



First Nations Health Authority  
Health through wellness

## 2019 Novel Coronavirus (COVID-19)

Guidance for Community Health Nurses working in  
First Nations Communities in British Columbia

[cdmgt@fnha.ca](mailto:cdmgt@fnha.ca)

1-844-364-2232 option #3

<https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus>

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## Background

The COVID-19 (previously known as 2019-nCoV) epidemic is evolving rapidly and clinical information will continue to change as epidemiological understanding of the virus continues to develop.

Public Health measures to assist with mitigating this outbreak include:

1. **Preventing** the disease (individual and population-base public health measures)
2. **Identifying** cases
3. **Controlling the spread** (case and contact management, including exposure settings)

The guidance in this document is based on guidelines developed by the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) and is intended to help you to be ready to manage COVID-19 in your community and at your clinic or health station. **Please share this information with your colleagues who interact with patients, including your administrative staff.**

**This document is intended to provide guidance in conjunction with the [BCCDC CD Guidelines](#) and your Regional Health Authority's policies, procedures, and guidelines.**



## What Health Teaching Should I Be Providing To Community Members?

It is important that health care providers share up-to-date and accurate information about COVID-19, as there are still many unknown aspects to the spread of this virus, and rumours can spread quickly.

This is an opportune time for Communities to review their preparedness plans, and for individual Community Members to review their family's emergency plan in case there is a decrease in services (i.e. Food deliveries, pharmacy access) in the area.

### Individual Community Members can help stop the spread of viruses by:

- Regular proper handwashing with soap and water
  - After contact with high-touch surfaces
  - Before and after touching the face
  - Before and after handling food
  - After using the washroom
  - Use alcohol-based (minimum 60% ethyl alcohol) hand sanitizers if soap and water are not available
- Staying home when sick
- Avoiding close contact with people who are sick
- Covering cough and sneezes
  - Coughing into flexed elbow
  - Coughing into tissues and discarding
- Regularly cleaning high touch surfaces
- Calling the clinic before visiting if they are experiencing any Influenza-Like Illness (ILI) or COVID-19 symptoms
- Closing the lid of the toilet when flushing
  - There is a risk of “fecal shedding” with COVID-19
- Remaining calm: high stress increases the risk of becoming vulnerable to many illnesses



## How to Prepare Your Clinic

1. **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. table top exercise). If your CDE Plan is out of date, please request a template to update your plan by contacting [cdmgt@fnha.ca](mailto:cdmgt@fnha.ca).**
2. Identify a Lead within your Health Centre or Nursing Station who will complete and regularly review [COVID-19 Readiness Assessment for Nursing Stations and Health Centers](#)
3. Follow routine infection practices which include:
  - Applying basic principles of Infection Control and utilize routine and additional precautions based on Point of Care Risk Assessment.
  - Respiratory hygiene: If patients have refused to mask (ear-loop procedure/surgical mask), ask patient to cough into tissue and to discard, then wash hands
  - Perform hand hygiene immediately after contact with respiratory secretions
  - Prioritize care for symptomatic patients as appropriate
  - Appropriate equipment and cleaning materials should be available and used.
  - Clean and disinfect medical equipment after use with each client
  - Regularly clean and disinfect environmental surfaces.
4. Educate all staff about this situation and specifically about how the virus is spread.
  - Highlight that close contacts are at higher risk of infection and infection can be prevented by using contact and droplet precautions. Clinical staff, as well as support staff, in direct and close contact with clients should be familiar with and follow contact and droplet precautions
5. Ensure ongoing dialogue regarding need for additional support or equipment with your Nurse In Charge and/or Manager
6. Ensure that you have the appropriate Personal Protective Equipment (PPE) available. If not, contact your manager or FNHA CD Management for more information
7. Keep up to date with the latest information and clinical guidelines
8. Post signs to help clients reduce risk of transmission of respiratory illness
  - Poster for entrance to health care settings and reception available [here](#)
9. Reception staff should be trained in identifying potential cases. Please refer to [Reducing risk of COVID-19 transmission: Case Identification and Client Flow in Health Centres and Nursing Stations](#)



## What To Do If You Have A Suspected Case

- If the client presents for a reason other than their respiratory symptoms, provide routine care while ensuring appropriate precautions (See section below)
- If the client has mild respiratory symptoms, encourage the client to please stay at home. As a precaution, the Ministry of Health is asking anyone with symptoms (fever, cough, sneezing, sore throat, or difficulty breathing) to stay home for 14 days.
- If the client has moderate to severe respiratory symptoms and is likely to be hospitalized, please liaise with Regional Health Authority CD Unit or MHO (after hours) to inquire about testing.
- Confirm what exposure criteria client meets. If client has exposure criteria related to a known outbreak or cluster, please liaise with Regional Health Authority CD Unit or MHO (after hours) to inquire about testing.
- Refer to FNHA's [CD Management Resources: FNHA Regions](#) document OR your Regional Health Authority for detailed contact information
- Inform the FNHA CD Management team ([cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca)) or 1-844-364-2232 of all COVID-19 investigations and/or for further guidance

## Precautions for Symptomatic Clients

- In addition to Routine Practices, HCWs should follow Contact and Droplet precautions, including eye protection, when providing routine examination or within 2 meters of a symptomatic client.
- **Upon entering the room HCWs should wear:** facial protection/mask and eye protection (face shield/visor), a clean, long-sleeved isolation gown, and gloves.
- Nasopharyngeal (NP) swabs and throat swabs can be performed using contact and droplet precautions with surgical/procedure mask and eye protection, and do not require the use of an N95 respirator
- Airborne precautions including N95 respirators with eye protection should be used during aerosol-generating procedures such as 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.
- **After patient care:**
  - Appropriate doffing and disposal of all PPE's and hand hygiene should be carried out immediately upon exiting the clinic room
  - Equipment should be either single-use **and** disposable **or** dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers) for use with one patient
  - If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient as per the appropriate Infection Control guidelines



## Resources and More Information

### National COVID-19 Information:

- Background information on 2019 Novel Coronavirus (COVID-19) can be found at the PHAC Website [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirusinfection.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirusinfection.html)

### Guidance for testing, clinical care and infection control can be found at:

- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a2.1>
- [http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-\(covid-19\)](http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19))
- For more information about Personal Protection Equipment, please consult [Personal protective equipment \(PPE\) for NP and throat swabs - PICNet guidance \(PDF\)](#) - last updated on January 24, 2020 and the [Emerging Respiratory Viruses page](#) on the BCCDC Website

### Case Definitions

- Case definitions have been developed for COVID-19 Case Definitions page, specifically for confirmed cases, probable cases and persons under investigation (PUIs). These case definitions can be found on the [BCCDC website on the case definitions page](#).
- PHAC's Interim National Case Definition: Coronavirus Disease (COVID-19): <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

### FNHA CD Management Team Resources

- Available on Gathering Space
- Available on External Website: <https://www.fnha.ca/about/news-and-events/news/information-on-novel-coronavirus>
- Available on Website for Health Care Professionals: <https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus>