## Coronavirus (COVID-19)

Please note that this is an emerging infection with rapidly evolving information. This is version 4 of the protocol. Information in this protocol was developed as of April 2020. Please update your health centre’s communication binder with this version of this protocol and ensure to share new versions with anyone recently starting in a role. Updated versions will be circulated in the future. Although the COVID-19 response is requiring considerable resources at this time, we will also need to continue to be mindful of reporting and control of other communicable diseases (including TB and syphilis).

<table>
<thead>
<tr>
<th>Infectious Agent</th>
<th>Coronavirus is a large family of viruses, of which 7 strains infect humans. COVID-19 is a novel coronavirus that was first detected in Wuhan, China in late 2019.</th>
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</table>
| Clinical         | COVID-19 is an acute respiratory illness. Symptoms include:  
|                  | • New or worsening Cough  
|                  | • Fever  
|                  | • Shortness of breath (in some cases)  
|                  | Symptoms may be mild or more acute and are similar to other respiratory viruses circulating during the winter months. Less common symptoms may include muscle aches, headache, sore throat, and congestion.  
|                  | Vulnerable populations may include older adults, those with underlying medical conditions (e.g. heart diseases, diabetes, chronic respiratory diseases, cancer), and those with a compromised immune system (e.g. from a medical condition or treatment).  
|                  | Please note that this information continues to evolve as we learn more about the virus and will be updated in future versions of this protocol. |
| Diagnostics      | **Nasopharyngeal swabs** (e.g. flocked swabs, or FLOQSwab™) should be collected while maintaining DROPLET and CONTACT precautions (see Occupational Health section) and sent in Universal Transport Media (UTM) or Viral Transport Media.  
|                  | Other swab types may be used with specific collection guidance as communicated by Public Health Officer guidance (e.g. Aptima). The preferred site for specimen collection is the nasopharynx/deep nares. Please contact your RCDC for further information.  
|                  | Follow regional lab guidance related to storage, handling and shipment of lab specimens, as guidance may vary between region, testing facility and product(s) used. |
Work is being done on bringing testing capacity into territory but as of April 4, 2020 the testing flows are as follows:

- Kitikmeot Region (health centres ship directly to DynaLife then Alberta Prov Lab in Edmonton)
- Kivalliq Region (most (not all) health centres ship directly to Rankin Inlet Lab then National Microbiology Laboratory in Winnipeg)
- Qikiqtaaluk Region (health centres ship directly to Iqaluit then Dynacare for furtherance to Hamilton Regional Laboratory Medicine Program)

**Lower respiratory samples** (e.g. bronchoalveolar lavage, endotracheal suction, etc.) should only be collected under the guidance of the Public Health Officer on call. Samples are collected in sterile containers while adhering to AIRBORNE PRECAUTIONS. This is likely to evolve over time and please look for updates to this protocol and memo communications.

**Follow guidance from the COVID-19 Healthcare Provider Flowchart (Appendix D) to determine eligibility for testing.** Physicians, Nurse Practitioners, and Community Health Nurses may enter the test under current professional standards. All other nurses must refer to the COVID-19 Laboratory Testing Authority Medical Directive (policy #07-034-00). The decision to test may also be communicated by the TCDS or PHO directly. This guidance may be updated as the situation evolves.

See Appendix A for NP swab procedure.

In general, where feasible and an individual does not require care at a health centre or hospital, the following options are listed in order of preference:

- Collecting sample at individual’s home or isolated unit. (preferred). Refer to Appendix B for guidance.
- Collecting sample at a designated location with minimal traffic to the public or vulnerable populations.
- Collecting sample within health center or community clinic setting.
- Collecting sample in a rapid access clinic (RAC) or emergency department setting.

**Serology:** Currently serological tests are being studied but are not available in this context to diagnose COVID-19. IgG and IgM are not routinely recommended, however may be used in the future to consider seroprevalence, population-based understanding, or other purposes under the direction of a PHO.

**Treatment**

Care is supportive. To date, there is no vaccine against or treatment for COVID-19. Research is occurring on developing these.

It is possible that some patients will require medevac, which is arranged through the usual regional MD on-call protocols.

**Pathogen**
Occurrence

COVID-19 is a novel virus and data on occurrence is continually being updated. For up-to-date information, including current rates of Canadian confirmed cases go to the Public Health Agency of Canada website:


**As of April 14, 2020, there are no confirmed cases of COVID-19 in Nunavut.**

Reservoir

Human. Possible animal sources of COVID-19 have not yet been confirmed.

Transmission

Most likely person-to-person by droplet spread. As droplets are released or shed from an infected person when they sneeze, cough or talk they can be propelled (generally up to 2 meters) through the air and deposited on the mouth or nose of people within this range.

Droplets may also be deposited on objects and spread infection to those touching the surfaces and bringing the virus to their mucous membranes. The amount of time the virus can survive on a surface is unknown.

Review infection prevention and control guidance below for both droplet and contact precautions.

For aerosol generating procedures (e.g. intubation, bag-mask ventilation, nebulizer treatment), healthcare providers should follow airborne precautions (which includes a properly fitting N95 mask).

Incubation Period

The incubation period is not fully known at this time. The range is 1-14 days, with most common estimate being 5 days.

Communicability

Full information on the communicability of COVID-19 is not clear at this time. Infected individuals are likely most infectious early in the onset of symptoms, with lower infectivity towards the end of symptoms and as recovered.

As of April 2020, the estimated period of communicability is 2 days before symptom onset through 10 days after symptom onset. Those with COVID-19 infection **must** remain on isolation until deemed non-infectious by the office of the CPHO.

All probable or confirmed cases require Public Health Officer approval to be removed from isolation.

Susceptibility and Resistance

Unknown at this time. Given that it is a novel virus, more of the population is considered susceptible to COVID-19 infection, as individuals to not have immunologic memory from previous exposure.

Public Health Management

Case

HCPs should consider COVID-19 infection in those with:

- Fever; AND
- New or worsening cough or shortness of breath; OR
- Fever; OR
- Cough (new or worsening);
Shortness of breath (new or worsening)
Sore throat;
Nasal congestion;
Headache

AND

Exposure criteria including one of:

- **Travel** outside the territory within 14 days of symptom onset.
- **High or medium risk contact** to a confirmed or probable case of COVID-19 infection within 14 days prior to onset of illness.
- **Had high-risk (close) contact with a person with acute respiratory illness who traveled out-of-territory OR had contact with another case within 14 days prior to their onset of illness**

*Refer to Contact section for definitions of high and medium risk contacts.

**Individuals who meet the above criteria will be considered Persons Under Investigation (PUIs) for COVID-19 infection.** See more detail on case definitions below.

Refer to COVID-19 Healthcare Provider Flowchart (Appendix D) for further details.

**Reporting:**

- If your patient presents to the health centre/clinic/hospital and meets the COVID-19 screening criteria outlined in the COVID-19 Healthcare Provider Flowchart (Appendix D) have the patient wear a surgical/procedure mask immediately if they’re not already wearing one. Place the patient in a separate room with contact and droplet precautions.
  
