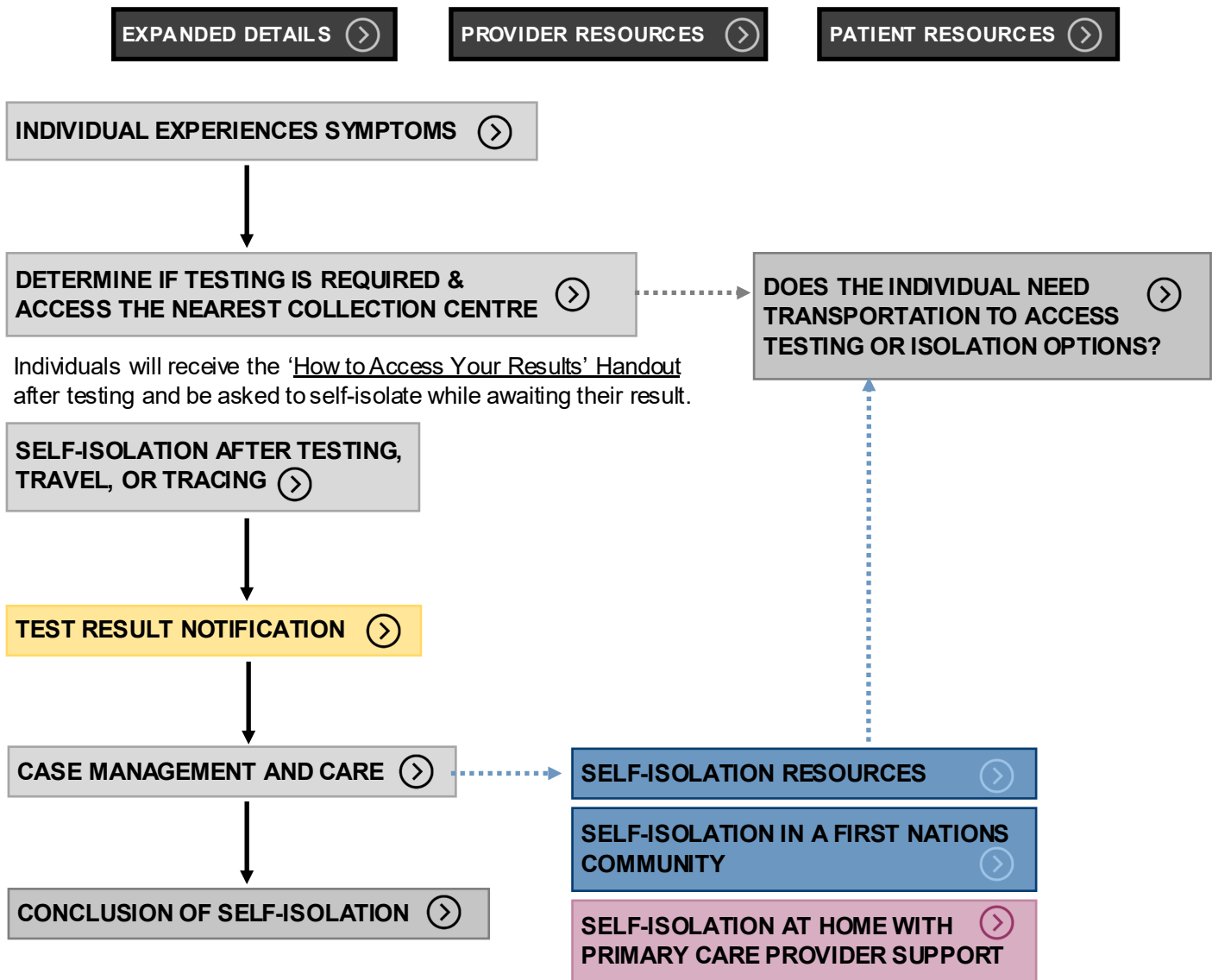




## COVID-19: RESPONSE IN PARTNERSHIP

### HOW INTERIOR REGION PARTNERS WORK TOGETHER TO RESPOND TO COVID-19

The purpose of this clinical pathway is to provide the primary care providers and clinical care team (or 'circle of care') involved in supporting a rural, remote or Aboriginal individual, family, or community during COVID-19 with culturally safe and equity-based decision-making guidance and resources during the COVID-19 pandemic.



