

Clinical Response Guidelines for COVID-19

Prince George Access to Temporary Accommodation (BC Housing)

(Client identified by Acute care, Virtual Clinic, Community services or Shelter Provider)
For other guidelines, please visit [OurNH COVID-19 page](#)

Client identified by Community Provider, Shelter Provider

Maintain physical distance and conduct screening of client (two meters).

Are there ANY compatible COVID-19 symptoms: fever, chills, cough or exacerbation of chronic cough, shortness of breath, runny nose, sore throat, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches?

Regardless of screening results, if providing direct physical care to clients (within two meters), perform thorough hand hygiene, don PPE: surgical/procedural mask, eye goggles/face shield, and gloves

Yes

Don't know

No

High-risk screen of COVID-19 or unknown risk

1. If providing direct care (within two meters), don additional PPE: gown.
2. Have client don a surgical mask and use hand sanitizer.
3. Immediately inform client of requirements for contact and droplet (isolation) precautions. Review education handout with client [[Information about COVID-19 for Patients Being Asked to Self-Isolate](#)]; allow client to call NH Online Clinic (1-844-645-7811). Assist with call if required.

Low-risk screen of COVID-19:

No action required

Client identified by Community Agency or Shelter via Virtual Clinic or by Virtual Clinic only

1. Client is assessed through the Virtual Clinic or Primary Care Provider (NP, GP)
 - a. If client is believed to be appropriate for access to emergency housing, proceed to arrange COVID testing as part of conditional access to the resource
2. Shelter Provider, Community Agency or Virtual Clinic complete referral with client – ensure confidentiality is signed/verbally agreed to enable continuity with BC Housing and Northern Health
3. Client consents to care as per the BC Housing referral
4. Initiate Referral to BC Housing: call Chris Wetmore at 250-961-8676 and fax referral form to 250-562-6488 (7 days a week, 9am -10pm).
5. Client is directed to housing resource by BC Housing
6. Shelter staff, community team or Online Clinic please FAX [BC Housing referral](#) to client's home community team.
 - a. FAX BC Housing referral to Communicable Disease Response once client is placed in housing, all fields complete in referral, name of accommodation and how client can be reached.
 - b. If the Virtual Clinic completes the referral form for BC Housing, the form does not need to be faxed to the Communicable Disease Response

Communicable Disease Response	Prince George Community Team
Fax: 250-649-7071	Fax: 250-565-2633

7. Community team connect with individual to complete [Northern Health referral](#) and gather additional information for ongoing support if required.
8. If confirmed positive lab report, MHO/Communicable Disease Response is notified (Public Health). MHO/Communicable Disease Response will notify the client (case) and provide COVID-19 case management follow up. The ordering provider and primary care provider will receive copies of the positive lab report.
9. If tests come back negative, an individualized approach is taken to determine most appropriate course of action. BC Housing and care team to determine if client should remain in the isolation housing or be discharged based on presence of symptoms, client disposition, and presence of alternate supports that may meet the needs of the individual. This can also include reassessment by primary care provider or NH Virtual Clinic. BCCDC recommends that anyone with COVID-19 symptoms continue to isolate for 10 days from the start of symptoms.

Client identified from acute care requiring resources to self-isolate

1. Client is assessed through the Virtual Clinic or primary care provider (NP, GP)
 - a. If client is believed to be appropriate for access to emergency housing, proceed to arrange COVID-19 testing as part of conditional access to the resource
2. Emergency Room Social worker, PLN or RN complete [BC Housing referral](#) with client – ensure confidentiality is signed to enable continuity with housing and health (insert basic release of info)
3. Client consents to care as per the BC Housing referral
4. Initiate referral to BC Housing: call Chris Wetmore at 250-961-8676 and fax referral form to 250-562-6488 (7 days a week, 9am -10pm).
5. Acute care team FAX community team the BC Housing referral to connect with individual to complete [NH referral](#) for ongoing support.
 - a. Community team connect with individual to complete [Northern Health referral](#) and gather additional information for ongoing support if required. The Communicable Disease Response will connect with the community team to discuss how best to coordinate Active Daily Monitoring (symptoms and self-isolation) for cases and contacts to cases.
 - b. FAX BC Housing referral to Communicable Disease Response once client is placed in housing, all fields complete in referral, name of accommodation and how client can be reached.

