

Special Bulletin

from the Office of the Chief Medical Officer of Health



Date: April 8, 2020

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

Topic: 2019 Novel Coronavirus (SARS-CoV-2)

The epidemiological evidence now shows that we are beginning to see community spread within Nova Scotia, however this is not widespread at this time. To further understand community spread, expansion of community testing has been initiated. This will allow for rapid Public Health case and contact management. The following actions have been implemented:

- Changes to screening criteria so that:
 - i) Travel has been removed as part of the screening criteria.
 - ii) screening will be based only on symptoms – presence of **two or more** of: fever (signs of fever), new or worsening cough, sore throat, runny nose and/or headache.
- Nova Scotians with concerns that they may have COVID-19 should, if possible, go to the 811 website to determine the need for testing. Further direction will be provided through this on-line resource.
- People who do not have access to the 811 website can call 811 if they are concerned they may have COVID-19.

Expanded access to testing options in Nova Scotia includes:

- As required based on local evidence of significant potential COVID-19 illness, temporary primary assessment centres can be established in existing clinics/buildings. Like the other assessment centres, people must be referred by 811. Those directed to an assessment centre will have a physical assessment onsite and swabbed if appropriate.
- Mobile assessment centres are under development within the Nova Scotia Health Authority. Once operational, the centre could be brought into communities temporarily to do assessment and testing.
- There are now two mobile EHS assessment units, one in the Halifax Regional Municipality and one for the most populated areas of Cape Breton Regional Municipality, staffed by paramedics trained to do at-home testing. They will be used for people who have mobility issues and cannot get to an assessment centre or in situations where a cluster of testing needs to be done, for example at a long-term care facility. When someone is referred to an assessment centre via 811, it will be determined whether an EHS assessment unit should be used. Additional units are being considered.
- To accommodate the increase in testing, on April 6, the QEII Health Sciences Centre Microbiology Lab has moved to full 24-hour operations. The lab is now capable of processing over 1,000 tests per day.

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