**A NOTE ON SELF-DETERMINATION** | The *COVID-19: Response in Partnership* Clinical Pathway, outlines the collaborative approach that will be undertaken by Interior Health (IH), Interior First Nations, First Nations Health Authority (FNHA), Métis Nation BC (MNBC), primary care providers and Divisions of Family Practice, in response to an individual who is symptomatic and may test positive for COVID-19 in an Interior region rural, remote, or Aboriginal community. In alignment with the [Declaration on the Rights of Indigenous Peoples Act](#), all partners recognize the self-determination of First Nations and the MNBC and their leadership and guidance in providing care to their community members.

**INDIVIDUAL EXPERIENCES SYMPTOMS** >[BCCDC Current Symptoms](#) | [Daily BC School Health Check](#)

Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia (painful swallowing), rhinorrhea (runny nose) nasal congestion, loss of sense of smell, headache, muscle aches, fatigue, and/or loss of appetite.

**DETERMINE IF TESTING IS REQUIRED & ACCESS THE NEAREST COLLECTION CENTRE** >

The symptomatic individual can:

- Call their primary care provider (including Community Health Nurse (CHN), Nurse Practitioner (NP), or family physician). The individual may be referred to a Acute Respiratory Care Centre ([ARCC Guidelines](#)) by their provider.
- Call HealthLink BC at 8-1-1.
- Use the [COVID-19 BC Support App](#).
- Complete the [BCCDC COVID-19 Symptom Self-Assessment Tool](#); self-refer by:
  - Locate the nearest testing centre on the [BCCDC Collection Centre Finder](#).
  - Call the COVID-19 Test Booking Line at 1-877-740-7747.
  - Book an appointment online through the [COVID-19 Test Booking Form](#).

Other options for individuals who identify as First Nations:

- Review First Nations Health Service Organization options on the [IH Testing Information](#) page.
- Contact the nearest First Nations Health Service Organization or community Health Director to inquire.

**TRANSPORTATION TO ACCESS TESTING AND ISOLATION OPTIONS** >

Clinicians and primary care providers can call the **IH Patient Transport Office (PTO) at 1-866-929-4423** when no personal or [local transportation options](#) are available. There is no cost to individuals for COVID related transport.

Hours: M-F 06:30-18:30 | Sat, Sun & Holidays 08:00-16:00.

*Exclusion: There may be exclusion criteria in place. The PTO will advise as needed.*

**TEST RESULT NOTIFICATION** | [How to Access Your Results' Handout](#) >

Privacy and confidentiality of any test result is the legal right of the individual. Health professionals in any capacity cannot legally inform persons outside of the circle of care of the individual's identity, unless they have client-directed informed consent.

**WHAT IS CONTACT TRACING?**

Learn about contact tracing on the BCCDC [Contact Tracing page](#).

The legislated role of IH Public Health as per the [British Columbia Public Health Act](#): The legislated role of IH Public Health for communicable disease outbreaks is to prepare for, monitor, report, and respond to communicable disease outbreaks, including the COVID-19 pandemic. It is recognized that First Nations governments have a responsibility to protect and respond to the needs of their community members and the right to government-to-government relationships with federal and provincial governments to do so.

**TEST RESULT** | [BCCDC Access Test Results](#)

Positive or negative test results can be retrieved online through [Health Gateway](#) or [My Health Portal](#), via text message by signing up [here](#), or after 72 hours by calling the BCCDC Negative Results line at 1-833-707-2792, open from 8:30 AM to 4:30 PM (PST) daily.

**POSITIVE TEST RESULT**

The IH Communicable Disease (CD) Unit receives a positive COVID-19 test result. The IH CD Unit will follow-up with the individual, and their primary care provider as able, to conduct an initial interview to identify supports needed or health services required. The individual may receive their test result (i.e. via text) before the IH CD Unit has contacted them.

In the initial interview, the individual will be asked various questions about their symptoms, their overall health and wellness, their support network, resources required during isolation, who they live with and others they may be been around when they were ill, and demography, so that the circle of care can support the individual accordingly.

Does the individual identify as First Nations based on initial interview or review of their medical record?

