



In-Home Screening and Testing Process

In-Home screening and testing allows healthcare providers (e.g. community health nurses) to evaluate and test clients outside of an institutional or group setting. This may occur in the home/residence, shelter, commercial building or setting. This is a method to serve the needs of clients who may have other responsibilities/obligations that prevents them from leaving their home (e.g. childcare), be immobile or too sick to leave their homes.

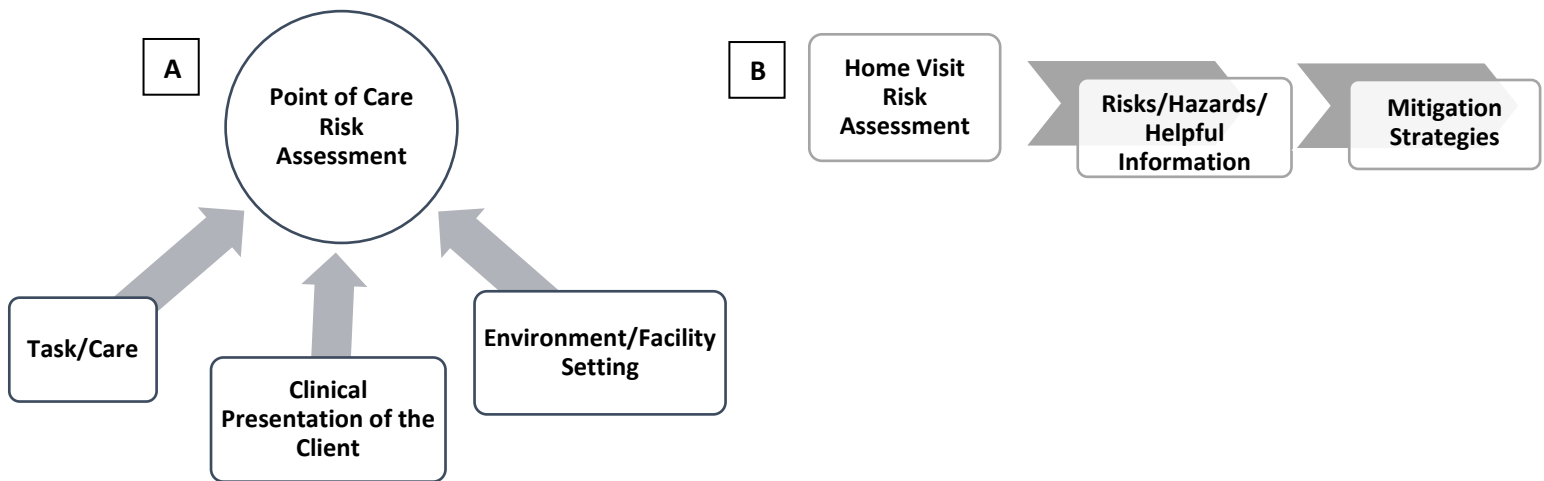


Figure 5. In-Home screening and testing requires the healthcare provider to perform a (A) point of care risk assessment and (B) home visit risk assessment.

The benefits of In-Home Screening and Testing are:

- Improve case detection
- Reduce unnecessary visits in the community
- Mitigates person-to-person spread of infectious disease by eliminating the need to be in waiting rooms
- Frees up space in the emergency department and alleviates associated delays

Considerations when setting up mass screening and testing drive-throughs:

- Screening should be performed virtually or over the phone
- Testing will occur for clients who have been assessed, are eligible and given an appointment date and time
- Safeguards should be considered: Point of Care Risk Assessment and Home Visit Risk Assessment

In collaboration with M.Pooyak, FNIHB Program Integrity Coordinator.

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Point of Care Risk Assessment: Home Visit

Point of Care Risk Assessment is a tool to use before each client encounter/interaction to ensure that appropriate measures are used to maintain safety for the client and healthcare provider.

