Navigating COVID-19
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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:
   - BCCDC: [http://www.bccdc.ca/health-info/diseases-conditions/covid-19](http://www.bccdc.ca/health-info/diseases-conditions/covid-19)

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 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. Please also see: [https://www.fnha.ca/Documents/FNHA-COVID-19-Mental-Health-and-Cultural-Supports.pdf](https://www.fnha.ca/Documents/FNHA-COVID-19-Mental-Health-and-Cultural-Supports.pdf)

3. What do I need to know about pregnancy and COVID-19?


   The Society of Obstetricians and Gynaecologists of Canada (SOGC) also has information about COVID-19 in pregnancy on their website.

4. What should I tell community members about health products that make false or misleading claims to prevent, treat or cure COVID-19?

   Health Canada is warning Canadians about the risks of buying health products—including drugs, natural health products, homeopathic products, and medical devices—that make false or misleading claims to prevent, treat or cure COVID-19.

5. **What is the current recommendation regarding the use of non-medical grade masks?**

Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), must be kept for healthcare workers and others providing direct care to COVID-19 patients.

Wearing a non-medical mask (e.g., homemade cloth mask) in the community has not been proven to protect the person wearing it. However, wearing a non-medical mask is an additional measure that community members can take to protect others around them when appropriate physical distancing is difficult to maintain.


BCCDC has some information regarding the use of homemade masks here: [http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks)

It is important to emphasize that non-medical masks alone will not prevent the spread of COVID-19. Everyone **must** consistently and strictly adhere to good hygiene and public health measures, including frequent hand washing and physical distancing.
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

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/covid-19-care

   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 Resources for Health Professionals webpage: https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/health-professionals

   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/health-professionals

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 or call 1-844-364-2232 (toll-free, option 3).

   For information about ordering PPE for your communities, please email covid19needs@fnha.ca

   For all other non-clinical COVID-19 inquiries, please email 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?**

   In addition to Routine Practices, all individuals including family members, visitors and all healthcare workers (HCWs) are required to use contact and droplet precautions before entering the room of a suspected or confirmed COVID-19 client. The Personal Protective Equipment (PPE) for this level of precautions includes: gloves, gown, surgical mask and eye protection. For some aerosol generating medical procedures (AGMP) an N95 respirator and face shield/goggles are required and it is recommended to perform AGMPs in a negative pressure setting if possible (See Question 3). It is very important to use extreme care when doffing/removing PPE and always performing hand hygiene when finished.

   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 Personal Protective Equipment).

   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 supplies provided to Communities now that a Pandemic has been declared?**

   Yes. Please refer to the FNHA [COVID-19: Information for Community Leaders](#) webpage to access the BC First Nations Community Guide for Additional Supports Needed. The Personal Protective Equipment Request Process and Form are also available on this webpage.

   Communities are encouraged to not rely solely on supplies that may be made available through our provincial and federal partners. Please continue ordering supplies through regular channels as much as possible.

3. **Are N95 masks required? Where can I get fit testing done?**

   N95 masks are not required nor recommended for community members as COVID-19 is spread by coming into contact with droplets of infected persons. Droplet and Contact precautions are recommended for the routine care of patients with suspected or confirmed COVID-19. 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. 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 available 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?**

   It is recommended that health care professionals diligently 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.)

   Currently there is a global shortage of PPE and ALL health authorities in British Columbia are required to implement appropriate and safe conservation measures for Personal Protective Equipment. Conserving individual pieces of PPE is part of a larger process of re-aligning care delivery to promote client and staff safety during the COVID-19 pandemic.

   It is important that all health care professionals work together to conserve our PPE. For additional information, please see [BC Ministry of Health, Personal Protective Equipment Bulletin #1](https://www.gov.bc.ca/wps/wcm/connect/0286b22a-5a2f-4845-8b08-3a88c34e3c93/13e1d205-5a2f-4845-8b08-3a88c34e3c93). Please also see FNHA’s Bulletin: [Conservation Measures for Personal Protective Equipment [April 6, 2020]](https://www.fnh.ca/newsroom/newsrelease/conservation-measures-personal-protective-equipment-april-6-2020).