  - Complete the Person Under Investigation (PUI) Assessment Form (Appendix C), scan and email to RCDC (copying CDsurveillance@gov.nu.ca) as soon as possible.
  
  - The individual covering CDsurveillance@gov.nu.ca will email all of these immediately to TCDS as they receive them; the TCDS may also receive them from the RCDC.

- If your patient calls in and meets the COVID-19 screening criteria, but does not require immediate emergency medical care, have them self-isolate at home and complete the Person Under Investigation (PUI) Assessment Form over the telephone where possible. RCDC will coordinate the collection of the swab and daily check-ins. This may include a public health nurse or other nurse going to the patient’s home to collect a swab.

If you are unsure if your client meets testing criteria (see Appendix D), please contact RCDC during business hours or the Public Health Officer on call for guidance after hours at 867-975-5772.

The best and safest place for most people to recover from COVID-19 infection (both for them and their community) is at home. If a change in location is being considered for either an individual with infection or a vulnerable member of the household for infection control and communicable disease purposes, this will be decided on a case-by-case basis with the Public Health Officer on-call.
Public Health Monitoring of Cases:
All confirmed and probable cases require active daily monitoring by public health. Select Persons Under Investigation (PUIs) require monitoring as outlined in the Health Care Provider Flowchart (Appendix D). Active daily monitoring includes having daily contact with the individual for symptom monitoring, to assess for symptom resolution, or to assess for progression of illness. Cases must be monitored using the Daily Monitoring Form (Appendix E) until they have been cleared from isolation by the RCDC.

Management of PUIs
Refer to appendix D for detailed guidance on testing, precautions, and monitoring required.

All individuals who require isolation or self-isolation must remain so until advised as clear by RCDC, TCDS, or PHO. Communication of this decision may be made to a client by a delegated HCP.

For a PUI client to be advised to be removed from self-isolation all of the following requirements must be met:
- Negative swab result;
- Swab properly collected;
- Swab collected while symptomatic;
- No indication of freezing or sample issues;
- No international or OOT travel; and
- No known contact to a confirmed case.

The RCDC should contact the TCDS if unsure about advising end of self-isolation. If all of the conditions above are not met, the individual cannot be cleared from isolation and please ask your RCDC to inform the TCDS to discuss with PHO.

Unless otherwise advised, all OOT travelers and high-risk contacts of confirmed cases must remain on isolation for the full 14 days after arriving in territory or last unprotected exposure respectively, regardless of test result. Individuals who have isolated in a Government of Nunavut – run self-isolation hub and been cleared through that process do not need to repeat self-isolation in territory but should practice physical/social distancing and limit contact with others.

Review indications for self-isolation and self-monitoring in the COVID-19 Healthcare Provider Flowchart (Appendix D) and ensure the patient is aware of the recommended precautions. Scripts are provided in Appendix G to advise the patient of required isolation procedures. Please provide anyone on isolation with the isolation fact sheet. Anyone advised to be on home isolation should remain so until otherwise advised by the Office of the CPHO. The use of isolation hubs in communities is not routinely recommended. Patients are recommended to isolate at home unless otherwise advised by the office of the CPHO.

Please note that daily HCP monitoring would typically be completed over the phone.

Contacts
Please see definitions of persons under investigation (PUI), probable case, and confirmed case below. Probable and confirmed cases are treated the same for contact follow-up.

Contacts of a probable or confirmed COVID-19 case are assessed based on high
(close contact), medium (casual contact) and low (transient contact) level of risk.

HIGH risk exposure (close contact of a case):
- **Provided direct care** for the case (including health care workers, family members or other caregivers), without consistent and appropriate use of recommended personal protective equipment, OR
- **Household member** who had other close physical contact with a case without consistent and appropriate use of recommended personal protective equipment
- **Person who lived with or had other close prolonged contact** (e.g. intimate contact) within 2 metres with a case while the case up to 48 hours prior to symptom onset or while the case was symptomatic and not isolating
- People who have been in direct contact with infectious body fluids of a case (e.g. was coughed or sneezed on)

MEDIUM risk exposure (non-close contact of a case):
- Provided direct care for the case, (including health care workers, family members or other caregivers) or who had other similar close physical contact with consistent and appropriate use of personal protective equipment OR
- Who lived or otherwise had prolonged contact **but was not within 2 metres** of a case up to 48 hours prior to symptom onset or while the case was symptomatic and not isolating

LOW risk exposure (only transient interactions):
- Only transient interactions (e.g. walking by the case or being briefly in the same room)

Please review and follow complete guidance from the Public Health Agency of Canada (PHAC) regarding the contact management of probable and confirmed cases. Available online at:


Please use the COVID-19 Contact Tracing Form (appendix F) for listing all contacts. All cases and all high/medium risk contacts of a confirmed or positive COVID-19 case should have contact tracing forms completed as per the flowchart in the appendix. RCDC, TCDS, and PHO will advise on next steps for all COVID-19 cases (lab-confirmed).

**Health Education**
As with other respiratory illnesses such as influenza, the spread of COVID-19 can be minimized through respiratory etiquette, hand hygiene and environmental cleaning. Additional guidance regarding physical distancing >2 metres is also essential in minimizing spread. Please see the resources section for more information.

Guidance for someone isolating at home (e.g. confirmed case) includes:
- Stay home until advised no longer required by RCDC, TCDS, or PHO
- Avoid contact with other people, particularly medically-vulnerable people or elders
- Separate room and sleeping arrangements where possible.
- Manage symptoms independently where possible. If caregiver required,
designate one individual for that role.
- Stay 2m away from other individuals and no visitors.
- Avoid sharing unwashed dishes
- Clean high touch surfaces regularly
- Hand hygiene and respiratory etiquette
For more detailed information refer to Isolating a Case in the Home or Co-living Setting guidance document.

### Health Settings Management

#### Infection Control Measures in Health Care Settings

Use droplet/contact precautions (consistent with national / international guidance).

When triaging, suspect COVID-19 cases should be placed in a separate room away from other patients as soon as possible or separated by at least two meters from other people waiting if it is not possible to use another room. Individuals suspected to have COVID-19 should be instructed to put on a surgical/procedural mask (with ear loops) while they are in the clinic, if tolerated.

Diligent hand hygiene using either liquid soap and water or 60-90% alcohol-based sanitizer, before and after patient contact/assessment and after contact with contaminated equipment.

When handling linen and garbage, if it is soiled or at risk of being soiled, create a barrier by wearing gloves and gowns that cover exposed contact skin areas.

Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak. Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient. All surfaces, especially those that are horizontal and frequently touched, should be cleaned at least twice daily and when soiled. See the Nunavut Housekeeping Procedures Manual for more detailed information on terminal cleaning recommendations. [https://www.gov.nu.ca/health/information/housekeeping-procedures-manual](https://www.gov.nu.ca/health/information/housekeeping-procedures-manual)

#### Occupational Health

Staff should wear a surgical/procedural mask, eye protection, gown and gloves when providing care to clients with suspected or confirmed COVID-19 infection. See Appendix for detailed information on donning and doffing Personal Protective Equipment.