If yes, the IH MHO/CD Unit will inform the FNHA Chief Medical Officer (CMO) of the positive case in a First Nations community, including identifying information. The FNHA CMO will inform the FNHA Regional Executive Director as per [the provincial pathway](#). The individual's name and personal information is not shared beyond the FNHA CMO.

Does the individual\* reside in a First Nations community (on-reserve), based on their address or information shared during the initial interview? \*May include non-status or non-Aboriginal individuals living in a First Nations community.

If yes, the IH CD Unit will contact the CHN/designate in the First Nations community to inform them of the test-positive individual, including identifying information, to collaboratively undertake public health measures, such as culturally safe contact tracing. Personal or identifying information is not shared beyond this 'circle of care.' The FNHA Interior Region Nursing Team may be called upon by the CHN/designate for support. Designates may include the community Health Director or other health staff, as identified by the community and communicated to the IH CD Unit through monthly updates compiled by the FNHA Interior Region Nursing Team.

If a First Nations individual does not live in a First Nations community and has not visited their community within the previous 14 days, community leadership will still be notified as per [the provincial pathway](#); however, the IH CD Unit will conduct contact tracing and identify supports or resources needed for the individual to self-isolate or seek care.

Does the individual self-identify as Métis?

The IH CD Unit, upon learning the individual self-identifies as Métis, will ask for verbal consent from the individual to share their information with the Métis Nation BC. The IH CD Unit will share the individual's information via email with [MNBC COVID-19](#) to follow-up (outside the IH clinical follow-up) and provide additional non-clinical supports and resources, such as resources available through the Métis Chartered Communities. Clients can be referred to the [Métis Crisis Line](#) (1-822 MÉTISBC) as appropriate.

Is the individual attached to a primary care provider?

The IH CD Unit, upon learning if the individual has a primary care provider, will encourage the individual to reach out to this provider. In certain areas, virtual health care clinics are available to support individuals. For unattached patients, follow-up and case management may be provided by the Acute Respiratory Care Centres.

**CASE MANAGEMENT AND CARE** 

The IH CD Unit, in collaboration with primary care providers and clinical care team (or 'circle of care') will work together to follow-up with and monitor the symptomatic or test-positive individual. Decisions about care are made on an individual basis. The circle of care will assess needs and facilitate access to appropriate resources. A [Pandemic Health Coordinator or Vulnerable Population Health Coordinator](#) may be involved in the circle of care if isolation resources or other wrap-around supports are required.

**SELF-ISOLATION AFTER TESTING, TRAVEL, OR TRACING, OR POSITIVE RESULT** 

Individuals are instructed to [begin self-isolation](#) while waiting for the test result, after returning from international travel, or upon being contacted by Public Health for contact tracing purposes. If self-isolation support is needed, resources will be made available. [BCCDC Self-isolation Information](#). If individuals are critically ill, or have worsening symptoms, they need to **call 9-1-1** to be transported to a hospital for care.

**SELF-ISOLATION AFTER TESTING, TRAVEL, OR TRACING, OR POSITIVE RESULT**

If the individual needs support isolating for any number of reasons (i.e. individual is experiencing homelessness, at risk of deteriorating quickly and lives in a remote setting, lives with vulnerable family members or friends), an IH [Pandemic Health Coordinator or Vulnerable Population Health Coordinator](#) or IH CD Unit Social Worker can help navigate an appropriate setting for the individual (and a support person) to isolation. Options for self-isolation may include:

- Community Cohort Centres
- Emergency Response Centres
- Self-Isolation Centres

Wrap-around supports, such as mental health and substance use programs or harm reduction supports, as well as food and laundry services, will be discussed and arranged during intake and referral to the patient-directed isolation option.

**First Nations Isolation Options and Support** 

First Nations communities may have isolation options to support individuals who live in the community. Individuals or their circle of care may contact the individual’s local community Health Director to determine if this is an option.

The [First Nation Health Benefits Isolation Support](#) team can help First Nations individuals with accommodation, travel and meals. (7 days a week from 8:30 a.m. to 4:30 p.m. Call 1-888-305-1505).

**Primary Care Providers Supporting Self-Isolation** 

Primary care providers have a role to play in supporting their patients to safely self-isolate.

