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After hours calls to UHNBC Switchboard

- 250-565-2000
- Press 7
- Ask for the MHO on-call

Coronavirus Update

Earlier this week an all staff memo was sent and is available on [OurNH](#).

Federal and provincial public health agencies and regional health authorities in B.C. continue to monitor the outbreak of novel coronavirus. The majority of cases to date continue to be in China, however cases have been reported in multiple jurisdictions in and outside of China, including four confirmed cases in B.C. (all on the Lower Mainland).

New developments:

- The World Health Organization has given the virus an official name – **COVID-19**, which replaces the temporary name given to the virus (2019-nCoV)
- NH has recently shared an update on COVID-19 with school districts in Northern BC; copies of letters to schools and other stakeholders can be found on [OurNH](#)
- **Clinical Management:** At this time, there is no specific treatment for cases of COVID-19 infection. However, supportive treatment should be based on the patient's clinical condition at the discretion of the treating health care provider. Guidance on the [clinical management](#) of severe acute respiratory infection when a case of COVID-19 is suspected is available from the WHO.
- If you are testing a patient for COVID-19, and have determined that they can be cared for at home, please provide them with the patient handout (attached to this email). This handout provides information on how to self-isolate. Please contact the CD HUB or MHO if you are testing for COVID-19 or providing this handout.

Important to remember:

- The individual risk of illness due to the novel coronavirus remains low for Canadians and British Columbians at this time
- Routine public health and infection and prevention control measures remain the most effective response to this virus. If new processes become necessary, changes will be communicated to front-line staff.

- Employees working in areas with greatest potential for exposure to high-threat pathogens (e.g., EDs and critical care units), should ensure they have a current respirator fit test
 - N95 respirator is only required when performing an aerosol generating medical procedure. [PICNet](#) has provided a list of AGMPs requiring respiratory protection for patients under investigation for COVID-19
 - If you have a patient who may be at risk for COVID-19, it is advised that they are placed in a single room. If that patient requires an aerosol-generating medical procedure (AGMP), negative-pressure room in the emergency department is the preferred setting however if there is no negative pressure room in your facility a single room with the door closed and ensuring appropriate PPE for airborne precautions is appropriate.
 - We recognize that the size and layout of facilities in the north vary and that many sites are experiencing capacity challenges. This will continue to be factored into planning around the need to manage any potential cases. Please contact your local Infection Prevention and Control Practitioner or MHO with questions about where to place clients.

Resources:

Novel Coronavirus (COVID-19) facility entry reception [poster](#)

Internal/health care guidance:

- OurNH (requires NH login) - [Coronavirus – Updates, Processes, Resources](#)
- BC Centre for Disease Control – [Communicable Disease Control guidance](#)

External (public):

- BC Centre for Disease Control (updated daily) - [Information on novel coronavirus](#)
- HealthLinkBC.ca – [Health Feature - Coronavirus](#)
- Government of Canada - [2019 novel coronavirus: Outbreak update](#)

Contact information:

- Clinical staff who encounter a suspect case or who have any question/concerns should contact the Northern Health Communicable Diseases Hub (250-565-2990) during daytime hours, or the Medical Health Officer on call after hours (250-565-2000, press 7, ask for the Medical Health Officer on call).

New public reports on population health status in northern BC: By the Numbers

Three new reports were recently published on Northern Health's [Community Health Information Page \(CHIP\)](#). These two-page infographics provide overviews of injury-related hospitalizations and mortality due to:

- [Seniors' falls](#)
- [Transport](#)
- [Suicide and self-harm](#)

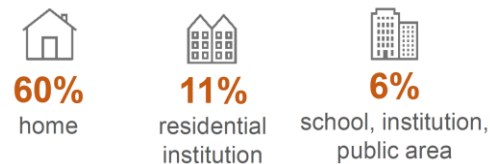
These represent the first in a new series of short reports, titled *Population Health Status in Northern BC By the Numbers*, published by the PPH Support Unit. These reports are resources for any concerned citizen, local government, community organization, health care provider, or anyone else with an interest in improving population health. A communication plan will be implemented over the next few weeks to draw public attention to these reports. Please be welcome to circulate these reports widely.

Highlights from the *By the Numbers* Reports:

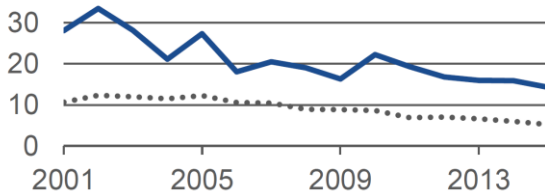
The annual impact on health services of Northern BC seniors hospitalized due to falls:



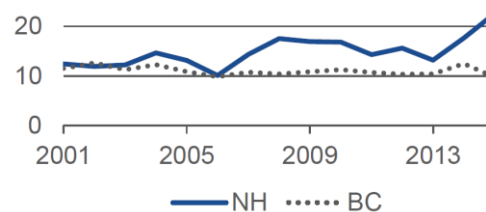
Most Northern BC seniors falls that result in hospitalization happen at:



Since 2001, the mortality rate* due to transport-related injuries among Northern BC residents has **dropped by nearly 50%**.



The suicide rate* among Northern BC residents has **increased in recent years**.



See Northern Health's [Community Health Information Page \(CHIP\)](#) for the full reports.

LOUD in the ED

LOUD in the ED aims to improve the experience of Opioid Use Disorder (OUD) care for people and providers, and to reduce the morbidity and mortality for people with OUD in the ED by improving access to evidence-informed care. This includes access to buprenorphine-naloxone (Suboxone®).

Applying best practice for people with OUD in the ED improves patient care and has the potential to reduce length of stay, readmission rates, and workload and burnout for staff.

By participating in LOUD your team will benefit from focused support, the opportunity to collaborate with, and learn from, other teams from across the province, and quality improvement training that can be applied to all areas of care you provide. Sites participating in LOUD in the ED will form interdisciplinary teams. These teams will identify goals and strategies specific to improving OUD care in their local ED, including developing connections to the community. Teams will support practice change, measure and evaluate their success and share their experience with others across the province. Teams will be expected to provide regular reporting as a condition of participating, but measurements will be kept as simple as possible to avoid extra burden

Participating teams will be asked to complete pre-work before the collaborative launch in March 2020. For evaluation purposes, teams will also be asked to share information and data following the completion of the collaborative in fall 2020.

Team members should plan to:

- Engage in team meetings and project work at their site;
- Attend the April 22, 2020 full-day in-person session in Vancouver to connect with other teams and exchange ideas;
- Participate in a one-hour webinars every two to three weeks (note that all webinars will be recorded to facilitate easy referencing and various shift schedules).

Prospective team members can now access the [LOUD in the ED webpage](#). This webpage includes the Call to Action poster, a sign up form for future LOUD in the ED newsletters and details for the information sessions.

If you have questions please contact the LOUD in the ED project team at loud@bcpsqc.ca or the Northern Health contact Nick Rempel Nick.Rempel@northernhealth.ca

BCCDC Updated Resource on Adult Immunizations

The Professional Education Working Group (PEWG) (a sub-committee of the BC Immunization Committee) has updated the [Vaccines Recommended for Adults in BC – Online Quick Reference Guide for Health Care Providers](#). The intent of this resource is to highlight both publicly funded and non-publicly funded vaccines that are recommended for adults in BC. This quick reference guide links directly to the BC Immunization Manual for more detailed information on each vaccine. **This resource is intended to be used online to ensure health care providers can easily access the most up to date and complete information regarding immunization of their clients/patients.**

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