### Surveillance

#### Case Definition

**Person under investigation (PUI)**
A person with symptoms that include one or more of:
- Fever (signs of fever)
- Cough (new or worsening)
- Shortness of breath (new or worsening)
- Sore throat
- Runny nose
- Headache
AND
• Meets the exposure criteria below

OR
• Had close contact with a probable or confirmed case of COVID-19

Exposure criteria
In the 14 days before onset of illness, a person who:
• Returned to Nunavut from out of territory OR
• Had close contact with a confirmed or probable case of COVID-19 OR
• Had high-risk (close) contact with a person with acute respiratory illness who either a) had travelled out-of-territory within 14 days prior to their onset of illness OR b) had contact with a confirmed or probable case within 14 days prior to their onset of illness OR
• Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Probable
A person (who has had a laboratory test):
• with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough
And
• who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive.

Or
A person (who has not had a laboratory test):
• With fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough,
And
  • Close contact Footnote 2 with a confirmed case of COVID-19,
Or
  • Lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison)

Notes:
• NAATs must be validated for detection of the virus that causes COVID-19.
• Inconclusive is defined as an indeterminate test on a single or multiple real-time PCR target(s) without sequencing confirmation or a positive test with an assay that has limited performance data available.
• An indeterminate result on a real-time PCR assay is defined as a late amplification signal in a real-time PCR reaction at a predetermined high cycle threshold value. This may be due to low viral target quantity in the clinical specimen approaching the limit of detection (LOC) of the assay, or may represent nonspecific reactivity (false signal) in the specimen. When clinically relevant, indeterminate samples should be investigated further in the laboratory (e.g. by testing for an alternate gene target using a validated real-time PCR or nucleic acid sequencing that is equally or more sensitive than the initial assay or method used) or by collection and testing of another sample from the patient with initial indeterminate result.

Confirmed
A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a
provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g. real-time PCR or nucleic acid sequencing).

Notes:
- NAATs must be validated for detection of the virus that causes COVID-19.
- Positive laboratory tests during early stages of testing (e.g. first 10 positive tests) at a non-reference laboratory require additional testing at a reference laboratory for confirmation.
- Laboratory tests are evolving for this emerging pathogen, and laboratory testing recommendations will change accordingly as new assays are developed and validated.

<table>
<thead>
<tr>
<th>Reporting Requirements and Forms</th>
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<tbody>
<tr>
<td>Lab confirmed COVID-19 infection is notifiable in Nunavut. Please report as outlined in the Person Under Investigation Assessment Form (Appendix C). Please note a few considerations, particularly when this occurs after hours. In addition to providing any immediate follow-up required, the Public Health Officer is expected to notify other PHOs involved as appropriate as well as the TCDS immediately by email. The TCDS will ensure the epidemiologists and RCDCs are notified.</td>
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Roles and responsibilities include:
- **Health care provider**: Notification to public health as outlined above and in Appendix C & D, care for individual, and providing education to the patient regarding self-monitoring, self-isolation and plan of care.
- **RCDC**: Following up all PUI and cases, ensuring initial information is gathered, ensuring case report form is filled out and send to TCDS, and other functions
- **TCDS**: coordinating and advising RCDCs, liaising with PHOs, ensuring PUI and case information sent to epidemiologists
- **Epidemiologist**: maintaining accurate linelist, circulating linelist to outbreak team, flagging any missed follow-up noted, monitoring for national surveillance updates
- **PHO, DCPHO, and CPHO**: as reviewed above. Please note that the Public Health Officer on call will typically be the Deputy Chief Public Health Officer or Chief Public Health Officer.

Confirmed cases of COVID-19 require completion of the Public Health Agency of Canada COVID-19 case report form. RCDC, working with the epidemiology team, will ensure completion of the form and may require additional information to be provided by health care providers.

<table>
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<th>Tools</th>
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<tr>
<td><strong>Guidelines</strong></td>
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<tr>
<td>Refer to the following online Government of Nunavut manuals available online at: <a href="https://www.gov.nu.ca/health/information/manuals-guidelines">https://www.gov.nu.ca/health/information/manuals-guidelines</a></td>
</tr>
</tbody>
</table>
  - Communicable Disease Manual
  - Infection Prevention and Control Manual
  - Housekeeping Procedures Manual

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<th>Materials &amp; Resources</th>
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<td>Appendix A - Nasopharyngeal Swab Procedure</td>
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<tr>
<td>Appendix B – Home Swab Collection Guideline</td>
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<td>Appendix C – Person Under Investigation (PUI) Assessment Form</td>
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<td>Appendix D - COVID-19 Healthcare Provider Flowchart</td>
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<td>Appendix E – Daily Monitoring Form</td>
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<td>Appendix F – COVID-19 Contact Tracing Form</td>
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<tr>
<td>Appendix G - Script for Explaining Isolation or Self-Isolation</td>
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</table>

Instructions for isolating a case in the home or co-living setting
About coronavirus disease COVID-19
Cleaning to Reduce the Risk of COVID-19
COVID-19 Isolation
Managing Anxiety and Stress During Covid-19
Social Distancing
Washing Hands Poster

Additional translated resources for the public can be found online at https://gov.nu.ca/health/information/covid-19-novel-coronavirus

Cross Reference | Not applicable

References


World Health Organization. Q&A on coronaviruses (COVID-19). Available online at: [https://www.who.int/news-room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)

Approval

Version 4 approved by Dr. Jasmine Pawa on April 20, 2020

Abbreviations: TCDS = Territorial Communicable Disease Specialist, RCDC = Regional Communicable Disease Specialist, OOT=out-of-territory, HCP=health care provider
Appendix A – NP Swab Procedure
Appendix B – Home Swab Collection Guideline
Appendix C – Person Under Investigation (PUI) Assessment Form
Appendix D - COVID-19 Healthcare Provider Flowchart
Appendix E – Daily Monitoring Form
Appendix F – COVID-19 Contact Tracing Form
Appendix G – Script for Explaining Isolation or Self-Isolation
Appendix A - Nasopharyngeal Swab Procedure

1. Use the swab supplied with the viral transport media.
2. Explain the procedure to the patient.
3. When you collect specimens, wear gloves and a mask. Change gloves and wash your hands between each patient.
4. If the patient has a lot of mucous in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucous or clean the nostril yourself with a cotton swab (not the same swab you will be using to collect the specimen).
5. Estimate the distance to the nasopharynx; prior to insertion, measure the distance from the corner of the nose to the front of the ear; the swab should be inserted approximately half the length of this distance.
6. Seat the patient comfortably. Tilt the patient’s head back slightly to straighten the passage from the front of the nose to the nasopharynx. This will make insertion of the swab easier.
7. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful (if resistance is encountered, try the other nostril, as the patient may have a deviated septum).
8. Cut the shaft of the swab with scissors or break in half, place in transport medium, recap and place in a specimen bag with the requisition to be sent to the laboratory.