Establishing the date of symptom onset is important for establishing the duration of self-isolation. If Public Health has informed patient of diagnosis, they will have identified the date that symptoms started. It is the legal responsibility of Public Health to direct COVID positive patients to self-isolate and inform them when they no longer have to self-isolate. A primary care provider should not advise the patient to stop self-isolating before they are advised to do so by Public Health. Rapid deterioration is most common during the second week from symptom onset.

**Risk Stratification**

High Risk	Average Risk	Lower Risk
Patients stepping down from tertiary care	Otherwise healthy children	Otherwise healthy adults
Clinical risk factors, including: <ul style="list-style-type: none"> <li>• Transplant recipient</li> <li>• Chronic neurological conditions</li> <li>• Arthropathy</li> <li>• Chronic kidney disease</li> <li>• Heart conditions</li> <li>• Liver disease</li> <li>• Hypertension</li> <li>• Pre-existing respiratory disease</li> </ul>	Pregnant patients	No comorbidities
Patients with limited safety net	Asymptomatic swab positive patients	Appropriate safety net
Symptom deterioration	40-60 years old	Younger age (<40 years old)
Any age with medical comorbidities		
Age > 60 lacking medical comorbidities		
Current smoking or vaping use		
<b>Monitor daily x 14 days.</b>	<b>Monitor every 2 days x 7 days; recommend self-monitor for additional 7 days.</b>	<b>Consider self-monitor only.</b>

**Safety Net Considerations**

- Socially isolated
- Lack of caregiver support if needed
- Inability to maintain hydration
- Food / financial insecurity
- Receives homecare support
- Challenges with health literacy or concerns with ability to self-manage

**Self-monitoring Information and Resources**

All patients should have [self-monitoring checklist](#) with action plan for deterioration.

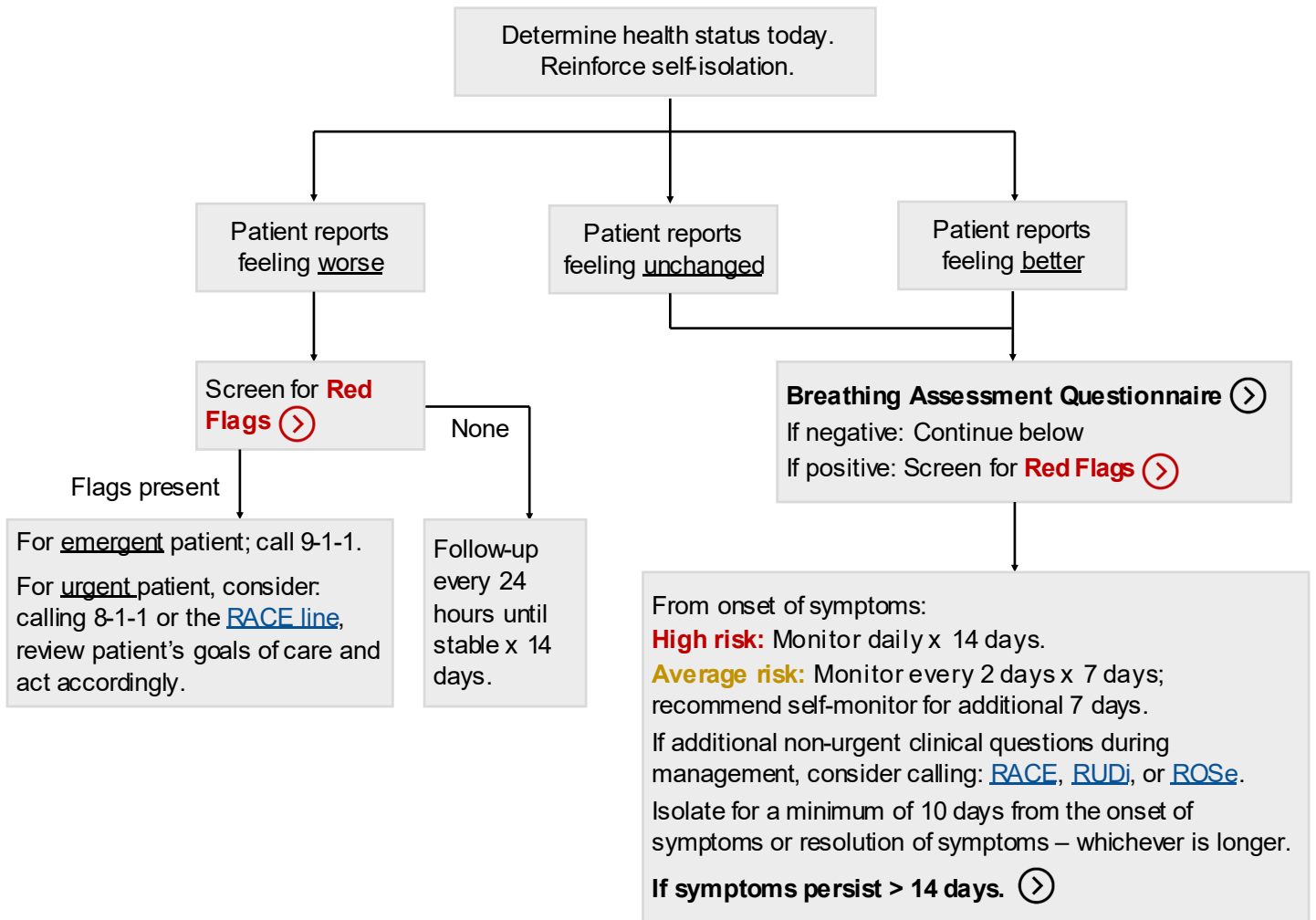
At this time, patients and families should be directed to BCCDC for resources around self-monitoring information. This can be found here: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>

