

# Clinical Response Guidelines for COVID-19 Prince George Access to Temporary Accommodation

(Client/patient identified by Acute care, Online Clinic, Community services, Communicable Disease Response 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, cough, sneezing, sore throat, difficulty breathing, malaise, rhinorrhea, fatigue, nausea, vomiting, and/or diarrhea)?**

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 Online Clinic or by Online Clinic only

1. Client is assessed through the Online Clinic or primary care provider (NP, GP). Testing is initiated.
2. Shelter Provider, Northern Health team, community agency or Online Clinic complete [BC Housing 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 health team and Communicable Disease Response to initiate active daily monitoring.

Communicable Disease Response	Prince George NH Clinical Outreach Team
Fax: 250-649-7071	Phone: 250-960-9798 Fax: 250-565-2633

7. Community team connect with individual to complete [NH referral](#) and gather additional information for ongoing support and fax to community team.
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. Ideally, emergency housing needs to stay in place while individual is being assessed by MHO/Communicable Disease Response (Public Health) through active daily monitoring. Public Health will advise by phoning 250-960-9798 when active daily monitoring is complete.

## Client identified from acute care (hospital) requiring resources to self-isolate

1. Client is assessed by Emergency Department. COVID-19 testing is completed.
2. Emergency room social worker, PLN or RN complete [BC Housing referral](#) with client for housing – ensure confidentiality is signed to enable continuity with housing and 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. Acute care team phone community team to advise of the referral and FAX the BC Housing referral form. Community teams complete the [NH referral](#) for ongoing support and Communicable Disease Response to initiate active daily monitoring.

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### Acute Care continued

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 Response (Public Health) is notified. 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 be copied in the positive lab report.
9. If tests come back negative, BCCDC recommends that anyone with COVID-19 symptoms continue to isolate for 10 days from the start of symptoms. If space is limited, ensure client is reassessed by primary care provider or NH COVID-19 Online Clinic.

### 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 specialized services 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 the client was not tested, Northern Health support team arranges consult with the client after 10 days, and can consult with Online Clinic, or a nurse can assess for symptoms and advise if the client should remain in isolation or not and determine care plan.
3. If confirmed positive lab report, MHO/Communicable Disease Response (Public Health) will notify the client (case) and provide COVID-19 case management follow up. The ordering provider and primary care provider will be informed of expected discharge date from temporary accommodation. MHO/Communicable Disease Response (Public Health) will confirm with Northern Health Outreach team (IPT or ICMT) that client is safe to discharge by calling (250) 960- 9798.
4. Housing outreach teams informs client of their discharge and assists 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 O<sub>2</sub> 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