Stable clients may be tested at home for COVID-19. This document provides guidance on conducting home testing.

Before going to the home
- Connect with RCDC to ensure have up-to-date information and direction on testing.
- Personal safety – Do not proceed to test in the home if you feel unsafe. If at all possible go with a colleague.
- Arrange a time with the client. Please see steps below for more detail.
- Complete the PUI tool in advance or in the phone if possible.
- Enter the order in Meditech, or according to usual practice in your centre.
- Ensure you have swabs and personal protective equipment as per the checklist below.

Personal protective equipment (PPE)
- Healthcare providers should use droplet and contact precautions when visiting the home of a client with suspected COVID19. This includes gown, gloves, and a surgical/procedure mask with face shield.
- Detailed steps are provided below.
- Additional resources are available in the Infection Prevention and Control Manual and Housekeeping Manual including posters on donning and doffing PPE.

Interview the client and collect swab

**NOTE:** If client is unstable (severe shortness of breath, altered level of consciousness), seek health care assistance immediately. Please call ahead to health center or emergency department to advise of client arriving and recommend contact & droplet precautions. Do not complete home testing. Inform RCDC immediately who will inform TCDS and PHO.

- Collect a nasopharyngeal swab as per steps below.
- Provide information on home isolation, COVID-19, and what to do if symptoms worsen to the client (provide 2 fact sheets and leave in home).
- Let client know results should be available within 4-5 days and who to call if questions.
- Let client know that the regional communicable disease coordinator (RCDC) will be following up with them daily while on isolation. Where it is not feasible for the RCDC to follow up with a client (e.g. no phone), it is acceptable for another provider to follow up with the client as long as they relay assessment information back to the RCDC. Advise client will be asked to stay on isolation until otherwise informed.
- Provide client with one mask in case they need to go to health centre or hospital.

Specimen transport
- Ensure requisition is filled out and flag that specimen is for COVID-19 as per lab guidance.
- Ensure specimen is labelled with 2 patient identifiers, date, site, and flagged for COVID-19 testing.
- Follow usual regional lab procedures for specimen transport.

Communication
- Inform RCDC that test completed and any other details for client.
- Decide which provider will be following up with client daily (Public Health Nurse, Community Health Nurse, or Regional Communicable Disease Coordinator).
- Convey any concerns or comments to RCDC who will inform TCDS.
Supplies Checklist for COVID-19 Home Testing

- Hand sanitizer
- Surgical/procedure masks (one for provider and one to leave with client)
- Disposable face shield (note: eye glasses are not considered eye protection)
- Gown
- Gloves
- NP swab
- Transport media
- Biohazard Bag
- Designated cooler to transport specimen
- Safe donning/doffing instructions
- COVID-19 fact sheet
- COVID-19 home isolation fact sheet

Steps for Ensuring Safe Donning and Doffing

1. Call ahead to inform client of arrival, explain planned procedure and provide opportunity for questions. Collect as much information as possible before visit to minimize time in the home, including completing PUI tool where required. Explain to client that you will be using disposable PPE in line with health care worker practices. Ask that your disposable PPE can be left in the home for the client to discard. Explain to client that they should remain at least 2 metres away from you when you will be doffing PPE. Arrange a time and ask the patient to leave the door unlocked.

2. Arrive at the home at the specified time. Remove outerwear immediately upon entering the home and leave just inside the door or on sheltered porch. If warmer weather, can leave outerwear in vehicle.

3. Don disposable PPE immediately upon entry to home at least 2 metres away from the client.

4. At this time, should only be carrying disposable PPE, NP swab, media, and biohazard bag. Avoid using your cell phone or access anything that may be in your pockets.

5. Leave cooler with the lid open and hand sanitizer at the door just inside or on sheltered porch.

6. Complete NP swab procedure with client as outlined in Appendix A and place in biohazard bag.

7. Place specimen in cooler.

8. Doff PPE following safe doffing instructions at least 2 metres away from the client.

9. Perform hand hygiene with hand sanitizer.

10. Close cooler lid and exit home.

11. Perform hand hygiene with hand sanitizer.

12. Transport specimen to lab.

Reference

Note: Please see COVID-19 protocol for any abbreviations as required
<table>
<thead>
<tr>
<th><strong>Date &amp; Time of Assessment</strong></th>
<th>Medical emergency?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Assessment completed by (circle):**
- **Phone**
- **In person**

**Patient name**
- Last, First

**DOB (dd/mmm/yy)***
- Male
- Female

**NU HCN#**
- Chart #

**Patient phone number(s) (or # where HCP can leave message):**
- Is there a phone in the house?
  - Yes
  - No

**Patient home address including community**

**Name of caller & relationship to patient**

**Language spoken**

## EXPOSURE - TRAVEL HISTORY

**Has the patient returned from OOT in the last 14 days?**
- Circle. See second page for details.
  - Yes
  - No

**Date returned to Nunavut**

## EXPOSURE - CONTACT OF A CASE

**Contact of a probable or confirmed case?**
- Circle. Specify if Yes.
  - Yes
  - No
  - Not asked

**Type of contact (High/Med/Low – see protocol for definition)**

**Date of most recent contact**

## SYMPTOMS AND OTHER INFORMATION

**Symptomatic? Circle.**
- Yes
- No
- Unknown

**Date of Onset (dd/mmm/yy)**

**Symptoms**
- Circle from list, add others if not listed. Please put details of cough or other symptoms as relevant in additional notes below.
  - Fever
  - New/worsening cough
  - Shortness of Breath
  - Sore Throat
  - Congestion
  - Others (list):

## OTHER INFORMATION

**Vulnerable patient. Circle.**
- Age (> 60 years)
- Immunocompromised
- Co-morbidities

**Specify co-morbidities. Circle or write in notes.**
- Heart Disease
- Lung Disease
- Cancer
- Diabetes

**Number of people in household**
- Vulnerable household members
  - Yes
  - No

**Healthcare provider**
- Specify occupation and place of work
  - Yes
  - No
### COVID-19 Person Under Investigation (PUI) Assessment Form

**Note:** this form is intended to be used for persons under investigation including symptomatic high and medium risk contacts of COVID-19 cases.

**Abbreviations:** PUI=person under investigation, PHO = Public Health Officer, HCP= health care provider, RCDC = Regional Communicable Disease Coordinator, DOB= date of birth, TCDS=Teritorrial Communicable Disease Specialist, OOT=out-of-territory, Epi=epidemiologist. *Including COVID-19 fact sheet, Self-isolation fact sheet, and daily monitoring guidance.*

#### Patient name:  | Patient DOB:
---|---

**RECOMMENDATIONS:**

Follow flowchart and COVID-19 Protocol to determine precautions and testing guidance

<table>
<thead>
<tr>
<th>Testing Indicated</th>
<th>Yes</th>
<th>No</th>
<th>Consult RCDC (who will work with TCDS and PHO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle</td>
<td>RCDC recommendation:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### If testing indicated:

- [ ] NP swab done (for in person visits)
- [ ] NP swab by home visit - arranged by CHN (in communities)
- [ ] NP swab to be arranged by RCDC for phone consults

<table>
<thead>
<tr>
<th>Date swabbed:</th>
<th>(dd/mmm/yy)</th>
</tr>
</thead>
</table>

#### Precautions Indicated

14 days starting from date below (dd/mmm/yy):

- [ ] Self-Monitor - Dates: __________to ______________) or until symptomatic (then immediately contact HCP)
- [ ] Self-Isolate with Health Care Provider monitoring 3, 7, 14 days
  - Dates: __________to ______________ AND until cleared by RCDC
- [ ] Isolate with Health Care Provider monitoring daily
  - Dates: __________to ______________ AND until cleared by RCDC
- [ ] No specific precautions indicated – provide education (including reminder on self-monitoring and physical distancing)

**Additional Notes:** __________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Consider including travel history (dates, city/country, flights/hotels, travel outside community) and/or visits to any known high-risk locations (e.g. conference with known case).

