

# Nova Scotia Interim Guidance: Public Health Measures of cases and contacts associated with Novel Coronavirus (COVID-19)

Date: April 11, 2020

**Goal:** The national strategy for this situation is containment. This document is adapted from the Public Health Agency of Canada's interim guidance documents to ensure a coordinated approach by provinces/territories. This guidance is based on current available scientific evidence and expert opinion and is subject to change as new information on transmissibility and epidemiology becomes available.

## Case Definition

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

## Symptoms

- Fever (over 38 degrees Celsius), new onset of (or exacerbation of chronic) cough, sore throat, runny nose, headache

## Diagnostic Testing

- The QEII Health Sciences Centre's Microbiology Lab is now certified to report positive and negative tests for COVID-19. Tests no longer are sent to the National Microbiology Lab (NML).

## Treatment

- Supportive. At this time, there is no specific treatment (e.g. antivirals) for cases of COVID-19. Guidance on the clinical management of severe acute respiratory infection (i.e. in a hospital) when a case of COVID-19 is suspected is available from the WHO.

## Surveillance Guidelines

<https://novascotia.ca/dhw/populationhealth/surveillanceguidelines.asp>

# Case Management (confirmed/probable cases)

## Case (confirmed/probable)

1. **Conduct active daily monitoring** of the case's health status until they have met the definition of Recovered<sup>1</sup>.
2. **Provide public health advice to the case and household (or co-living setting) contacts on individual measures including:**
  - a. Personal hygiene
    - i. The case and all members of the household setting should follow good respiratory etiquette and hand hygiene practices.
    - ii. Hand washing with plain soap and water is the preferred method of hand hygiene in the community, since the mechanical action is effective at removing visible soil and microbes.
    - iii. If soap and water are not available, the use of alcohol-based hand sanitizers (ABHS) with at least 60% alcohol is recommended; for visibly soiled hands, remove soiling with a wipe first, followed by use of ABHS.
    - iv. Respiratory etiquette refers to covering the mouth and nose during coughing or sneezing, using surgical/procedure masks, tissues, or flexed elbow followed by hand hygiene. Discard tissues and disposable materials used to cover the nose or mouth, preferably in a plastic-lined container, before disposal with other household waste. If the mask gets wet or dirty with secretions, it should be changed immediately.
  - b. How to prevent the spread of infection to household contacts or the community
    - i. Provide the case with the self-isolation directions as per the self-isolation section.
  - c. How to care for the case as safely as possible
    - i. Healthcare Workers:
      1. For healthcare workers providing health care services in the home, virus-specific infection prevention and control (IPC) guidance for acute health care settings is applicable.
      2. In addition to **Routine Practices**, healthcare workers should follow contact and droplet precautions when within two metres of the case.
      3. For aerosol-generating medical procedures (e.g., case is receiving nebulized therapy) the use of **Additional Precautions**, including using a N95 respirator, is recommended.
      4. Medical equipment should be cleaned, disinfected or sterilized in accordance with **Routine Practices**.

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<sup>1</sup> An individual who has been placed on home isolation due to the presence of COVID-19 symptoms can stop home isolation a minimum of 10 days after the onset of their first symptom provided they are afebrile and have improved clinically. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. This criteria does not apply to hospitalized patients. Those who work in health care settings may need to meet additional requirements before returning to their workplace.

- ii. For caregivers (may include family and household members) and others sharing the living environment:
  1. If direct contact care must be provided, the case should wear a surgical/procedure mask and follow respiratory etiquette.
  2. The caregiver providing direct contact care to the case should also wear a procedure/surgical mask and eye protection when within two metres of the case and perform hand hygiene after contact.
  3. Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it should be changed immediately. After discarding the mask, hand hygiene should be performed.
  4. Direct contact with body fluids, particularly oral, and respiratory secretions should be avoided. Use disposable gloves to provide oral or respiratory care, and when handling stool, urine and waste, if possible. Perform hand hygiene following all contact.
  5. Anyone who is at higher risk of developing complications from infection should avoid caring for or come in close contact with the case. This includes people with underlying chronic or immunocompromising conditions.
  6. Persons caring for a case should limit their contact with other people as much as possible and monitor themselves for any signs of illness for 14 days from last close contact.
- d. Where and when to seek medical attention

- i. Advise a case and/or their caregiver(s) (may include family or household members) and others sharing the living environment if they develop symptoms [fever (over 38 degrees Celsius), new onset of (or exacerbation of chronic) cough, sore throat, runny nose, headache] to call 811.

