



First Nations and Inuit Health Branch Directive

Environmental Public Health Officer (EPHO) Services during COVID-19 Pandemic

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Sheet : 1 of 6

**Applies
To:**

- Governing Body Leadership & Operations
- Programs & Services
- Client, Family & Community

Approval Authority: Dr. Tom Wong, Chief Medical Officer, Public Health

This guidance is intended to be used by Environmental Public Health Officers (EPHOs) who may be requested to provide environmental public health services in a First Nation community during the COVID-19 pandemic period. It should be used in conjunction with any regionally-based directives. Guidance is based on existing available international, national and provincial guidelines. Provincial/territorial guidance and regional health authority policies, procedures, and guidelines that reflect local and time-relevant conditions should also be adhered to. Due to the rapidly evolving COVID-19 pandemic situation, these are subject to review and change.

Considerations made in establishing this guidance:

- **EPHOs are not caregivers.** They do not provide direct care of a case/ person under investigation (PUI) or contacts.
- **EPHOs are not visitors.** They provide essential services to prevent or respond to imminent health hazards in the community.
- **Access to a facility or home is typically brief** with transient interaction with individuals, particularly when only a single issue of concern is being assessed.
- **Contact with surfaces inside a facility or home is typically limited** and can be minimized.

It is important to be aware of potential exposures, such as:

- a. EPHO becoming infected from a case/person under investigation (PUI), asymptomatic individual, or contact with contaminated surfaces/items in the community.
- b. EPHO transmitting via own asymptomatic infection or via fomites (personal equipment).

The above activities and interactions are categorized as transient – exposure is LOW / NO RISK¹.

The national case definitions² (abbreviated) are included for reference:

- **Person under investigation (PUI)** (abbrv): A person with fever and/or cough who meets the exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested (varies by jurisdiction).
- **Probable** (abbrv): A person with symptoms, AND exposure criteria AND inconclusive laboratory diagnosis

¹ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

² <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

- **Confirmed** (abbrv): A person with laboratory confirmation of infection with the virus that causes COVID-19 by nucleic acid amplification tests (NAAT).
- **Contact**: A close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

Routine infection prevention and control practices are to be followed at **ALL** times:

- **Self-assessing** to ensure EPHO is not working if they are exhibiting symptoms of cough, fever, extreme tiredness, or difficulty breathing. Please refer to the Government of Canada's self-assessment tool - <https://ca.thrive.health/covid19/en>.
- **Stay home if you are sick**
- **Keep hands clean**, washing with soap and water for at least 20 second or apply hand sanitizer (60% alcohol or more) if water not available
- **Avoid touching face, eyes, nose or mouth**
- **Cover mouth and nose with their arms** when coughing and sneezing
- **Maintain physical distancing** (2 meters or more)
- **Regularly clean and disinfect** EPHO workspace and work vehicle
- **Encourage facilities and homes to regularly clean and disinfect surfaces**

Masks: Wearing a non-medical mask (e.g., homemade cloth mask) in the community has not been proven to protect the person wearing it. However, the use of a non-medical mask or facial covering can be an additional measure you can take to protect others around you.

Comprehensive general guidance has been provided to federal employees:

Occupational Health Advisory COVID-19 (March 15,2020) <https://www.canada.ca/content/dam/tbs-sct/documents/PSOHP-Occupational-Health-Advisory-COVID-19-03-15-2020-eng.pdf>

Service Request Triaging

1. **Refer to the community's Communicable Disease Emergency (CDE) plan.** The community CDE plan should include agreed upon essential EPHS services and processes.
2. **Assess the urgency** of the request by phone. Questions to ask:
 - What is the nature of the request or issue? *Request a visual description (picture, video, or detailed description of the concern).*
 - Is the issue and solution clear (e.g. repair)? Will an EPHO inspection change the required action or add value?
 - Can assessment and guidance be effectively provided remotely (phone/email)?
 - Is there an imminent risk to health and safety or danger to life, either individual or community-wide (e.g. danger that is certain, immediate, impending, resulting in serious illness or injury)?
 - Is the individual at risk vulnerable (e.g. infant, underlying condition that is being exacerbated),
 - Is it critical that this service be provided immediately, or can it be postponed until the risk of COVID-19 is lower?

- If there is NO imminent risk, inform and explain to the client why the services will be postponed, any measures to be taken in the interim, and process for follow-up once the restrictions on services are lifted.
3. **Assess the likelihood/ability to mitigate**, such as access to the community, contractors, trades, and supplies.
 - If there is NO ability for contractors or trades to support mitigation of the issue, provide advice (remotely) on measures to take to minimize the extent of risk and exposure until the pandemic situation has stabilized.
 4. **Verify safety and welcome for EPHO to visit the community** in consultation with Band Leadership, community health staff, and current situation in the community. Some communities will make the decision to not allow people into their communities. EPHOs and their managers must assess and maintain their own safety first.
 5. **Follow all routine infection prevention and control practices** while conducting activities in the community.
 6. **Keep up to date with the latest information and guidelines.** The COVID-19 situation is rapidly evolving and guidelines are being updated as more is learned. Refer to guidelines from the WHO, the Government of Canada, and your regional public health authority.

