. The KUU-US Crisis Line can be reached toll-free at 1-800-588-8717. Alternatively, individuals can call direct into the Youth Line at 250-723-2040 or the Adult Line at 250-723-4050.

3. **What do I need to know about pregnancy/breastfeeding and COVID-19?**
   It is too early to determine the level of risk posed to pregnant women infected with COVID-19. A study of pregnant women with the coronavirus SARS (severe acute respiratory syndrome) found that the more severe the illness experienced by the mother, the higher the likelihood of risk to her pregnancy – including stillbirth, miscarriage and premature birth.

   For more information, please see:
   - **BCCDC Interim Guidelines** discuss considerations for breastfeeding mothers in Appendix 1.
1. **What is the current status of the COVID-19 outbreak?**
   On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global Pandemic due the number of cases that have now spread throughout the world. Declaration of a pandemic allows for another level of support to be offered. Internationally, this allows for international support and resources to be made available to countries that may lack the infrastructure and ability to manage their public’s healthcare related to COVID-19. In Canada, this means support at both provincial and federal levels can be activated.

   On March 16, 2020, British Columbia declared the COVID-19 outbreak as a Public Health Emergency under the Public Health Act. Declaring a Public Health Emergency provides the Provincial Health Officer the ability to issue verbal orders that can be enforced. Please refer to Joint Statements by the Health Minister and Provincial Medical Health officer found here: [https://news.gov.bc.ca/ministries/health](https://news.gov.bc.ca/ministries/health)

2. **Where can I find the most up to date clinical resources for Health Professionals in British Columbia, including information regarding COVID-19 incubation period and periods of communicability?**
   BCCDC is regularly updating provincial clinical resources for Health Professionals. Please refer to the Interim Guidelines found here: [http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19)](http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19))

   Please also refer to your Regional Health Authority MHO updates for the latest guidance in your region. A link to MHO updates from BC Regional Health Authorities is found at the bottom of FNHA’s COVID-19 (Coronavirus) Resources for First Nations Community Health Care Providers webpage: [https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus](https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus)

   Ensure your Community’s Communicable Disease Emergency Response Plan (Formerly known as Pandemic Influenza Plan) is up to date and has been tested (i.e. tabletop exercise). If your Communicable Disease Emergency Response Plan is out of date, please download a copy from [https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus](https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus)

3. **Who should I contact if I have questions about communicable disease management in First Nations Communities?**
   For Nurses who have clinical questions, please email [cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca) or call 1-844-364-2232 (toll-free, option 3).

   For all other non-clinical COVID-19 inquiries, please email [covid19@fnha.ca](mailto:covid19@fnha.ca)
1. **What is the recommended Personal Protective Equipment for COVID-19? How much Personal Protective Equipment do I need? Where do I order PPE?**

Health care facilities providing direct patient care should have Personal Protective Equipment for all modes of transmission: contact, droplet, and airborne. These will include the following:

- Gloves (nitrile would be preferred)
- Isolation gowns (minimum CSA/AAMI fluid resistant level 1)
- Procedure masks (ear-loop would be preferred due to ease of application)
- Face Shields (preference would be disposable as no reprocessing needed)
- N95 masks (fit testing will be required to know which ones to purchase)

Additional supplies listed below are important to have on hand but are not required for COVID-19 precautions:

- Disposable fluid impermeable Boot covers
- Disposable fluid impermeable Hood
- Disposable fluid impermeable apron

FNHA CD Management team has provided a tool to use to calculate recommended quantity of PPE to have on hand taking into account restock times, community size, and other factors. You can see the tool [here](#) (it is the link to an excel file under the heading PPE).

Supply of PPE for Health Centres and Nursing Stations in community are part of regular operations of those facilities. Please refer to your regular process of ordering PPE Supplies. Personal protective equipment is an Occupational Health employer requirement for health care staff.

2. **Will there be PPE provided to Communities now that a Pandemic has been declared?**

The CDPPH team has put in a request to receive supplies from our provincial and federal plans. Once we have more details as to what is available and how it will be distributed we will let Community Health Nurses know via our email distribution list. Communities are not encouraged to rely solely on supplies that may be made available through our provincial and federal partners. Please continue ordering supplies through regular channels.

Some examples of suppliers are:

- Bowers Medical is supporting Doctor's offices in BC for N95, masks (non-priMED) and other PPE. Contact information is: TracyStoroshenko@bowersmedical.com and brittanyb@bowersmedical.com
- The Stevens Company already supports much of the medical clinic business. Stevens contact information is: jordan.ortillan@stevens.ca
- Medline has a division that deals exclusively with primary care (Physician's offices). They are working through the PPE supply challenges with their customer base. Please contact Brian Lieffers, Western Region Sales Director at (236) 330-6396 or blieffers@medimart.com
3. **Are N95 masks required? Where can I get fit testing done?**

COVID-19 is spread by coming into contact with droplets of infected persons. Therefore, N95 masks are not required for community members. N95 masks (in lieu of surgical masks) are only indicated for health care staff if staff perform aerosol generating medical procedures (AGMPs). Examples of AGMPs are open suctioning of the respiratory tract, intubation and extubation procedures, bronchoscopy, cardiopulmonary resuscitation with bag valve mask ventilation, bronchoscopy and broncho-alveolar lavage, nasopharyngeal aspirates, washes, and scoping, suctioning of the respiratory tract.