3. **Facilitate appropriate laboratory testing** by the health care provider in consultation with the PPHLN. As per relevant laboratory guidance and identified protocols, ensure that appropriate specimens from a case are forwarded to the respective PPHLN. Include exposure/travel history with specimens being sent. Refer to <https://www.canada.ca/en/public-health/services/emerging-respiratory-pathogens/protocol-microbiological-investigations-severe-acute-respiratory-infections-sari.html> for details on specimen collection and handling, and consultation with the PPHLN microbiologist on-call. Refer also to additional laboratory guidance provided by PPHLN.

## Case Management in the Home and Co-Living Settings (self-isolation)

Early epidemiologic evidence suggests that the majority of people who develop COVID-19 will have mild illness and may not require care in a hospital. It is important that people who do not require hospital-level care convalesce at home as long as effective self-isolation and appropriate monitoring (i.e. for worsening of illness) can be provided.

Cases should be isolated in the home setting while symptomatic (i.e. not go out unless directed to do so to seek medical care) until case has met the clinical criteria for discontinuing isolation.<sup>2</sup> **Refer to Appendix 1**

The location where a person will self-isolate will be determined by their healthcare provider and Public Health. When determining the location, several factors to determine the suitability of the home setting are described below.

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<sup>2</sup> An individual who has been placed on home isolation due to the presence of COVID-19 symptoms can stop home isolation a minimum of 10 days after the onset of their first symptom provided they are afebrile and have improved clinically. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. This criteria does not apply to hospitalized patients. Those who work in health care settings may need to meet additional requirements before returning to their workplace.

- **Severity of illness.** The case is exhibiting mild symptoms that do not require hospitalization, taking into consideration their baseline health status including older age groups, or chronic underlying or immunocompromising conditions that may put them at increased risk of complications from COVID-19. The ill person should be able to monitor their own symptoms and maintain respiratory etiquette and hand hygiene (See [Appendix 1](#)).
- **Suitable home care environment.** In the home, the case should stay in a room of their own so that they can be isolated from other household members. If residing in a dormitory, such as at a post-secondary institution or where there is overcrowded housing, efforts should be made to provide the case with a single room (e.g. relocate any other roommates to another location) with a private bathroom. If a separate room is not feasible, ensure that shared spaces are well ventilated (e.g. windows open, as weather permits) and that there is sufficient room for other members of the home setting to maintain a two-metre distance from the case whenever possible. If it is difficult to separate the case physically in their own room, hanging a sheet from the ceiling to separate the ill person from others may be considered. If the ill person is sleeping in the same room as other persons, it is important to maintain at least 2 meters of separation from others (e.g. separate beds and have people sleep head-to-toe, if possible). If a separate bathroom is not available, the bathroom should be cleaned and disinfected frequently.
- **Cohorting cases in co-living settings (e.g. those living in university dormitories, shelters, overcrowded housing).** Special consideration is needed to support cases in these settings when self-isolating. If it is not possible to provide the case with a single room and a private bathroom, efforts should be made to cohort ill persons together. If there are two cases who reside in a co-living setting and single rooms are not available, they could share a double room.
- **Access to supplies and necessities.** The case should have access to food, running water, drinking water, and supplies (see [Supplies for the home when self-isolating](#)) for the duration of the period of self-isolation. Those residing in remote and isolated communities may wish to consider stockpiling the needed supplies, as well as food and medications usually taken, if it is likely that the supply chain may be interrupted or unreliable.
- **Risk to others in the home.** Household members with conditions that put them at greater risk of complications of COVID-19 (e.g. underlying chronic or immunocompromising conditions, or the elderly) should not provide care for the case and alternative arrangements may be necessary.
  - For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.
- **Access to care.** While it is expected that the case convalescing at home will be able to provide self-care and follow the recommended preventative measures, some circumstances may require care from a household member (e.g. the case is a child). The caregiver should be willing and able to provide the necessary care and monitoring for the case.
- **Psychosocial Considerations:** encourage individuals, families and communities to create a supportive environment for people who are self-isolating to minimize stress and hardship associated with self-isolation as the financial, social, and psychological impact can be substantial. Obtaining and maintaining public trust are key to successful implementation of these measures; clear messages about the criteria and justification for and the role and duration of quarantine and ways in which persons will be supported during the quarantine period will help generate public trust.