For specific patient advice on how to self-manage and red flag details, please visit: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>

There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19. Patient information and supports can be found on the [Interior Health Tobacco Reduction page](#) or [BCCDC](#).

Patients should also be counseled on advanced care planning including: choosing an agent, communicating their values and documenting these in a Personal Directive. Information can be found at [Advance Care Planning BC](#).

**Primary Care Provider Follow-up and ‘Check-ins’ with Client:**



**Red Flags** >

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale mottled skin
- New confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement\* may signal development of COVID pneumonia
- Return of fever after afebrile period\* may signal development of COVID pneumonia
- Oxygen Saturation
  - ⇒ Helpful tool to indicate disease severity when available
  - ⇒ If previously healthy lungs or previously documented normal O2 sat – a new reading of < 92% is a red flag
  - ⇒ If underlying lung disease with documented low normal O2 sat at baseline – a new reading of < 90% is a red flag
  - ⇒ If patient on home oxygen normally and their O2 requirements increase with COVID illness – this is a red flag

**Red Flags – More Information for Primary Care Providers**

<b>Emergent Management</b>	Call 9-1-1 if: <ul style="list-style-type: none"> <li>• Patient has impaired level of consciousness</li> <li>• Patient has severe respiratory distress (documented hypoxia, breathless at rest, unable to speak in short sentences)</li> <li>• New weakness with inability to ambulate independently</li> </ul>
<b>Urgent &lt;1-hour After Hours Assessment</b>	Use <a href="#">Rapid Access to Consultative Experience (RACE) line</a> or the local ARCC if: <ul style="list-style-type: none"> <li>• Patient clinically stable (see Emergent Management criteria)</li> <li>• You feel the patient needs to be seen in Urgent Care or Emergency Department to be assessed for possible admission</li> </ul>
<b>Urgent &lt;1-hour Daytime Assessment</b>	Use <a href="#">RACE line</a> or the local ARCC if: <ul style="list-style-type: none"> <li>• Patient clinically stable (see Emergent Management criteria)</li> <li>• You are unsure of the best course of management in a deteriorating patient who is clinically stable</li> <li>• The advice you seek is NOT about public health issues like quarantine advice and contact management</li> </ul>
<b>Semi-Urgent &lt;24-hour assessment in residence</b>	BCEHS <a href="#">Community Paramedicine</a> Program (in <a href="#">select areas</a> ): <ul style="list-style-type: none"> <li>• Consider if patient needs in home assessment of O2 sat, vitals or fluid therapy</li> <li>• MAY be limited by available resources – if so, consider calling: <a href="#">RACE</a>, <a href="#">RUDI</a>, <a href="#">ROSe</a>, or Interior Health MicroBlogging MD (<a href="#">MBMD</a>).</li> </ul>

**Breathing Assessment Questions** >

1. How is your breathing?
2. Is it worse today than yesterday?
3. What does your breathing prevent you from doing?

**For symptoms persisting longer than 14 days from onset** (➤)

If patient remains symptomatic two weeks after date of onset of symptoms, contact [RACE](#), [RUDj](#), [ROSe](#), or [MBMD](#) for advice on further investigations, management and self-isolation.

