

Special Bulletin

from the Office of the Chief Medical Officer of Health

Date: February 6, 2020 **Update**

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

Topic: 2019 Novel Coronavirus (2019-nCoV)

Updates:

- Screening tool – update to screening questions for travellers from all of China
- MOH contact information clarified

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.

The majority of cases in China and internationally continue to have direct links to or through Hubei Province. However, consistent with a containment strategy, we are enhancing our surveillance outside of Hubei Province as an additional precautionary measure. There remains limited evidence of person-to-person transmission within and beyond China.

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

If a patient presents with fever (over 38 degrees Celsius) **AND/OR** new onset (or exacerbation of chronic) cough and **in the 14 days prior to symptom onset has travelled to or through China or been in close contact with a probable or confirmed case of 2019-nCoV:**

- refer the patient to the closest Emergency Department (ED) for testing
- if possible, provide patient with a surgical/procedure 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. 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.

Note: asymptomatic individuals returning from China or close contacts of a case who develop symptoms will be directed by public information and/or local Public Health to call 811 for further direction.

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. 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 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

2019 Novel Coronavirus (2019-nCoV)

Intake/Triage Screening Tool

February 6, 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, 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 to or through China?

Question 2:

In the past 14 days, has the patient been in close contact (within 2 metres of face-to-face contact for >15 minutes) 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 and/or a new onset (or exacerbation of chronic) cough who has been to or through Hubei Province, China within 14 days prior 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) and/or new onset of (or exacerbation of chronic) cough?

*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 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.*

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

- Notify the local MOH so that Public Health can provide further support and guidance to the patient. 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.*