Housing Inspections:

Suitability for Self-isolation

A housing inspection is not required to verify suitable home care environment for individuals to self-isolate. Suitable home environment has been defined as:

- If possible, anyone with a confirmed case/PUI is to stay in a room on their own so that they can be isolated from other household members.
- If the house is overcrowded, efforts should be made to provide the case/PUI with a single room (e.g. relocate any other home occupants 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 2 -metre distance from the case/PUI whenever possible.
- If it is difficult to separate the case/PUI physically in their own room, hanging a sheet from the ceiling to separate the ill person from others may be considered.
- If the case/PUI 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/PUIs in co-living settings (e.g. those living in university dormitories, shelters, overcrowded housing):

Special consideration is needed to support cases/PUIs in these settings when self-isolating. If it is not possible to provide the case/PUI with a single room and a private bathroom, efforts should

be made to cohort cases together. If there are two cases/PUIs who reside in a co-living setting and single rooms are not available, they could share a double room. The case/PUI should have access to food, running water, drinking water, and supplies for the duration of isolation.

Other housing inspections

If a housing inspection **unrelated to self-isolation requirements** is requested, prior to inspection confirm:

- Is there anyone in the home that has been identified as a confirmed or probable COVID-19 case, or a contact?
- Can the inspection be delayed until after any ill occupants are confirmed to be recovered, or after 14 day isolation for those required to isolate?
- Ask for the number of people in the home – can physical distance of 2 meters be maintained.
- Are handwashing facilities available and equipped with hand soap and paper towels?
- Limit the equipment brought into the home. Clean the equipment after with commercial disinfecting wipe.

During the inspection:

- Wash hands with soap and water or apply hand sanitizer upon entering home, upon leaving the home, and at any point that your hands may have become contaminated.
- Avoid touching surfaces and items to the extent possible, especially in bathrooms. Use disposable gloves if surface contact is required, and washing after appropriate removal.

When there is an:

- *Asymptomatic individual* self-isolating in home (**non-suspected COVID-19**):
 - o a mask of any type is NOT recommended (WHO, 2020).
- *Case or PUI Isolating in Home (suspected COVID-19)*, or a new illness or worsening of an existing respiratory illness (e.g. coughing, fever, shortness of breath, difficulty breathing).
 - o Ask if home can be ventilated prior to arrival (open windows/doors, weather permitting)
 - o Do NOT enter room where confirmed case is isolating
 - o The case/PUI should avoid being in close proximity (within 2 meters) 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.
 - o When interactions within 2 meters are unavoidable, these should be as brief as possible, and the case/PUI should wear a medical or procedural mask.
 - o If the EPHO determines that an essential inspection is required in the home of a symptomatic community member (suspected or confirmed COVID-19), the practices will be determined based on the location of the issue. **If the issue of concern is within the room of the isolating community member the, inspection should be on hold until the community member is confirmed negative.**

Additional precautions/Personal Protective Equipment: Wear disposable gloves and encourage occupant to have cleaned and disinfect surfaces at home prior to arrival

Facility Assessment/ Investigation

- Urgency determined on actual or potential usage of the facility.
 - Ensure that a community representative will be available to the EPHO and maintain a 2 metre distance from that representative.
 - Follow all routine infection prevention and control practices listed above.
 - If all precautions can be maintained, no additional precautions are required.
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Isolation Centers - Planning, Mobilization and Operations

Guidance for establishing isolation and quarantine centers is under development. The following is subject to change/replacement with new information.

Set-up and mobilization

1. Liaise with Regional CIAD, Primary Care and Community teams to identify purpose, use and functions of isolation centers
2. Determine appropriate basic services required to the center: drinking water, wastewater, food services, solid waste management, power, heating and ventilation.
3. Refer to criteria within established Guidance Documents and:

Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.9>

WHO Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) Interim guidance 29 February 2020 [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

Key considerations for repatriation and quarantine of travellers in relation to the outbreak of novel coronavirus 2019-nCoV https://www.who.int/ith/Repatriation_Quarantine_nCoV-key-considerations_HQ-final11Feb.pdf?ua=1

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/part-b.html#B>

Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine, Appendix D3 Guidelines for Evaluating Homes and Facilities for Isolation and Quarantine (2004, not updated) <https://www.cdc.gov/sars/guidance/d-quarantine/app3.html>

Operations

1. Liaise with on-site manager by phone prior to attending on-site. Discuss nature of assessment/inspection, areas needing access to, and any specific Personal Protective Equipment (PPE) or precautions for those areas in advance of visit.
2. Report to identified on-site manager. Follow all routine infection and prevention control procedures, and any additional procedures defined by the site based on location and type of EPHO activity.
 - Additional precautions/PPE: disposable gloves, **other PPE as per site requirements**
3. EPHOs should not enter areas designated as isolation areas without explicit authorization and provision of appropriate PPE. EPHOs must be appropriately trained in donning and doffing PPE.
4. Facilities should ensure appropriate:
 - cleaning and sanitation activities are effectively documented.
 - Housekeeping Manual for Community Health Facilities
https://www.fnha.ca/WellnessSite/WellnessDocuments/HP_Housekeeping-Manual.pdf
 - food hygiene practices are effectively documented.
 - Drinking water, wastewater and solid waste practices are documented. Any adverse events that may lead to health risk must be reported immediately [to facility manager and EPHO]

References:

WHO: Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) Interim guidance 29 February 2020 <https://apps.who.int/iris/handle/10665/331299>

Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector
<https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector.html>

PHAC: Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19), March 13, 2020 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

WHO: Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) Interim guidance 27 February 2020 <https://apps.who.int/iris/handle/10665/331215>

Coronavirus disease (COVID-19): Prevention and risks, Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#p>

Council of Chief Medical Officers of Health Communication: Use of Non-Medical Masks (or Facial Coverings) by the Public from Public Health Agency of Canada
<https://www.canada.ca/en/public-health/news/2020/04/ccmoh-communication-use-of-non-medical-masks-or-facial-coverings-by-the-public.html>