**Follow up checklist**

Reminder for initial health education advice to give to client (see protocol for more details):

- [ ] Inform client that public health team will contact them with more information and guidance.
- [ ] Inform client not to leave home or have others visit and answer any questions (see script).
- [ ] Provide advice regarding hand hygiene and respiratory etiquette.
- [ ] Ask if they have enough food and supplies on hand. Consider family services referral as needed.
- [ ] Advise to seek medical attention if symptoms worsen or in medical distress.

**Completed by (print name, signature and designation):**

**Reporting HCP phone number**

Scan and email form immediately to RCDC and **cdsurveillance@gov.nu.ca**. After hours, call PHO on-call for any concerns, any probable / confirmed case results, as well as any PUI with hospitalization or international travel.

**RCDC, TCDS, Epi or PHO Notes:**

Note: this form is intended to be used for persons under investigation including symptomatic high and medium risk contacts of COVID-19 cases. Abbreviations: PUI=person under investigation, PHO = Public Health Officer, HCP= health care provider, RCDC = Regional Communicable Disease Coordinator, DOB= date of birth, TCDS=Territorial Communicable Disease Specialist, OOT=out-of-territory, Epi=epidemiologist. *Including COVID-19 fact sheet, Self-isolation fact sheet, and daily monitoring guidance.*
Appendix D: COVID-19 Healthcare Provider Flowchart

Symptoms

New/worsening cough/shortness of breath AND fever

Sore throat, nasal congestion, new/worsening cough/shortness of breath, OR fever*

No Symptoms

Risk Factors

High/medium risk contact with a case OR Returned from OOT travel within 14 days

Low risk contact OR No travel OR no known exposure

High/medium risk contact with a case** OR Returned from OOT travel within 14 days

Healthcare provider OR Vulnerable population OR Lives or works in a group setting

Low risk contact OR No identified risk factors

High-risk contact with a case OR Returned from OOT travel within 14 days

Medium/low risk contacts OR No travel or known exposure

Presentation

Testing

Isolate until cleared by RCDC

Isolate until cleared by RCDC

Isolate until cleared by RCDC

Isolate until symptoms resolve

Self-isolate for 14 days (unless critical worker)

Practice physical distancing

Precautions

Daily monitoring

Daily monitoring

Daily monitoring

Daily monitoring

Self-monitoring

Self-monitoring

Monitoring

PUI form AND Contact tracing form

PUI form

PUI form AND Contact tracing form

PUI form

PUI form

PUI form (if high-risk contact of case)

PUI form on medium-risk contacts

Reporting

PUI form AND (Contact tracing form for HCP)

PUI form

PUI form

PUI form

PUI form

Scan and email form(s) immediately to RCDC and cdsurveillance@gov.nu.ca. After hours, call PHO on-call for any concerns, any probable / confirmed case results, as well as any PUI with hospitalization or international travel.

Abbreviations: RCDC = Regional Communicable Disease Coordinator, OOT = Out of Territory, PUI = Person Under Investigation, HCP = health-care provider

Vulnerable populations = age ≥ 60; individuals with: lung disease, heart disease, diabetes, cancer; immunocompromised

Group settings = shelter, group home, elders’ home, household ≥ 10 members, jail, boarding home

*If highly suspicious for COVID-19 exposure or any concerns, consider testing and call RCDC or PHO on-call.

**Had high-risk (close) contact with a person with acute respiratory illness who traveled out-of-territory OR had contact with another case within 14 days prior to their onset of illness.
Appendix D: COVID-19 Healthcare Provider Flowchart

Table. Summary of Required Precautions and Monitoring.

<table>
<thead>
<tr>
<th>Criteria for applying</th>
<th>Description of precautions required</th>
<th>Monitoring required by HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolate</td>
<td>Probable or confirmed case</td>
<td>Stay home until advised no longer required by RCDC, TCDS, or PHO</td>
</tr>
<tr>
<td></td>
<td>Individuals who are symptomatic as above</td>
<td>Avoid contact with other people, particularly medically-vulnerable people or elders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separate room and sleeping arrangements where possible</td>
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<td></td>
<td></td>
<td>Manage symptoms independently</td>
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<tr>
<td></td>
<td></td>
<td>If caregiver required, designate one individual</td>
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<td></td>
<td></td>
<td>Stay 2m away from other individuals and no visitors</td>
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<td></td>
<td></td>
<td>Avoid sharing unwashed dishes</td>
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<tr>
<td></td>
<td></td>
<td>Clean high touch surfaces regularly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hand hygiene and respiratory etiquette</td>
</tr>
<tr>
<td>Self-isolate</td>
<td>Asymptomatic high risk contact</td>
<td>Stay at home and monitor symptoms for 14 days</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic traveler returning to territory</td>
<td>If possible, take temperature daily and avoid use of fever-reducing medications</td>
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<tr>
<td></td>
<td></td>
<td>Avoid contact with other people at home (e.g. stay 2m apart where possible, no visitors)</td>
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<td></td>
<td></td>
<td>Avoid sharing unwashed dishes</td>
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<td></td>
<td></td>
<td>Clean high touch surfaces regularly</td>
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<tr>
<td></td>
<td></td>
<td>Hand hygiene and respiratory etiquette</td>
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<tr>
<td></td>
<td></td>
<td>For high-risk contacts only:</td>
</tr>
<tr>
<td>Self-monitor</td>
<td>Asymptomatic medium or low risk contacts</td>
<td>Monitor yourself for 14 days for one or more symptoms of COVID-19</td>
</tr>
<tr>
<td></td>
<td>General public</td>
<td>Go about your day but avoid crowded spaces</td>
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<tr>
<td></td>
<td></td>
<td>Stay 2m apart from others wherever possible</td>
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<td></td>
<td></td>
<td>Do not attend any large gatherings</td>
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<td></td>
<td></td>
<td>Hand hygiene and respiratory etiquette</td>
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<td></td>
<td></td>
<td>Vulnerable populations encouraged to “reverse-isolate” where possible (e.g. shop at time allocated to elderly population)</td>
</tr>
</tbody>
</table>