In British Columbia, it is an Occupational Health requirement that fit-testing be completed annually for health care staff. As of March 6, 2020, the BC Ministry of Health made the following recommendations:

- Effective immediately, health authorities facing an imminent shortage of N95 respirators shall allow workers who have had their respirator fit test within the previous 2 years to continue to use respirators without additional testing.
- Effective immediately, health authorities facing an imminent shortage of N95 respirators shall ensure these same workers perform a fit check or seal check prior to the use of the respirator, and where that check reveals an issue with the seal, a full fit test will be performed.
- Effective immediately, health authorities not facing an imminent shortage of N95 respirators shall perform annual fit tests as required by section 8.40(2.1) of the Occupational Health and Safety Regulation.

If there is no one trained and designated as a fit tester in health care facility, an option for communities may be to contact the local Public Health Unit or an established contact within the Regional Health Authority that may be able to visit you and provide fit testing for health care staff. Occasionally, there are Train the Trainer workshops hosted by educators in the Regional Health Authority that can be accessed. FNHA CD Management team is able to lend fit testing kits to communities once there is a trainer able to use the kit.

4. **Are there changes to Infection Prevention and Control (IPC) measures in a pandemic?**

No. Continue with current routine IPC measures and additional precautions (i.e. Point of Care Risk Assessment, masking of symptomatic clients, hand washing, contact and droplet precautions, and equipment and environmental cleaning and disinfection.)
CD Management in Community

1. **What is the responsibility of the regional health authority CD unit/MHO and what is my responsibility as a CHN related to COVID-19 case and contact follow up?**

   The statutory responsibility for CD follow-up lies with the Regional Health Authority (RHA) - as it flows from the Public Health Act to the regional Medical Health Officers. Your role as a CHN is one of collaboration with the RHA as needed for case and contact follow-up.

2. **What is the difference between self-monitoring, self-isolation, and isolation?**


3. **If I learn of someone self-isolating in community, how do I proceed?**


   Clarifying the situation first is of the upmost importance. Please consider the following questions:
   - Was the individual notified they were a contact to a confirmed case by the RHA or by Public Notice? Was this related to returning from travel? If not, through what means?
   - If this was a notification from the RHA, is the CD Unit in your region involved in Active Daily Monitoring or has the individual been advised to self-monitor for symptoms during isolation?
   - What was the messaging they received around self-monitoring, self-isolating and what to do if symptoms develop?

   Please support individual by reinforcing the messages they have received from the RHA CD Unit, or from the Public Notice. If the individual requires more information, please direct client to appropriate information on BCCDC’s webpage.

   Contract tracing is not done for contacts. Contact tracing would be initiated by the RHA MHO. You as the CHN may be asked to support the RHA with contact tracing

   It would be a breach of confidentiality to share information about contacts or cases of COVID-19 outside of the circle of care.
4. **What should other members in a household do if someone in their home is self-isolating and is asymptomatic?**
If the individual that is self-isolating is asymptomatic, the rest of the members in the household would not need to self-isolate. It would be extremely important to ensure that all self-isolation measures were being followed in order to prevent potential spread to other members of the household. If the recommended measures cannot be followed, and support is needed to arrange alternative living arrangements, please email covid19@fnha.ca.

If the individual becomes symptomatic, the whole household must self-isolate for 14 days from the onset of symptoms to prevent the spread of the virus to anyone outside of the household.

5. **What messaging should I give to community members if they are symptomatic?**
The provincial recommendation regarding the appropriate process at this time is for community members to self-isolate and call 811. Acutely ill clients would seek medical care at the local acute care settings. If the community member needs to seek medical attention, advise the community member to call ahead to local facilities so they can prepare in advance. Please direct community members to the **BC Self-Assessment tool**: https://covid19.thrive.health/

If you suspect that further follow-up will be needed, please connect with FNHA CD Management Team, the Regional Health Authority CD Unit, or the after-hours MHO line. Please see **CD Management Resources: FNHA Regions (PDF)** for contact information.

6. **How do community members care for a family member with sick with COVID-19 at home?**

7. **Can NSAIDs (such as Ibuprofen) be used to treat symptoms of COVID-19?**
WHO is aware of concerns on the use of ibuprofen for the treatment of fever for people with COVID-19. They are consulting with physicians treating the patients & are not aware of reports of any negative effects, beyond the usual ones that limit its use in certain populations. WHO has not and is not advising against the use of NSAIDs at this time.

8. **What do I do if there are rumors in the community or on social media of a contact of COVID-19 in my community?**
If able to, please contact the source of the rumor to attempt to assess the validity of the rumor.

If you are approached by community members with concerns about a contact in your community, the **ASK** approach may also be useful in your communication.

- **Acknowledge** any concerns brought forward
- **Steer** the conversation to refute the myths
- **Knowledge**- Provide accurate information and resources
9. During the COVID-19 response, what are considerations for other mandatory CD programming?

Nurses working in community are well equipped to determine CD programming priorities during this time. Please see below for specific considerations:

- **Immunizations**
  - CHNs continue to provide immunization services if it is safe to do so, ensuring safety of health centre staff and community members, based on point of care risk assessments.
  - If it is determined that a community member may be symptomatic or in isolation but needs immunization right away, please use your best clinical judgement and obtain appropriate PPE. Some situations may require creative solutions, keeping in mind client confidentiality, privacy, and appropriate Infection Prevention and Control measures.
  - The following populations continue to be priority:
    - Medically high risk clients requiring immunizations
    - Routine immunizations for infants and children

- **TB**
  - Please reference bulletin distributed by FNHA TB team on March 16, 2020 from cdc@fnha.ca. If you have questions about priorities for TB follow-up, please contact FNHA TB team directly, by emailing fnhaTB@fnha.ca