## Contact Management (confirmed/probable cases)

Considering the context for this guidance is containment of the virus, close contacts of confirmed and probable cases occurring in Canada should be identified and managed as per the recommendations in this document until the containment objective is achieved or a new objective becomes necessary (e.g., if sustained person to person transmission is occurring in the community). **Contact tracing efforts will include all individuals who were in contact with cases 48 hours prior to case symptom onset.** An individual risk assessment conducted by Public Health will identify the contact’s exposure risk level and to determine the required level and parameters of isolation, and the Public Health actions for the 14-day monitoring period.

The purpose of contact management is twofold:

1. to facilitate rapid identification of new cases and to support containment by:
  - identifying and managing contacts as quickly as possible as per Table 1; and
  - reducing the opportunity for transmission to others in the community from those who are **asymptomatic or who have mild symptoms that may go unnoticed**, and by providing contacts with information regarding infection prevention and control measures they should follow, as well as what to do if they develop symptoms
2. to gain a better understanding of the epidemiology of this novel coronavirus.

**Exposure Risk Categories and Recommended Public Health Actions are outlined in Table 1.**

Depending on exposure risk level, there are three categories of contacts (high, medium or low). Table 1 *Categories of contacts by exposure risk level* describes the risk level, provides isolation and contact management advice as well as associated Public Health actions:

<b>Table 1. Categories of contacts by exposure risk level</b>			
<b>Risk Level</b>	<b>Description of Risk Level</b>	<b>Isolation Level/ Contact actions</b>	<b>Public health actions</b>
<b>Higher</b>	<p><b>1) Close contact(s) of a case:</b></p> <p><b><u>Exposure time includes 48 hours prior to case symptom onset</u></b></p> <ul style="list-style-type: none"> <li>• provided care for the case (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner) <b>without consistent and appropriate use of recommended personal protective equipment, OR</b></li> <li>• who lived with or otherwise had close prolonged<sup>3</sup> contact (within 2 metres) with a case, <b>OR</b></li> </ul>	<ol style="list-style-type: none"> <li>a. Isolate<sup>4</sup> at home for 14 days from last unprotected exposure. Household contacts (who are unable to strictly adhere to social distancing within the home) must extend their isolation period for 14 days from the day of recovery of the case (see definition of recovered<sup>1</sup>).</li> <li>b. Follow good respiratory etiquette and hand hygiene practices.</li> <li>c. Monitor for the appearance of symptoms, particularly fever, new cough (or exacerbation of chronic cough), sore throat, runny nose or headache.</li> </ol>	<ul style="list-style-type: none"> <li>• Conduct an individual risk assessment</li> <li>• Arrange for laboratory testing of <b>all</b> close contacts <b>including those before 48 hours of symptom onset of the case</b></li> <li>• Active daily monitoring of contacts for symptoms (including extended isolation for household contacts)</li> <li>• If laboratory testing is negative for the virus that causes COVID-19, the individual should continue to self-isolate and monitor for new fever, cough, sore throat,</li> </ul>

<sup>3</sup> As part of the individual risk assessment, consider the duration of the contact’s exposure (e.g., a longer exposure time likely increases the risk), the case’s symptoms (coughing or severe illness likely increases exposure risk) and whether exposure occurred in a health care setting.

<sup>4</sup> In general, self-isolation means that a contact stays in their home and does not go out and avoids being within the same room with others within the home setting. If this cannot be avoided, a distance of at least 2 metres should be maintained from others.