Abbreviations: HCP = health care provider
### Appendix E – Daily Monitoring Form

**Client Information:**

- **DOB:** ____________
- **Language spoken:** ________________
- **Phone:** ____________
- **House #** ________________

**Healthcare Provider Monitoring (circle):**

- daily
- days 3, 7, 14

**Start date:** ____________

**Planned end date:** ____________

**Revised end date (if applicable):** ____________

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
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<th>7</th>
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<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
</table>
| **Month:** _______ | **M/DD** | **Year:** _______
| **Symptoms** | **Legend#1:** | ✓ = present | ✗ = not present | (as required: ↑ = Increased (worse) | ↓ = decreased (better)) |

- Shortness of breath/ difficulty breathing
- Cough
- Fever
  Specify °C if possible
- Sore throat
- Nasal congestion
- Other (enter in notes below)

**Legend#2:**

- NH = not home
- M = message left
- NA = no answer
- RR= referral to RCDC
- AC = acute care referral

**Additional remarks:**

Use legend #2

**Initials of caller**

**Caller’s Name:** ________________  **Caller’s Initials:** _________

**Notes:**

- Use in conjunction with COVID-19 Protocol.
- If questions asked of proxy, please document in notes.
- Refer to health care as required.

**Completed form scanned and emailed to RCDC on:** ____________

Scan and send to RCDC within 24 hours of end of monitoring period, sooner if concerns. Unless otherwise advised, place monitoring form into patient chart once completed.

**COVID-19 Daily Monitoring Form_V4_20Apr2020**

Government of Nunavut, Department of Health
Last name of case: ____________________  First name of case: ____________________

COVID-19 Contact Tracing Form

CASE INFORMATION:
Name ___________________________  DOB: __________________
Community: Home ___________________________ (dd/mm/yyyy)
Current ___________________________ (dd/mm/yyyy)
Date and time of Symptom onset: ___________________@__________ (dd/mm/yyyy) @ 24-hour clock

Identify and list ALL contacts:
From: ___________________________ (48 hours before symptom onset)
To: ___________________________ Today (dd/mm/yyyy) @ 24-hour clock

HIGH (close contact of a case):
• Provided care for a case (e.g. household or family members, or health care worker) without consistent and appropriate use of recommended personal protective equipment
• Household member who had other close physical contact with a case without consistent and appropriate use of recommended personal protective equipment
• Person who lived with or had other close prolonged contact (within 2 metres) with a case while the case was symptomatic and not isolating
• People who have been in direct contact with infectious body fluids of a case (e.g. was coughed or sneezed on)

MEDIUM (non-close contact of a case):
• Provided care for a case (e.g. household or family members, or health care worker) or had similar close physical contact with consistent and appropriate use of recommended PPE
• Individual who lived with or otherwise had prolonged contact >2 metres from case

LOW (only transient interactions):
• Walking by the case or being briefly in the same room but with more than 2m distance

Symptoms:
new or worsening cough, fever, shortness of breath

Complete PUI assessment form for all high/medium risk and symptomatic contacts

Follow COVID-19 Healthcare Provider Flowchart for guidance on lab testing and precautions.

Precaution types:
• Isolation
• Self-Monitoring
• N/A

<table>
<thead>
<tr>
<th>Name of Contact (Last Name, First Name)</th>
<th>DOB (dd/mm/yyyy)</th>
<th>Age</th>
<th>Sex (M/F/other)</th>
<th>Phone Number(s)</th>
<th>Community/House #</th>
<th>Date and type of last Contact (dd/mm/yyyy)</th>
<th>Symptomatic (Y/N)</th>
<th>PUI form Completed (dd/mm/yyyy)</th>
<th>Testing Indicated (Y/N)</th>
<th>Precautions Indicated (type)</th>
<th>Date started: (dd/mm/yyyy)</th>
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</table>

Reporting Clinician Name ____________________  Date Completed ____________________  Contact Information________________________

COVID-19 Contact Tracing Form_final_March 26, 2020
Government of Nunavut, Department of Health
<table>
<thead>
<tr>
<th>Name of Contact (Last Name, First Name)</th>
<th>DOB (dd/mm/yyyy)</th>
<th>Sex (M/F/other)</th>
<th>Phone Number(s)</th>
<th>Community/ House #</th>
<th>Date and type of last Contact (dd/mm/yyyy)</th>
<th>Symptomatic (Y/N)</th>
<th>PUI form Completed (dd/mm/yyyy)</th>
<th>Testing Indicated (Y/N)</th>
<th>If yes, collected on (dd/mm/yyyy)</th>
<th>Precautions Indicated (type)</th>
<th>Date started: (dd/mm/yyyy)</th>
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Reporting Clinician Name ___________________  Date Completed ___________________  Contact Information ___________________
APPENDIX G - Script for Explaining Self-Isolation or Isolation

Please note – may not be said verbatim but main points need to be addressed by health care provider or public health team member providing guidance

1. You are required to stay on self-isolation or isolation because you ____________________.

2. The reason why you need to stay on isolation is because we are all working together to stop the spread of the virus to protect our whole community. This is very important. Even if you don’t feel sick you need to stay on isolation until you are told that you don’t need to be anymore.

3. What does self-isolation mean to you? (listen to response & clarify with bullets below)
   • Staying home or in designated isolation area
   • Not going out to grocery store, work, or anyone else’s house
   • Household members to stay in separate area (at least 2 metres away where feasible)
   • Nobody should visit in your house who doesn’t live there

4. Someone will be in touch with you regularly (either by phone or in person) to see how you are feeling, and to help you if you need anything.

5. Isolation can be hard for people, what do you think will help you to be able to follow this rule? (provide resources etc.)

6. In order to make sure our communities are protected, isolation is mandatory. People who are found to not follow these rules may get: a verbal warning, a written warning, or a large fine. We don’t want this to happen for you but want you to understand how important it is to follow the isolation rules.

7. Once you are no longer on isolation, we ask that you still follow the general rules about physical distancing and do not visit or spend time indoors with people you do not live with.
Instructions for isolation of an individual with COVID-19 in the home or co-living setting

“Isolation” and “self-isolation” means:

- Not going out unless directed to do so (i.e. to seek medical care)
- Not going to school, work, or other public areas
- Not using public transportation (e.g. taxis)

The following steps should be followed by every household where a Person Under Investigation, or a positive case is isolating or self-isolating:

1. **Limit Contact with Other People in the Household – Physical Distancing in the Home**

   Any person who is sick with COVID-19 should avoid being close to anyone else, including people who live in the same house. If possible, the person who is sick should have a room to themselves, and eat alone, and spend all day alone until they no longer have symptoms and the nurse or doctor says they are clear to come off isolation or self-isolation.

   At all times – the person who is sick should be at least 2 meters apart from everyone else in the household. If the person requires a caregiver, then gloves, face protection and hand hygiene should be used.

   If a separate room is not possible, ensure that shared spaces are well ventilated (e.g. windows open, as weather permits). If it is difficult to separate the person physically in their own room, hanging a sheet from the ceiling to separate the ill person from others may be considered. If the sick person is sleeping in the same room as other persons, it is important to maintain at least 2 metres distance from others (e.g. separate beds and have people sleep head-to-toe, if possible).