**CONCLUSION OF SELF-ISOLATION** (➤)

In accordance with the [BCCDC guidance](#), individuals can discontinue isolation based on the following:

Those who are not severely immunocompromised with mild to moderate symptoms that can be managed at home can return to their routine activities once the following criteria are met:

- a. At least 10 days have passed since onset of symptoms; AND
- b. Fever has resolved without use of fever-reducing medication; AND
- c. Symptoms (respiratory, gastrointestinal, and systemic) have improved

Those with more severe illness (e.g. admitted to hospital directly due to COVID-19) or who are severely immunocompromised can return to their routine activities once the following criteria are met:

- a. Twenty days have passed since onset of symptom; AND
- b. Fever has resolved without use of fever-reducing medication; AND
- c. Symptoms (respiratory, gastrointestinal, and systemic) have improved

**BACKGROUND****ABOUT THIS PATHWAY**

Following the emergence of the COVID-19 pandemic in early 2020, a collaboration of partners, including Interior Health, First Nations Health Authority, Métis Nation BC, and the Divisions of Family Practice developed this pathway to help support clinical care teams to take care of patients and respond to cases of COVID-19.

**AUTHORS AND CONFLICT OF INTEREST DECLARATION**

This pathway was developed and reviewed in May 2020. Names of participating reviewers and their conflict of interest declarations are available on request.

**PATHWAY REVIEW PROCESS, TIMELINES**

This Clinical Pathway was created with up to date knowledge at the time it was reviewed (December 21, 2020). It will be adapted on a consistent basis as the knowledge and process base evolves. If you have concerns or feedback please email [kris.murray@interiorhealth.ca](mailto:kris.murray@interiorhealth.ca) and enter 'COVID Clinical Pathway Feedback' in the subject line.

**DISCLAIMER**

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.

## PROVIDER RESOURCES

First Nation Clinicians:

- [COVID-19 Resources for Health Professionals](#)
- Contact FNHA CD Management Team at [cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca) or 1-844-364-2232 (ext. 3).

Specialized Population Resources:

- [BCCDC Priority Populations, Families and Children, Government agencies, and Community Settings](#)
- [BCCDC Clinical Care Resources \(i.e. pregnancy, cancer, pediatrics and more\)](#)
- [COVID-19 and Cancer—Information for Patients](#)

Other Resources:

[BCCDC Outpatient Management of Suspected and Confirmed COVID-19 Cases](#)

[Rapid Access to Consultative Experience \(RACE\) line](#)

[Rural Urgent Doctor in-aid \(RUDI\)](#) Real-Time Virtual Support

[Rural Outreach Support \(ROSe\)](#) Real-Time Virtual Support

Interior Health MicroBlogging MD ([MBMD](#))

## PATIENT RESOURCES

## LATEST NEWS &amp; COVID-19 INFORMATION

- Interior Health Authority [COVID-19 Information and Shareable Resources](#)
- BC Centre for Disease Control (BCCDC) [Information on COVID-19](#)
- First Nations Health Authority [COVID-19 Information and Resources](#)
  - [FNHA A Guide to COVID-19](#)
- Métis Nation BC [COVID-19 Newsletters and Resources](#)
- Doctors of BC [COVID-19 Updates and Clinical Resources](#)

## GENERAL INFORMATION

- [BCCDC Resources for Indigenous Communities](#)
- [Provincial Rural and Remote Collaborative Framework](#) News Announcement
- Call 1-888-COVID19 (268-4319) if you would like more information
- [Public Health Agency of Canada](#) or call 1-833-784-4397
- IH [Essential Visitor Policy](#) for visiting loved ones at IH sites and facilities.