**Table 1. Categories of contacts by exposure risk level**

Risk Level	Description of Risk Level	Isolation Level/ Contact actions	Public health actions
	<ul style="list-style-type: none"> <li>had direct contact with infectious body fluids of a case (e.g., was coughed or sneezed on) without the appropriate use of recommended personal protective equipment.</li> </ul>	<p>d. Take and record temperature daily and avoid the use of fever reducing medications (e.g., acetaminophen, ibuprofen) as much as possible. These medications could mask an early symptom of COVID-19; if these medications must be taken, advise Public Health.</p> <p>e. Should symptoms develop, continue to isolate and contact the local public health authority for further direction, which will include:</p> <ul style="list-style-type: none"> <li>where to go for care,</li> <li>appropriate mode of transportation to use, and</li> <li>IPC precautions to be followed.</li> </ul>	<p>runny nose or headache until 14 days from last exposure.</p> <ul style="list-style-type: none"> <li>If laboratory testing is positive, manage as a case. Contact tracing for asymptomatic cases should start 48 hours before swab was taken. If new cases are discovered that were in close contact with the asymptomatic case during that time frame, contact tracing should be expanded according to MOH direction on a case-by-case basis.</li> <li>If case remains asymptomatic, isolation may be discontinued 10 days after the swab was taken. If case becomes symptomatic, individual should continue to self-isolate for 10 days from onset of symptoms. If after 10 days, case meets 'Recovered'<sup>1</sup> definition, isolation can be lifted after discussion with MOH.</li> <li>If transferring the symptomatic person from the community to an acute care facility, notify the receiving facility prior to arrival to ensure appropriate IPC measures are in place.</li> </ul>
<p><b>Moderate</b></p>	<p>1) <b>Non-close contact:</b></p> <ul style="list-style-type: none"> <li>provided care for the case, (including health care workers, family members or other caregivers) or who had other similar close physical contact <b>with consistent and appropriate use of personal protective equipment</b> and the case was self-isolating <b>OR</b></li> <li>who lived or otherwise had prolonged contact <b>but was not within 2 metres</b> of a case <b>OR</b></li> <li>airplane crew and passengers seated within 2 metres of a symptomatic case.</li> </ul>	<p><b>Monitor</b> for symptoms for 14 days following their last contact.</p> <p>a. Should symptoms develop, self-isolate as quickly as possible and complete the online 811 assessment tool to determine if they need to call 811. If directed by assessment tool, call 811 for further direction. Advice will be given for next steps which will include where to go for care, the appropriate mode of transportation to use, and IPC precautions to be followed. Do not go directly to a COVID assessment centre without being directed by 811.</p> <p>b. Effective March 22<sup>nd</sup> 2020 avoid gatherings of more than 5 people.</p>	<ul style="list-style-type: none"> <li>Conduct a risk assessment for non-close contacts, if feasible</li> <li>No active monitoring</li> <li>Any contact who develops symptoms within the monitoring period should be managed as a case. If test is negative, the individual should continue to self-monitor for new fever, cough, sore throat, runny nose or headache until 14 days from last exposure.</li> <li>If transferring a case from the community to an acute care facility, it will be important to notify the receiving facility prior to arrival to ensure</li> </ul>

Table 1. Categories of contacts by exposure risk level			
Risk Level	Description of Risk Level	Isolation Level/ Contact actions	Public health actions
		c. Avoid close contact with individuals at higher risk for severe illness.	appropriate IPC measures are in place
<b>Lower/No risk</b>	Only transient interactions (e.g., walking by the case or being briefly in the same room)	<ul style="list-style-type: none"> <li>No monitoring required</li> </ul>	<ul style="list-style-type: none"> <li>No action required</li> </ul>

## Persons possibly exposed through travel

**Table 2** describes recommendations for travelers who have travelled outside of Canada in the previous 14 days. All measures should start upon arrival in Canada and continue for a period of 14 days.

Travel location	Traveller type	Traveller actions	Public Health actions
Anywhere outside of Nova Scotia	All travelers*	<ul style="list-style-type: none"> <li><b>Isolate as per the direction under the Health Protection Act for 14 days following arrival in Nova Scotia.</b></li> <li>Follow good respiratory etiquette and hand hygiene practices.</li> <li>Monitor for the appearance of symptoms, particularly fever, new cough (or exacerbation of chronic cough), sore throat, runny nose or headache.</li> <li>Take and record temperature daily and avoid the use of fever reducing medications (e.g., acetaminophen, ibuprofen) as much as possible. These medications could mask an early symptom of COVID-19; if these medications must be taken, advise Public Health. <ul style="list-style-type: none"> <li>Should symptoms develop, complete the online 811 assessment tool to determine if they need to call 811. If directed by assessment tool, call 811 for further direction. Advice will be given for next steps which will include where to go for care, the appropriate mode of transportation to use, and IPC precautions to be followed. Do not go directly to a COVID assessment centre without being directed by 811.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Provide self-isolation instructions to the traveller</li> <li>A traveller who develops symptoms compatible with COVID-19 within the monitoring period should be referred to the 811 online assessment tool for further direction.</li> <li>If laboratory testing is negative for the virus that causes COVID-19, the individual should continue to remain in isolation until 14 days from last exposure.</li> </ul>

**\*EXEMPTION AS PER HEALTH PROTECTION ORDER MARCH 24, 2020:** healthy individuals who:

- work in the trade and transportation sector who are important for the movement of goods and people across the Nova Scotia border, such as truck drivers, crew, maintenance and operational workers on any plane, train or marine vessel crossing the Nova Scotia border, offshore workers off the coast of Nova Scotia and workers in the agri-food and fish industry.
- have to cross the Nova Scotia land border on a regular basis to go to work or carry out their duties, including without limitation, health care workers, community service workers including child protection workers and transition house workers, critical infrastructure workers, law enforcement and corrections workers.
- people travelling into Nova Scotia for essential health services and one accompanying support person.
- workers employed by medical supply or pharmaceutical businesses carrying on business in Nova Scotia.
- Canadian military personnel, Coast Guard and RCMP.
- first responders, including police, fire and EHS paramedic workers.

Workers in these sectors should practice social distancing (maintain a distance of 2 metres from others), closely self-monitor, and self-isolate should they exhibit any symptoms.

## Long-Term Care Facilities

Table 3 provides Public Health actions and surveillance activities for residents and staff of Long-Term Care Facilities.

Risk Level	Description of Risk Level	Long-term care facility actions	Public health actions
High	Residents, staff and essential visitors of Long-Term Care Facilities (this includes Nursing homes and Residential Care Facilities licensed through DHW)	As per the COVID-19 Management in Long Term Care Facilities Directive under the Health Protection Act. <a href="https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf">https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf</a>	<ul style="list-style-type: none"> <li>• Public Health will ensure daily active screening and surveillance of staff, essential visitors and residents.</li> <li>• Public Health will support the development of a line list when <b>a single case is suspected to be COVID-19</b> [any of the following symptoms: fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache)]</li> <li>• Provide LTCF an outbreak number.</li> <li>• Initiate CNPHI posting.</li> <li>• Provide direction and facilitation of testing of additional residents and staff.</li> <li>• Public Health will review line lists daily.</li> <li>• Initiate contact tracing within the LTCF.</li> <li>• Provide support and direction to the LTCF facility to enact outbreak control measures as per the directive</li> </ul>



Risk Level	Description of Risk Level	Long-term care facility actions	Public health actions
			<p><a href="https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf">https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf</a></p> <ul style="list-style-type: none"> <li>In the context of the COVID-19 pandemic, all cases with symptoms compatible with COVID-19 in staff or residents of a LTC facility must continue to be swabbed and tested for COVID-19 even if another pathogen is identified, to detect any new entry of COVID-19 into the facility.</li> </ul>

## Contact tracing for airplane passengers and flight crew

There is no direct evidence at present that contacting individual air travelers has facilitated early case finding. Nor is there evidence regarding transmission risk in relation to flight duration.

## Appendix 1: Instructions for Self-Isolating in the home or co-living setting

### Self-Isolating in the home setting

#### Stay at home

The case/contact should isolate themselves in the home setting until advised by Public Health that isolation can be discontinued (see footnote 1 for criteria). Staying at home means:

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

### Personal Protective Measures for infection prevention and control

Those in self-isolation should follow good respiratory etiquette and hand hygiene practices.

### Monitor your symptoms.

The case should monitor their symptoms and immediately report worsening of symptoms to a health care provider or Public Health for further assessment. If it is determined that transfer to an acute care facility is required, instructions will be provided regarding transportation (e.g. by ambulance or private vehicle). If calling an ambulance, the dispatcher should be notified that the case may have COVID-19. If the person is transferred by private vehicle, the receiving facility should be notified to ensure that appropriate infection prevention and control measures are in place. During travel, the ill person should wear a surgical/procedure mask if tolerable or cover their nose and mouth with a tissue. Those transporting the ill person should use appropriate personal protective equipment when within 2 metres of the ill person (details below).

## Limit contact with other people.

The case should avoid being in close proximity (within 2 metres) of other people, including household members and visitors who do not have an essential need to be in the home, with the exception of individuals providing care or delivering supplies or food.

When interactions within 2 metres are unavoidable, these should be as brief as possible, and the case should wear a surgical/procedure mask. If possible, the ill person or caregiver should arrange to have supplies dropped off at their front door to minimize direct contact. If the case must leave the home setting, a surgical/procedure mask should be worn.

## Respiratory etiquette

Respiratory etiquette describes a combination of measures intended to minimize the dispersion of respiratory droplets when coughing, sneezing and talking.

- Cover coughs and sneezes with a surgical/procedure mask or tissue. Dispose of tissues in a lined waste container and perform hand hygiene immediately after a cough or sneeze  
OR
- Cough/sneeze into the band of your arm, not your hand

## Hand hygiene

Hand hygiene refers to hand washing or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be performed frequently with soap and water for at least 15-20 seconds:

- Before and after preparing food;
- Before and after eating;
- After using the toilet;
- Before and after using a surgical/procedure mask
- After disposing of waste or handling contaminated laundry;
- Whenever hands look dirty.
- Handwashing with plain soap and water is the preferred method of hand hygiene, since the mechanical action is effective at removing visible soil and microbes.
- 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.
- 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.

## Surgical/Procedure Masks

Face masks (surgical/procedure masks) provide a physical barrier that may help prevent the transmission of the virus from an ill person to a well person by blocking large particle respiratory droplets propelled by coughing or sneezing. However, using a mask alone is not guaranteed to stop infections and should be combined with other prevention measures including respiratory etiquette and hand hygiene.

Applying a consistent approach to putting on and taking off a mask are key in providing overall protective benefits. The following steps will help to ensure masks are used effectively:

- Before putting on a mask, wash hands with soap and water or ABHS. The mask should be worn with the coloured side facing out.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask, press the mask tight to your face using your fingers to secure along the perimeter of the mask, pressing firmly over the bridge of your nose. Wash hands again with soap and water or ABHS.
- Avoid touching the mask while using it; if you do, clean your hands with soap and water or alcohol-based hand sanitizer.
- Replace the mask with a new one as soon as it is damp or dirty with secretions. Do not re-use single-use masks.
- To remove the mask, remove both straps from behind the ears. Do not touch the front of mask, and ensure that the front of the mask does not touch your skin or any surfaces before you discard it immediately in a closed waste container. Wash hands with alcohol-based hand rub or soap and water.

## Avoid Sharing Personal Household Items

The case should not share personal items with others, such as toothbrushes, towels, washcloths, bed linen, cigarettes, unwashed eating utensils, drinks, phones, computers, or other electronic devices.

## Clean all high-touch surfaces

High-touch areas such as toilets, bedside tables and door handles should be cleaned daily using a store bought disinfectant, or if not available, a diluted bleach solution (one part bleach to 9 parts water to make a 0.5% sodium hypochlorite solution) that remains wet for 1 minute. If they can withstand the use of liquids for disinfection, high-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes) that remains wet for 1 minute.

Disinfectants can kill the virus making it no longer possible to infect people. Disposable gloves should be used when cleaning or handling surfaces, clothing, or linen soiled with body fluids. Dormitories and co-living settings where ill persons are convalescing should be cleaned and disinfected daily.

All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste.

## Self-care while convalescing

### Treatment

At this time, there is no specific treatment for COVID-19. The case 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.

### Monitor temperature regularly.

The case 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 the Public Health. If the case is taking 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.<sup>5</sup>

### Maintain a suitable environment for recovery.

The environment should be well ventilated and free of tobacco or other smoke. Airflow can be improved by opening windows and doors, as weather permits.

### Stay connected.

Staying at home and not being able to do normal everyday activities outside of the home can be socially isolating. Encourage people who are isolating themselves at home to connect with family and friends by phone or computer.

### Precautions for household members (e.g. caregivers, roommates) to prevent transmission to others in the home

For caregivers of a case, it is important to take appropriate steps to protect yourself and others in the home environment from contracting COVID-19.