   Visitors should not be allowed at any time, unless they are providing care or delivering supplies or food. Every effort should be made so that visitors can drop off supplies outside and have no contact with household members or enter the building of the sick person.

2. **Avoid Sharing Personal Household Items**

   The individual should not share personal items with others, such as toothbrushes, towels, cloths, bed sheets and blankets, cigarettes, unwashed eating utensils, drinks, phones, computers, or other electronic devices. A garbage bin with garbage bags should be placed in the room where the sick person is.

3. **Clean all high-touch surfaces**

   Disinfectants can kill the virus making it no longer possible to infect people. High-touch areas such as toilets, bedside tables and door handles should be disinfected daily. Rooms and shared spaces (such as bathrooms and kitchens) where sick people are recovering should be disinfected at least every day. High-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes) if they can withstand the use of liquids for disinfection. If objects in the house can not be disinfected, they should not be shared between the person who is sick and other people in the household.

Instructions for Isolating_v1_final_20Apr2020
Government of Nunavut, Department of Health
If possible, an approved hard surface disinfectant with a Drug Identification Number (DIN) should be used. A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada. When approved hard surface disinfectants are not available for household disinfection, a diluted bleach solution can be used by following the instructions on the bottle or the instructions provided by the Government of Nunavut available on their website. Follow instructions for proper handling of household (chlorine) bleach.


Clothing, towels and bed sheets and non-medical masks belonging to the sick person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be completely dried. If someone other than the sick person is washing the clothes, then gloves, face protection and hand hygiene should be used.

Garbage bags from the room of the sick person should be tied up by either the sick person themselves or a caregiver who is using proper gloves, face protection and hand hygiene.

5. All People in the Household Should Practice “hand hygiene”

Hand hygiene means the practice of hand washing, or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be done regularly with soap and water for at least 20 seconds:
- Before and after preparing food;
- Before and after eating;
- After using the toilet;
- Before and after using a mask;
- Before and after using disposable or reusable gloves;
- Whenever hands look dirty.

Handwashing with plain soap and water is the preferred method of hand hygiene, because it can remove infection causing bacteria and viruses and it can clean visibly dirty hands.

If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHS) that contains at least 60% alcohol, ensuring that all surfaces of the hands are covered (e.g. front and back of hands as well as between fingers) and rub them together until they feel dry. For visibly dirty hands, remove soiling with a wipe first, followed by use of ABHS.

When drying hands, disposable paper towels are preferred, but a dedicated reusable towel may be used and replaced when it becomes wet.

Avoid touching their eyes, nose, and mouth with unwashed hands because this is a main way to become infected with a virus or a bacteria.
6. Gloves

Disposable single use gloves should be worn when a household member is in direct contact with the sick person, cleaning surfaces or spaces where the sick person is, and handling things with body fluids, including dishes, cutlery, clothing, laundry, and garbage.

Reusable gloves are OK (the yellow and pink ones available at the stores); but they must be cleaned with soap and water then disinfected every time they are used.

You must also wash your hands before and after using gloves:

- Perform hand hygiene before putting on gloves;
- If your gloves become dirty or rips while giving care/cleaning the area of the sick person, remove them, wash your hands and put on new gloves. This will prevent you from spreading dirt around the room;
- Perform hand hygiene after removing gloves;
- Double-gloving is not necessary and does not provide extra safety.

When removing gloves be sure not to touch the outside of the glove (the dirty side). Make sure that you throw them into a garbage bin with a garbage bag that is dedicated to the sick person.

7. All people in the house should practice “Respiratory Etiquette”

“Respiratory etiquette” means paying attention to how you talk, breathe, cough and sneeze. By paying attention to these things you can help reduce the spread of the virus.

- Try to cough or sneeze into a tissue or Kleenex and throw it away into a garbage bin with a garbage bag OR
- Cough/sneeze into the bend of your arm
- Never cough or sneeze into your hand because your hand touches a lot of surfaces and may spread the virus quickly. If you accidentally cough/sneeze into your hand – be sure you wash your hands before touching anything else.

8. Masks and Homemade Masks/Barriers and Eye Protection

Medical masks (sometimes called surgical masks or procedure masks) provide some protection when trying to stop the virus from spreading from a sick person to someone who does not have the infection. When a sick person coughs, sneezes or breathes – they can release droplets of tiny liquid that have the virus in them. Physical barriers such as medical masks, homemade masks, or other barriers such as bandanas can stop the virus from spreading by someone who is infected with it.

Masks alone cannot stop the virus from spreading. “Respiratory etiquette” and hand hygiene are very important parts preventing the spread of the virus. Standing at least 2 meters apart (physical distancing) as much as possible will also stop the virus from spreading to people.

- When it is not possible to always stay 2 meters away from people, the sick individual should use either a mask or another barrier.
• If a healthy person must provide care to a sick person then the care giver should use a mask/barrier. Eye protection should be used with a mask or barrier, because the virus can enter through a person’s eyes.

If masks/barriers aren’t used properly they can increase the spread of a virus. Follow these steps to make sure you are using masks or other physical barriers properly:

1. Wash your hands before putting on a mask.
2. Hold the outside of the mask or barrier and put over the nose and the mouth. Make sure that the barrier is snug in place and will not fall off or need to be adjusted.
3. Once the mask is on – do not adjust it, lift it to speak or remove it and replace it. Part of stopping the virus from spreading is getting used to never touching your face. If you accidentally touch your face be sure to wash your hands immediately or as soon as possible.
4. To remove the mask/barrier: remove the loops of the mask or untie the barrier from behind. Make every effort to make sure the front of the mask does not touch your face or anywhere else.
5. Wash your hands after removing a mask/barrier.
6. If the mask becomes wet, dirty with mucus, or damaged it should be replaced. Follow steps 1-5.

All medical masks are “single use only” which means they must be thrown away once they are removed from the face.

All homemade barriers should be “single use only” as well. After one use place the barrier in a laundry basket or into a washer.

If you are using a homemade mask or barrier and you have trouble breathing, remove the barrier and breath normally. Homemade masks and barriers are not tested in laboratories to make sure they are safe to use. Sometimes the material can be too thick and cause you to not get enough oxygen.

9. Self-care while recovering

a) Treatment

There is no specific medicine/treatment for COVID-19. The individual with COVID-19 should rest, eat nutritious food, stay hydrated with fluids like water, and manage their symptoms. Over the counter medication can be used to reduce fever and aches. Vitamins and complementary and alternative medicines are not recommended unless they are being used in consultation with a licensed healthcare provider.

b) Monitor symptoms and temperature regularly

The individual should monitor their symptoms and immediately report worsening of symptoms to a health care provider. Daily monitoring is recommended as outlined in Appendix D – COVID-19 Healthcare Provider Flowchart.