5. **What is the recommendation regarding homemade hand sanitizer or hand sanitizer/surface disinfectants made by local companies?**

   Please see a regularly updated list of approved hard surface disinfectants and hand sanitizers in Canada at this link: [https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html)

   If communities are looking to produce their own hand sanitizer, it is important to ensure that there is a compounding pharmacist available that will be able to follow the [WHO’s rigurous](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/hand-sanitizers)
guidelines. It is a priority to ensure that any alcohol based hand sanitizer procured from different sources meets the standards and is effective. For community members, it may be of greater benefit to highlight the importance of washing hands with liquid soap and water when available, which is known to be effective, rather than supplying hand sanitizer from unregulated sources which may not be as effective. The provincial procurement process is looking into securing safe and effective supply from private sources such as distilleries.

6. **Is there guidance regarding safe handling of bodies of deceased persons with suspected or confirmed COVID-19?**  
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. If CHNs are asked to help the RHA with case interviews or contact follow up, the most up to date case and contact follow-up templates will be provided by the RHA.

2. Who should self-isolate and for how long?
   There are different reasons for individuals to self-isolate based on their possibly exposure. The reasons for self-isolation dictates the duration.

   Case and contacts: Must follow directions provided by RHA CD unit of when they can resume their regular activities. The RHA CD unit may request completion of the Active Daily Monitoring Form for contacts to track their symptoms: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-Contact-monitoring-form.pdf

   International traveler returning to BC: Must self-isolate and self-monitor for symptoms for 14 days. If the individual develops symptoms during this period, they should complete the BC COVID-19 Self-Assessment Tool to determine if they need further assessment or testing. If the individual develops symptoms they must self-isolate for at least 10 days after onset of symptoms (this could mean they self-isolate for longer than the initial 14 day period). For more information please see http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation

   Individuals with respiratory symptoms who are not being followed by the RHA CD unit as a case or contact and are not a return traveler: It is recommend they self-isolate for a minimum of 10 days. They should complete the BC COVID-19 Self-Assessment Tool to determine if they need further assessment or testing For more information please see http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick

   The difference in these timeframes is related to the incubation period and period of communicability, for more information please see the BCCDC Novel Coronavirus (COVID-19) - Interim Guidelines

3. If I learn of someone self-isolating in community, how do I proceed?
   If a community member has been advised by the Regional Health Authority MHO to self-isolate they will receive instructions, similar to what is contained in these handouts: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/patient-handouts
   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?

There have been some observations indicating that nonsteroidal anti-inflammatory drugs (NSAIDs) may worsen the effects of COVID-19; however, the evidence is weak. At this time, WHO does not recommend against the use of ibuprofen. Acetaminophen at routine doses is recommended for fever and symptom relief of patients with suspected or confirmed COVID-19. Acetaminophen, however, does not need to be used exclusively for fever from other causes. See therapeutics initiative summary here: [https://www.ti.ubc.ca/2020/03/18/acetaminophen-vs-nsaids-during-covid-19-pandemic/](https://www.ti.ubc.ca/2020/03/18/acetaminophen-vs-nsaids-during-covid-19-pandemic/)

For those patients who are using NSAIDs regularly for other diagnoses, decisions should be made on a case-by-case basis in consultation with their doctor.

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.

- **A**cknowledge any concerns brought forward
- **S**teer the conversation to refute the myths
- **K**nowledge- 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 [cdcl@fnha.ca](mailto:cdcl@fnha.ca). If you have questions about priorities for TB follow-up, please contact FNHA TB team directly, by emailing [fnhaTB@fnha.ca](mailto:fnhaTB@fnha.ca)