

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

Date: September 4, 2020

The **key objectives for the COVID-19 response in Nova Scotia** are to:

- minimize severe illness and death from COVID-19
- keep the peak of severe illness within the capacity of the Nova Scotia health system

**Strategies** to achieve these objectives include:

- identifying and managing every COVID-19 case in Nova Scotia via:
  - refining of screening criteria for testing
  - aggressive identification of cases through testing
  - aggressive case and contact management
  - aggressive physical distancing and other public health measures
- do so with as little societal disruption as possible
- appropriately shift measures as the epidemiology shifts
- release measures in a way that does not reintroduce COVID-19 to Nova Scotia
- support the recovery of Nova Scotia back to an improved state

In an effort to help prevent or reduce the spread of COVID-19 in Nova Scotia, the entire population has been ordered to follow the Public Health directions as outlined under the [Order of the Chief Medical Officer of Health](#).

Additionally, the following current core personal public health practices are recommended for the entire population for the duration of the pandemic:

- staying informed, being prepared and following public health advice:
- practicing good hygiene (i.e., frequent hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces);
- maintaining a physical distance of at least 2 metres from others as much as possible when outside of the home (i.e. from non-household members);
- if symptomatic/feeling ill, staying at home and away from others – not going to school/work;
- if at higher risk of severe disease or outcomes, staying at home as much as possible;
- wearing a medical mask if experiencing symptoms and in close contact with others in the home setting or if going out to access medical care; if a medical mask is not available, a non-medical mask must be worn;
- wearing a non-medical mask while travelling on vehicles providing transportation to the public and while present in a public place;
- reducing personal non-essential travel.

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. In interpreting and applying this guidance, it is important to recognize that the health, disability, economic, social, or other circumstances faced by some individuals and households may limit their ability to follow the recommended measures. This may necessitate adapted case management and contact responses in some situations.

## Case Definition

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html> This case definition is for surveillance case counting purposes only and not for lab testing criteria.

## Symptoms for Screening for COVID-19

Fever **OR** cough (new or worsening)

**OR**

2 or more of the following (new/worsening):

- sore throat
- runny nose
- headache
- shortness of breath

The Continuing Care sector will maintain screening, monitoring and active surveillance as per the [COVID-19 Management in Long Term Care Facilities Directive Under the Authority of the Chief Medical Officer of Health](#)

## 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

- Clinical management of the case (whether in the home or in an acute care setting) is based on the case's condition and at the discretion of the primary health care provider. Remdesivir (Veklury) is the only drug currently authorized in Canada for treatment of cases of COVID-19. Canadian guidance on the [clinical management of patients with moderate to severe COVID-19](#) has been endorsed by the *Canadian Critical Care Society* and *Association of Medical Microbiology and Infectious Disease (AMMI) Canada*.

## 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>.

---

<sup>1</sup> An individual (including health care workers) 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 (off antipyretics) and have improved clinically, or for asymptomatic cases, when at least 10 days have passed since date swab was taken. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. For asymptomatic cases, if symptoms then appear, the individual should continue to isolate for at least 10 days from the onset of the first symptom. In general, repeat laboratory testing (i.e. a negative test result) as the basis for discontinuing home isolation is not recommended.

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 medical 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**.
    - 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 medical mask and follow respiratory etiquette.
      - 2. The caregiver providing direct contact care to the case should also wear a medical mask and eye protection when within two metres of the case and perform hand hygiene after contact. If medical masks are not available for home use, non-medical masks worn by the ill person, if tolerable, to cover their mouth and nose may prevent respiratory droplets from contaminating others or landing on surfaces. These non-medical masks may also be worn by any household member providing care to a case. Refer to [Appendix 1](#) for more information on the use of masks.
-

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 to call 811 if they develop the following symptoms:

Fever **OR** cough (new or worsening)

**OR**

2 or more of the following (new or worsening):

- Sore throat
- Runny nose
- Headache
- Shortness of breath

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)

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 in a suitable environment where effective self-isolation and appropriate monitoring (i.e. for worsening of illness) can be provided. Considerations for a suitable environment will depend on individual or household living situations and may vary depending on the sex, gender, or other socioeconomic or identity factors of cases.

Cases should be isolated away from others in the home or co-living setting, including household members, (i.e. not go out unless directed to do so to seek medical care, do not take public transportation to seek medical care and avoid contact with others) 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.

- **Ability to self-manage.** Symptomatic and asymptomatic cases should be able to monitor themselves for symptoms, maintain proper personal hygiene practices (i.e., hand hygiene, respiratory etiquette, clean and disinfect high-touch surfaces) and isolate away from others (See [Appendix 1](#)), which will be impacted by:
  - Severity of illness taking into consideration the case's baseline health status including older age groups, or chronic underlying or immunocompromising conditions that may put the case at increased risk of complications from COVID-19.
  - Household social and economic circumstances such as insecurity, violence or abuse.
  - Inadequate housing conditions (e.g. lack of access to clean water and appropriate supplies), economic barriers (e.g., inability to purchase larger quantities of needed supplies at one time, unstable employment or inflexible working conditions).
  - Individual skills, abilities and vulnerabilities such as difficulty reading, speaking, understanding or communicating, physical or psychological difficulty undertaking preventive activities and using protective equipment, need for assistance with personal or medical care activities or supplies, or need for ongoing supervision. [COVID-19 guidance on considerations for people with disabilities](#) in Canada is available.
  - Social or geographic isolation such as lacking family or community contacts for support or residing in an area with reduced access to services or supports.
  - The ability for the case to access plain-language instructions in the appropriate languages on proper personal hygiene practices, how to self-isolate away from others, how to self-monitor symptoms, and when to seek help. Note that male gender cases are more likely to live alone and may be less likely to seek help.
- **Household configuration.** Cases will be in varying household configurations that may hinder their ability to isolate themselves. This includes single-parent households, and multi-generational households with shared child care and elder care responsibilities. It also includes situations where child care is shared between two homes. In this context, the children should remain in the household that does not have a case for the duration of the self-isolation.
- **Clinical condition.** The case's clinical condition can be managed as an outpatient and does not require hospitalization, taking into consideration their baseline health status and the presence of risk factors for severe disease or outcomes [i.e., older adults, chronic medical conditions, immunocompromised, or obesity (BMI of 40 or higher)]. Instructions should be provided on self-monitoring of symptoms and when/how to seek medical care.

---

<sup>2</sup> An individual (including health care workers) 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 (off antipyretics) and have improved clinically, or for asymptomatic cases, when at least 10 days have passed since date swab was taken. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. For asymptomatic cases, if symptoms then appear, the individual should continue to isolate for at least 10 days from the onset of the first symptom. In general, repeat laboratory testing (i.e. a negative test result) as the basis for discontinuing home isolation is not recommended.

- **Suitable home 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 with a private bathroom if at all possible.
  - 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. 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, or to relocate the case outside of the home to a suitable environment, efforts should be made to cohort confirmed cases 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. Specific guidance has been developed on the [considerations for people experiencing homelessness](#) and for [post-secondary institutions](#).
- **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, obesity (BMI of 40 or higher), or the elderly] should not provide care for the case and alternative arrangements may be necessary. This could include temporarily relocating these individuals or the case outside of the home to a location determined by public health, such as a designated hotel.
  - For breastfeeding mothers: Given the benefits of breastfeeding and the insignificant role of breast milk in transmission of respiratory viruses, breastfeeding is recommended, when possible. The virus that causes COVID-19 has not been found in breast milk. The case should wear a medical mask, or if not available, a non-medical mask when close to baby (less than 2 metres) and especially during feeding time. The mother should adhere to respiratory etiquette and perform hand hygiene before and after close contact with the baby. If using a nursing pillow, parents should also consider putting a clean towel on the pillow prior to each feeding. If using a breast pump, sterilize equipment carefully before and after each use as per pump manufacturer guidelines.
  - **Children under the age of two should not wear a mask.**
- **Travelers entering Canada.** Symptomatic people entering Canada are subject to legal orders for mandatory isolation and are not permitted to isolate in a place where they will have contact with vulnerable people. The PHAC's Chief Public Health Officer will designate a facility for travelers who do not have an appropriate place to isolate.
- **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 self-isolation and ways in which persons will be supported during the isolation period will help generate public trust. To help to build public trust, messaging should be sensitive to different support needs of populations confronting social, economic, cultural or other vulnerabilities. Additional information on the [psychological impacts of COVID-19](#) is available.
- **Cultural Considerations:** For Indigenous peoples, African Nova Scotians and people from other ethnicities, mandatory isolation away from home due to COVID-19 may trigger re-traumatization based on the history of forced removals from their ways of life. In addition, there is the potential for new traumas relating to isolating those from their communities and families and limiting their ability to practice their respective cultural and/or spiritual activities.

## Contact Management (confirmed/probable cases)

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 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 reduce community spread 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 *Contact management advice by exposure risk level of contact* describes the risk level, provides isolation and contact management advice as well as associated Public Health actions:

<b>Table 1. Contact management advice by exposure risk level of contact</b>			
<b>Risk Level</b>	<b>Description of Risk Level</b>	<b>Isolation (Quarantine) 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 direct 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 up to 48 hours prior to symptom onset, <b>OR</b></li> <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>a. Isolate (quarantine)<sup>4</sup> at home for 14 days from last unprotected exposure. Household contacts (who are unable to strictly adhere to physical 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>).</p> <ul style="list-style-type: none"> <li>Follow good respiratory etiquette and hand hygiene practices.</li> <li>Monitor for the appearance of symptoms consistent with COVID-19, Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following: (new or worsening) Sore throat, runny nose, headache, shortness of breath</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.</li> <li>Should Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath develop, continue to isolate and contact the local public health authority for further direction, which will include: <ul style="list-style-type: none"> <li>where to go for care,</li> </ul> </li> </ul>	<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 Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath until 14 days from last exposure. The contact may be considered for re-testing if they have worsening /progression of symptoms.</li> <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 laboratory testing is not conducted, instruct contact</li> </ul>

<sup>3</sup> Available evidence is insufficient for precision on defining the length of time required for prolonged exposure. 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. Contact management advice by exposure risk level of contact**

Risk Level	Description of Risk Level	Isolation (Quarantine) Level/ Contact actions	Public health actions
		<ul style="list-style-type: none"> <li>○ appropriate mode of transportation to use, and</li> <li>○ IPC precautions to be followed.</li> <li>● Wear a non-medical mask if going out to access testing/medical care.</li> </ul>	<p>that isolation must remain for 14 days from last exposure.</p> <ul style="list-style-type: none"> <li>● If case remains asymptomatic, isolation may be discontinued when at least 10 days have passed after swab has 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 direct 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 OR</b></li> <li>● who lived or otherwise had prolonged<sup>3</sup> contact <b>but was not within 2 metres</b> of a case up to 48 hours prior to symptom onset</li> </ul>	<p><b>Monitor</b> for symptoms for 14 days following their last contact.</p> <ol style="list-style-type: none"> <li>a. Should Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath 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.</li> <li>b. Wear a non-medical mask if going out to access testing/medical care.</li> <li>c. Follow core personal public health practices (<a href="#">Appendix 2</a>) recommended for the entire population</li> <li>d. Avoid close contact with individuals at higher risk for severe illness.</li> </ol>	<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 Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath within the monitoring period should be managed as a case. If test is negative, the individual should continue to self-monitor for symptoms compatible with COVID-19 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 appropriate IPC measures are in place</li> </ul>

Table 1. Contact management advice by exposure risk level of contact			
Risk Level	Description of Risk Level	Isolation (Quarantine) Level/ Contact actions	Public health actions
<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>Follow core personal public health practices (<a href="#">Appendix 2</a>).</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 Atlantic Canada (Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador) in the previous 14 days. All measures should start upon arrival in Nova Scotia and continue for a period of 14 days.

Travel location	Traveller type	Traveller actions	Public Health actions
Anywhere outside of Atlantic Canada	All travelers*	<ul style="list-style-type: none"> <li><b>Isolate as per the direction under the Health Protection Act for 14 days beginning on the day of entry into Nova Scotia.</b></li> <li>Follow good respiratory etiquette and hand hygiene practices.</li> </ul> <p>Monitor for the appearance of symptoms consistent with COVID-19, Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath</p> <ul style="list-style-type: none"> <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 (as listed above) 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> <li>Wear a non-medical mask if going out to access testing/medical care.</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; Fever <b>OR</b> Cough (new or worsening) <b>OR</b> 2 or more of the following (new or worsening) Sore throat, runny nose, headache, shortness of breath within the monitoring period should be referred to the 811 online assessment tool for further direction. 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> <li>If laboratory testing is not conducted, and local Public Health has been informed, the symptomatic traveller should be instructed to extend their self-isolation 14 days from the appearance of symptoms. On day 14, if they still have a fever or have not clinically improved, their eligibility to discontinue home isolation should be assessed by the local MOH.</li> </ul>

		<ul style="list-style-type: none"> <li>• Arrange to have someone pick up essentials like groceries or medication, or order deliveries.</li> <li>• Not have visitors.</li> <li>• Stay in a private place (i.e., yard or balcony) for fresh air.</li> <li>• Keep a distance of at least 2 metres from others.</li> </ul>	
<p>* Information pertaining to individuals who are exempt from the requirement to self-isolate is found within the <a href="#">Order of the Chief Medical Officer of Health</a>.</p>			

## 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 and Adult Residential Centres and Regional Rehabilitation Centres funded and licensed by the Department of Community Services under the <i>Homes for Special Care Act</i> ).	As per the COVID-19 Management in Long Term Care Facilities Directive under the Health Protection Act. <a href="https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf">https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.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>• If COVID-19 is identified through laboratory confirmation as the source of outbreak, initiate CNPHI Summary 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 <a href="https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf">https://novascotia.ca/dhw/ccs/documents/COVID-19-Management-in-Long-Term-Care-Facilities-Directive.pdf</a></li> <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. Consider public notification of flight numbers, if applicable.

## 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). If going out to access medical care, wear a non-medical mask.
- 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 medical mask, or, if not available, a non-medical 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 medical mask, or, if not available, a non-medical 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 medical mask, or, if not available, a non-medical is to 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 medical mask, or if not available, a non-medical 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 bend 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 putting on, adjusting or taking off a 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.

## Masks

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. There are people who are unable to wear a mask such as children under two or anyone who has a medical reason for not wearing a mask. The use of a mask needs to be considered along with all other public health measures including physical distancing, 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:

- Medical masks are recommended for cases of COVID-19 and for any household member providing direct care to a case; the coloured side of the mask should be worn facing out.
- N95 respirators must be reserved for healthcare workers and should not be used by a case or household caregivers.
- If medical masks are not available for home use, non-medical masks (i.e., constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) should be worn by both the ill person, if tolerable, and the caregiver in the household. Children under 2 years of age should not wear a mask.
- Before putting on a mask, wash hands with soap and water or ABHS.
- 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. After putting on a new mask, 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 masks that are moist, dirty or damaged.
- Non-medical masks should be carefully removed and replaced when soiled or damp and laundered in hot, soapy water and then dried thoroughly.
- To remove the mask, remove both straps from behind the ears or untie from behind head. 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 in a closed waste container or place it in a hamper for laundering. Wash hands with soap and water or alcohol-based hand rub.

## **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.

In the event that the case must prepare food for others (e.g. single parent with young children), the case should perform hand hygiene before and after, adhere to respiratory etiquette, including wearing a mask, during meal preparation.

## **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 cleaned daily using a store bought disinfectant or if not available, for household disinfection, a diluted bleach solution can be prepared in accordance with the instructions on the label, or in a ratio of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water. This ratio is based on bleach containing 5 % sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution. 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. While most disinfectants will work against coronavirus, Health Canada has created a [list of hard-surface disinfectants](#) that are supported by evidence demonstrating that they are likely to be effective and may be used against SARS-CoV2. 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.

Toys and other objects children may have contact with that may have been contaminated by a case 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**

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 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>

---

<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.

### **Maintain a suitable environment for recovery.**

The environment should be well ventilated and free of tobacco or other smoke. Ventilation can be improved by opening windows and doors to the outside, 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 reduce risk of 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. Household members with risk factors for severe disease or outcomes [i.e., older adults, chronic medical conditions, immunocompromised, or obesity (BMI of 40 or higher)] should not provide care for the case and should stay elsewhere if feasible.
- **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, for household disinfection, a diluted bleach solution can be prepared in accordance with the instructions on the label, or in a ratio of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water. This ratio is based on bleach containing 5 % sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution.
- **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 medical mask should be worn when in direct contact with contaminated laundry. Clothing and linens and non-medical masks 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, for household disinfection, a diluted bleach solution can be prepared in accordance with the instructions on the label, or in a ratio of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water. This ratio is based on bleach containing 5% sodium hypochlorite, to give a 0.1 % sodium hypochlorite solution.
- **Use of personal protective equipment.** If household members have direct contact with the case, they should wear a medical mask and eye protection when within two meters and should perform hand hygiene after

contact. Caregivers should wear disposable gloves, if available, 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 eyeglasses. Prescription eyeglasses 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 below).
- 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 using a store bought disinfectant or if not available, a diluted bleach solution (0.5% sodium hypochlorite) of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water, being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

## Gloves

Disposable single use gloves, if available, 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 disinfected after each use using a store bought disinfectant or if not available, a diluted bleach solution (0.5% sodium hypochlorite) of 5 millilitres (mL) of bleach per 250 mL of water OR 20 mL of bleach per litre of water.

## Supplies for the home when self-isolating

- ✓ Medical mask, or if not available, a non-medical mask 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
- ✓ Store-bought disinfectant or if not available, household chlorine bleach (5% sodium hypochlorite) and a separate container for dilution.
- ✓ Alcohol (70%) prep wipes or cleaners suitable for cleaning high-touch electronics (e.g., phones)
- ✓ Regular laundry soap
- ✓ Dish soap
- ✓ Disposable paper towels

## Appendix 2: Core personal public health practices

With no targeted therapies or vaccine currently available, core personal public health practices are recommended for the entire population for the duration of the pandemic to help to reduce the spread of COVID-19 in Canada. These practices include:

- Staying informed, being prepared and following public health advice;
- Practicing good hygiene (i.e., frequent hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces);
- Maintaining a physical distance of at least 2 metres from others as much as possible when outside of the home (i.e. from non-household members);
- If symptomatic/feeling ill, staying at home and away from others – not going to school/work;
- If at higher risk of severe disease or outcomes, staying at home as much as possible;
- Wearing a medical mask if experiencing symptoms and in close contact with others in the home setting or if going out to access medical care; if a medical mask is not available, a non-medical mask must be worn;
- Wearing a non-medical mask while travelling on vehicles providing transportation to the public and while present in a public place;
- Reducing personal non-essential travel.

## Non-Medical Masks for General Public Use

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

<https://novascotia.ca/coronavirus/masks/>

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

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html>

## References

*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 (Revised August 5, 2020 – posting forthcoming)*

*Coronavirus Disease (COVID-19) Pregnancy, Childbirth and Caring for Newborns: Advice for Mothers During COVID-19, Public Health Agency of Canada (May 4, 2020)*