- **Perform Regular hand hygiene.** The ill person and the household members should perform hand hygiene regularly.
- **Practice good respiratory etiquette** followed by hand hygiene.
- **Limit the number of caregivers.** Ideally, the ill person should be able to care for themselves. Caregiving within 2 meters of the ill person should be limited to one person.
- **Prevent exposure to contaminated items and surfaces.** Do not use personal items that belong to the case such as toothbrushes, towels, washcloths, bed linen, cigarettes, unwashed eating utensils, drinks, phones, computers, or other electronic devices. The lid of the toilet should be down before flushing to prevent contamination of the environment.
- **Frequent cleaning and disinfecting.** High-touch areas such as toilets, bedside tables and door handles should be cleaned daily using a store bought disinfectant, or if not available a diluted bleach solution (one part bleach to 9 parts water to make a 0.5% sodium hypochlorite solution).

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<sup>5</sup> The peak effect of temperature reduction was found to be 2.5-3.0 hours after ingestion for both acetaminophen and ibuprofen treatments in a systematic review of antipyretic effect of ibuprofen and acetaminophen in children.

- **Disposing of waste.** All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste.
- **Use precautions when doing laundry.** Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken. Gloves and a surgical/procedure mask should be worn when in direct contact with contaminated laundry. Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried. Hand hygiene should be performed after handling contaminated laundry and after removing gloves. If the laundry container comes in contact with contaminated laundry, it can be disinfected using a store bought disinfectant, or if not available, a diluted bleach solution (0.5% sodium hypochlorite, see above).
- **Use of personal protective equipment.** If household members have direct contact with the case, they should wear a surgical/procedure mask and eye protection when within two meters and should perform hand hygiene after contact. Caregivers should wear disposable gloves when in direct contact with the ill person, or when in direct contact with the ill person's environment as well as soiled materials and surfaces. Hand hygiene should be performed before putting gloves on and after removing them.

### Eye Protection

Eye protection is recommended to protect the mucous membranes of the eyes during case care or activities likely to generate splashes or sprays of body fluids including respiratory secretions.

- Eye protection should be worn over prescription eye glasses. Prescription eye glasses alone are not adequate protection against respiratory droplets.
- Protective eye wear should be put on after putting on a mask.
- After applying eye protection, gloves should be donned (see above).
- To remove eye protection, first remove gloves and perform hand hygiene. Then remove the eye protection by handling the arms of goggles or sides or back of face shield. The front of the goggles or face shield is considered contaminated.
- Discard the eye protection into a plastic lined waste container. If the eye protection is not intended for single use, clean it with soap and water and then disinfect it with a store bought disinfectant, or if not available, a diluted bleach solution (0.5% sodium hypochlorite) being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

## Gloves

Disposable single use gloves should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; caregivers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, with one of your gloved hands pull off your glove for the opposite hand from the fingertips, as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed and hand hygiene performed when they are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a store bought disinfectant, or if not available, a diluted bleach solution of one part bleach with nine parts water (to make a 0.5% sodium hypochlorite solution).

## Supplies for the home when self-isolating

- ✓ Surgical/Procedure Masks for case and others in the home
- ✓ Disposable Gloves
- ✓ Eye protection
- ✓ Thermometer
- ✓ Fever-reducing medications
- ✓ Running water
- ✓ Hand soap
- ✓ Alcohol based hand sanitizer (ABHS) containing at least 60% alcohol.
- ✓ Tissues
- ✓ Waste container with plastic liner
- ✓ Regular household cleaning products
- ✓ Bleach (5% sodium hypochlorite) and a separate container for dilution.
- ✓ Alcohol (70%) prep wipes
- ✓ Regular laundry soap
- ✓ Dish soap
- ✓ Disposable paper towels

## Non-Medical Masks for General Public Use

For guidance and information on wearing masks, please visit the following links:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>

<https://www.canada.ca/en/public-health/news/2020/04/ccmoh-communication-use-of-non-medical-masks-or-facial-coverings-by-the-public.html>

## Reference

*Draft Interim Guidance: Public Health Management of cases and contacts associated with the novel coronavirus (COVID-19) in the Community, Public Health Agency of Canada (March 13, 2020)*