

Special Bulletin

from the Office of the Chief Medical Officer of Health

Date: January 29, 2020 **Update**

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

Topic: 2019 Novel Coronavirus (2019-nCoV)

Updates:

- Expanded affected area to travel to or through Hubei Province, China
- Case definition changed to fever **OR** acute respiratory symptoms
- Screening tool – further clarification on screening questions
- MOH contact information

The Office of the Chief Medical Officer of Health (OCMOH), Department of Health and Wellness, in partnership with the Public Health Agency of Canada (PHAC), is monitoring the current situation of the emergence of a novel coronavirus originating in Wuhan, China.

Currently, all cases in China and internationally have direct links to or through Hubei Province. The virus produces respiratory infection with a range of severity and at present there is evidence of person-to-person spread; however, how effectively it transmits between people is not clear.

Screening (intake/triage screening tool on the reverse side)

If a patient presents with fever **OR** symptoms of a respiratory infection such as new or worsening cough or difficulty breathing and **in the 14 days prior to symptom onset has travelled to or through Hubei Province, China or been in close contact with a probable or confirmed case of 2019-nCoV (see screening tool):**

- refer the patient to the closest Emergency Department (ED) for testing
- provide patient with a mask (N95 not required) to wear to ED to limit exposure to others
- contact the ED to inform them that a person under investigation (PUI) for 2019-nCoV will be arriving
- report the PUI to Public Health by contacting the appropriate zone regional Medical Officer of Health (MOH) <http://www.nshealth.ca/public-health-offices> or on evenings/weekends/holidays the on-call MOH (902-473-2222/2220)

Testing

Specimens needed for testing for standard respiratory viruses and 2019-nCoV will be taken at the ED and forwarded to the QEII Microbiology Laboratory. EDs will be provided detailed information on testing and appropriate infection control/personal protection equipment by either the NSHA or IWK. Further disposition of the patient will be determined by the ED. Patient's discharged back to the community will be followed up by Public Health.

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 mask (N95 not required) and separate from other patients (a 2 metre separation is recommended)
- ask patients to practice respiratory/cough etiquette (wear a 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

This is an evolving situation that is being continuously monitored to inform Nova Scotia's public health and clinical responses. The risk to Nova Scotians remains low. Further guidance will be communicated as necessary.

2019 Novel Coronavirus (2019-nCoV)

Intake/Triage Screening Tool

January 29, 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 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 or walk-in clinic) or to assist in responses for EHS Communications Centre and 811.

Question 1:

Has the patient travelled to or through Hubei Province, China within the past 14 days?

(based on PHAC's national case definition)

Question 2:

In the past 14 days, has the patient been in close contact with a confirmed case of 2019-nCoV?

Question 3:

In the past 14 days, has the patient been in close contact with a person with fever or acute respiratory illness who has been to or through Hubei Province, China within 14 days prior their illness onset?

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

If answer to Question 1, 2 AND 3 is NO, triage as per norm.

Question 4:

Does the patient have fever or symptoms of a respiratory infection such as new or worsening cough or difficulty breathing?

If the patient answers YES to Question 4,

- *In a community setting, refer the patient to the closest Emergency Department (ED) to arrange respiratory virus testing. Contact this ED to inform them that a possible 2019-nCoV patient is being sent. Immediate notification by phone to the local Medical Officer of Health (MOH) is required. 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.*
- *In hospital settings, place the patient in a single room immediately, with a closed door, and implement contact/droplet precautions (gloves, gown, mask & eye protection/face shield). Immediate notification by phone to the local MOH is required. During business hours the local MOH is contacted through the local public health office (<http://www.nshealth.ca/public-health-offices>) and after hours phone 902-473-2222, and ask for the MOH on-call.*