The individual should monitor their temperature daily, or more frequently if they have a fever (e.g., sweating, chills), or if their symptoms are changing. Temperatures should be recorded and reported to healthcare providers doing the daily monitoring. If the sick person is taking

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acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil), the temperature should be recorded at least 4 hours after the last dose of these fever-reducing medicines.

c) **Maintain a suitable environment for recovery**

The environment should have good air exchange (by vents not fans) and free of tobacco or other smoke where possible. Airflow can be improved by opening windows and doors, as weather permits. Where possible, the sick person should have access to electronics to remain “socially connected” by social media, or other communication.

**10. Supplies for the Household If Possible**

- Enough food for two weeks if possible;
- Medical mask or homemade mask/barrier;
- Disposable Gloves or reusable gloves;
- Eye protection; Thermometer;
- Fever-reducing medications;
- Hand soap;
- Alcohol based hand sanitizer containing at least 60% alcohol;
- Tissues; Garbage bin with garbage bags;
- Regular household cleaning products;
- Approved hard-surface disinfectants that have a Drug Identification Number (DIN) or if an approved hard surface disinfectant is not available, bleach;
- Alcohol (70%) prep wipes or cleaners suitable for cleaning high-touch electronics (e.g., phones);
- Regular laundry soap;
- Dish soap;
- Disposable paper towels or hand towels for drying hands.

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.
Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.

FEVER
COUGH
DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:
- respiratory droplets when you cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands
These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:
- stay home to avoid spreading it to others
  - if you live with others, stay in a separate room or keep a 2-metre distance
- call ahead before you visit a health care professional or call your local public health authority
  - tell them your symptoms and follow their instructions

PREVENTION

The best way to prevent the spread of infections is to:
- wash your hands often with soap and water for at least 20 seconds
- avoid touching your eyes, nose or mouth, especially with unwashed hands
- avoid close contact with people who are sick
- when coughing or sneezing:
  - cover your mouth and nose with your arm or tissues to reduce the spread of germs
  - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs.
- stay home if you are sick to avoid spreading illness to others

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CLEANING TO REDUCE THE RISK OF COVID-19

CLEANING

- wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available.
- avoid touching your eyes, nose or mouth, especially with unwashed hands
- clean and disinfect regularly used items and surfaces, such as toys, electronic devices and doorknobs daily.

TO CLEAN USE:

Any regular household cleaner OR diluted bleach (1 part bleach and 9 parts water)

1/4 cup bleach + 2 and 1/4 cup water

OR

1 cup bleach + 9 cups water

Do not mix bleach with any other household cleaners

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COVID-19 ISOLATION

You need to **isolate** for at least 14 days if you:

- Have been told by public health that you may have been exposed and need to isolate.
- Had close contact with someone who has or is suspected to have COVID-19.
- Have been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19.
- Have any symptom of COVID-19, even if mild.

**THIS MEANS:**

- Go directly home; avoid work, school or other public areas.
- Practice physical distancing with the people you live with and keep at least 2 meters between yourself and the other person.
- Use a separate bedroom and bathroom, if possible.
- Make plans to have groceries and other supplies such as prescriptions delivered.
- Do not have *any* visitors to your home.
- Do not use taxi services.
- Remain in your home or on your property during isolation.
- Monitor symptoms, particularly fever and respiratory symptoms such as coughing or difficulty breathing.
- Avoid sharing unwashed dishes.
- Clean surfaces regularly.
- Wash your hands often with soap and water for at least 20 seconds.

**THINGS TO DO WHILE ISOLATING:**

- Ask a family member to help with essential errands.
- Exercise at home.
- Use technology, such as video calls, to keep in touch with family and friends.
- Work from home.
- On your own property only: go outside on your balcony or deck, walk in your yard, or get creative with outdoor exercises in your yard.
- Complete puzzles, sew, make jewelry, draw or practice mindfulness.
- Try to eat healthy meals and get plenty of sleep.

People with COVID-19 do not always recognize their early symptoms. Even if you do not have symptoms now, it may be possible to transmit COVID-19 before you start showing symptoms.

**WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION, VISIT:**


v4-April2020
MANAGING ANXIETY AND STRESS DURING COVID-19

Self-care is important. It's normal to experience anxiety or stress during the outbreak of COVID-19. Everyone responds differently during stressful situations. We can reduce stress and anxiety by sharing facts. This can help reduce worry and make the outbreak less overwhelming.

Sometimes it can be challenging to know what steps we should take to reduce our anxiety. Here are some techniques for you and your loved ones to help manage and cope with stress:

### BREATHING TECHNIQUES

**Deep breathing:** Take a deep breath, letting your abdomen expand fully. Hold it for about 3 seconds. Let your breath out all at once. As you exhale, relax your jaw and shoulders.

**Tension release:** Tense your muscles, one area at a time. Take a deep breath and hold it as you curl your toes for about 5 seconds. Let your breath go all at once. Next clench your calves, thighs, buttocks, arms, shoulders, jaws and finally squeeze your eyelids.

### MINDFUL ACTIVITIES

Activities focusing your attention on the present moment. Sewing, beading and cooking are all good ways to reduce anxiety.

### SPENDING TIME ON THE LAND

Going outside, going to nature and spending time at your cabin can help support your mental wellbeing.

### TALKING TO FRIENDS/RELATIVES (ON THE PHONE OR ONLINE)

Connecting with loved ones is key to maintaining healthy relationships and balance. Social distancing does not mean social isolation.

### LIMITING TIME ON SOCIAL MEDIA

Although it is important to stay informed and aware of the latest recommendations, limiting time on Facebook, Instagram and Twitter can help to minimize feelings of anxiety and stress.

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The Government of Nunavut provides free counselling in all languages for employees and their immediate family members in times of crisis, 24 hours a day, seven days a week.

If you are finding that the anxiety is overwhelming, and need to talk to a professional, please call the Employee and Family Assistance Program through Homewood Health at 1-800-663-1142.

Many resources are available upon request, i.e. wellness articles and self-help tools. Please visit www.homewoodhealth.com for more information.

The helplines are available to provide crisis support to those who may be experiencing increased anxiety and stress.

- **Nunavut Kamatsiaqtut Help Line:** 1-800-265-3333
- **Elders’ Support Line:** 1-866-684-5056
- **Employee and Family Assistance Program:** 1-800-663-1142

Individuals who are at immediate risk of harming themselves or others should seek help immediately at their local health centre and/or contact the RCMP.
SOCIAL DISTANCING

What is social distancing?

Social distancing is a strategy to limit the spread of COVID-19. This is a conscious effort to reduce physical contact between people to slow down the spread of the virus. Even if you are symptom free and not part of an at-risk group, you still need to change your lifestyle starting today.

**DO**
keep your social distance and remember to wash your hands!

**AVOID**
handshakes, hugging and kissing

For more information, visit [gov.nu.ca/health](http://gov.nu.ca/health) or follow our social media pages at facebook.com/GovofNunavut/ or twitter.com/GOVofNUNAVUT
Wash your hands

1. Wet hands
2. Apply soap
3. Rub for 15 to 20 seconds
4. Scrub Nails
5. Rinse
6. Dry Hands
7. Turn off tap and open door with paper towel