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6. Client is directed to housing resource by BC Housing and outreach provider in community
7. Client proceeds to identified accommodation.
8. If confirmed positive lab report, MHO/Communicable Disease Team (Public Health) is notified. MHO/Communicable Disease Team will notify the client (Case) and provide COVID-19 case management follow up. The ordering provider and primary care provider will be copied in the positive lab report.
9. If tests come back negative, an individualized approach is taken to determine most appropriate course of action. BC Housing and care team to determine if client should remain in the isolation housing or be discharged based on presence of symptoms, client disposition, and presence of alternate supports that may meet the needs of the individual. This can also include reassessment by primary care provider or NH Virtual Clinic. BCCDC recommends that anyone with COVID 19 symptoms continue to isolate for 10 days from the start of symptoms.

Patient visit at hotel or other determined site

Follow guidelines of algorithm [Clinical Response Guidelines for COVID-19 for in-home visits and in-home care provision.](#)

1. Virtual or in-person visits based on clinical guidelines and care plan.
2. Opioid Agonist Therapy or access [virtual support](#).
3. Meals provided by delivery service or drop off.
4. Site cleaning procedures supported by NH Health Protection Central Line (250-565-7322). If a hotel or other site is deemed suitable, EHOs can visit in advance to ensure that all infection control strategies are in place. See the [BCCDC Guidance for Hotels document](#) for more information.
5. Security may be arranged as needed to prevent visitors.

Client discharge from temporary accommodation or other determined site

Follow guidelines of algorithm [Clinical Response Guidelines for COVID-19 for in-home visits and in-home care provision.](#)

1. Upon referral and intake into temporary accommodation client is informed of their expected discharge date by BC Housing Coordinator.
2. If confirmed positive lab report, MHO/Communicable Disease Response is notified (Public Health). MHO/Communicable Disease Response will notify the client (case). COVID-19 case management is coordinated by the MHO/Communicable Disease Response. The ordering provider and primary care provider will receive copies of the positive lab report.
3. BC Housing outreach teams informs client of their discharge and assist with ongoing housing needs.

Patient Requires Higher Level of Care

1. Contact the Emergency Department to provide pre-notification of suspected COVID-19 patient's arrival.
2. Assist client in determining [safe transportation](#).
3. Inform client to present to the Emergency Department Triage Desk and not the waiting room.
4. If urgent care required, call '9-1-1' to arrange transport to Emergency Department: State "Suspected COVID-19 (Coronavirus)."

SCREENING & ASSESSMENT

- Provide patient handout [[Information about COVID-19 for Patients Being Asked to Self-Isolate](#)] and review with patient and household, as required.
- For additional information about PPE usage: [2020-03-26 Memo](#) and [2020-03-31 FAQs on PPE](#)
- **Note that the above links are to OurNH, which is not accessible by external providers.**

ISOLATION

Immediately upon high-risk screening and where possible, bring client to an area that will reduce the risk of transmission:

- Minimize patient movement and traffic/visitors into patient room
- Single-bed, closed room with dedicated washroom, if possible; closed door to hallway
- If possible use room with 100% cleanable surfaces only (e.g. no carpet, etc.)
- Remove all non-essential equipment and furniture from rooms to minimize contamination
- Chart, pens and wireless phones must stay in room until disinfected
- Any equipment removed from room must be disinfected using a hospital-approved disinfectant
- Room to be immediately cleaned upon patient discharge

Need for active daily monitoring if client is case positive or if client is awaiting results. For vulnerable clients, home health monitoring will likely not be a viable option. Consult with Public Health.

ADDITIONAL PRECAUTIONS

Routine practices including scrupulous hand washing before and after patient contact putting on and taking off mask, etc.

Increase frequency of cleaning of high-touch areas with routine cleaning products (i.e. reception area, etc.).

- Additional precautions including N95 mask with eye protection must be worn during aerosol-generating procedures (i.e. open suctioning of respiratory tract, intubation, bronchoscopy, CPR):
 - Avoid BIPAP (Bi-level Positive Airway Pressure) therapy
 - Administer O₂ without humidification

RESOURCES

NH COVID-19 ONLINE CLINIC AND INFORMATION LINE

Northern Health has launched a COVID-19 Online Clinic and Information Line to help answer questions and concerns from Northern BC residents. They can be reached at **1-844-645-7811**.

- If suspected Health Care Worker exposure, call Provincial Workplace Centre at 1-866-922-9464
- Contact your Infection Control Professional or Environmental Health Officer as needed