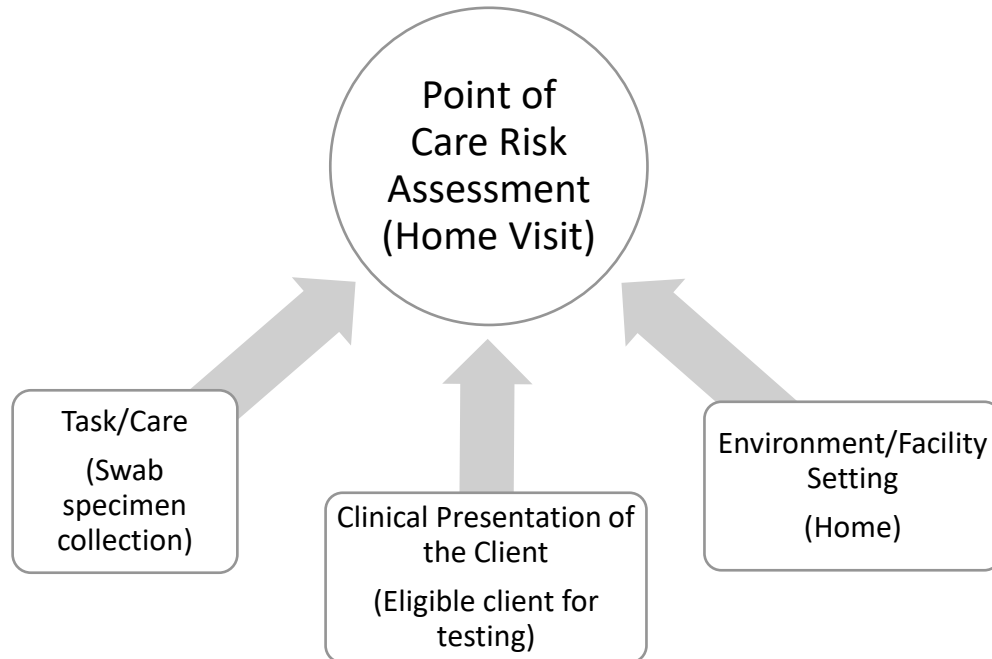


Figure 6. Diagram of point of care risk assessment for the context of a home visit for COVID-19 testing. It is used to determine the appropriate actions and personal protective equipment that should be used for an eligible client for swab specimen collection/testing in the home setting.

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Point of Care Risk Assessment: Home Visit Algorithm

Questions to ask during the screening process (Please use in conjunction with the Alberta Public Health Disease Management Guidelines-Coronavirus-COVID-19 and Regional CDC recommendations, due to constant changes and emerging evidence):

1) Do you have any of the following influenza-like illness (ILI) symptoms:

<input type="checkbox"/> Fever	<input type="checkbox"/> Feeling unwell in general, or new fatigue, or severe exhaustion
<input type="checkbox"/> New onset or exacerbation of chronic cough	<input type="checkbox"/> Gastrointestinal symptoms including nausea, vomiting, diarrhea, or unexplained loss of appetite
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Loss of sense of smell or taste
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Conjunctivitis (i.e. pink eye)
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Painful swallowing and chill
<input type="checkbox"/> Runny or stuffy nose	
<input type="checkbox"/> Headache, muscle, or joint aches	

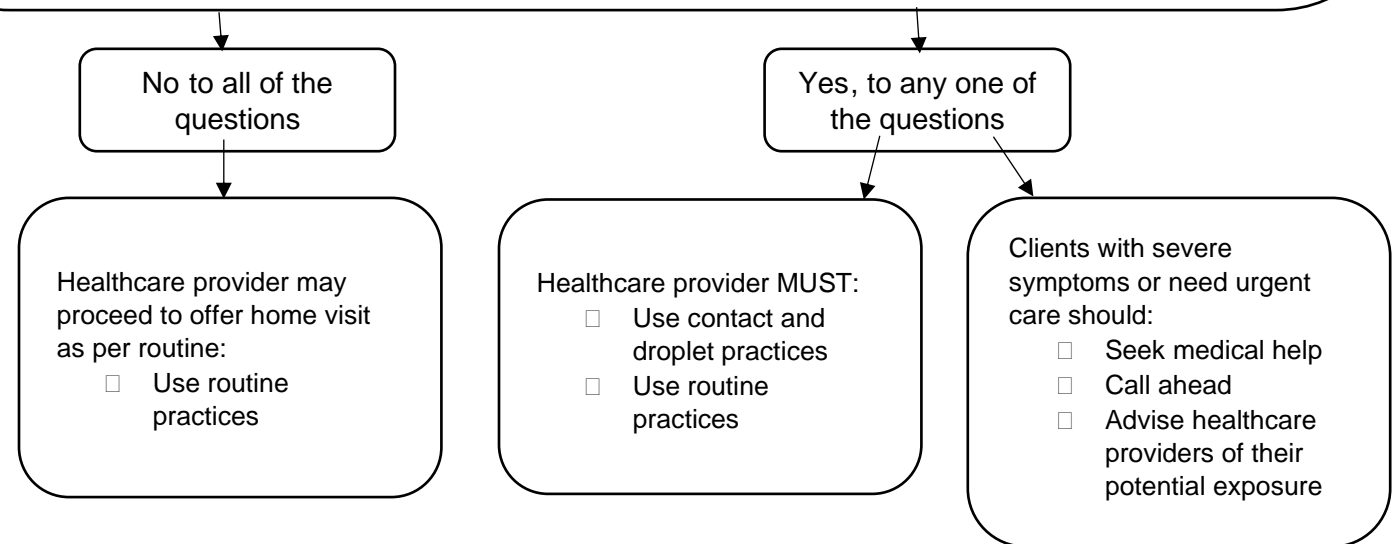
2) Have you returned to Canada from outside the country (including the United States) in the past 14 days?

3) Do you live with or have had close contact (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who travelled outside of Canada in the last 14 days before their illness started?

4) Do you live with or had close contact (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who had close contact with a lab-confirmed COVID-19 case?

5) Have you had close contact (within 2 meters/6 feet) with a confirmed or probable case of COVID-19?

6) Is anyone in the household on self-isolation due to COVID-19 (even if they are asymptomatic)?



*Close contact refers to an individual that provided care for the case OR had similar close physical contact without consistent and appropriate use of personal protective equipment OR lived with/had close prolonged contact with a person while the case was ill OR had direct contact with infectious body fluids of a person while not wearing recommended PPE

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Home Visit Risk Assessment

Home Visit Risk Assessment is a tool to use before each client encounter/interaction in the home to ensure that appropriate measures are used to maintain safety for the client and healthcare provider. It helps to identify the hazards and potential controls to eliminate or reduce the risk from those hazards.

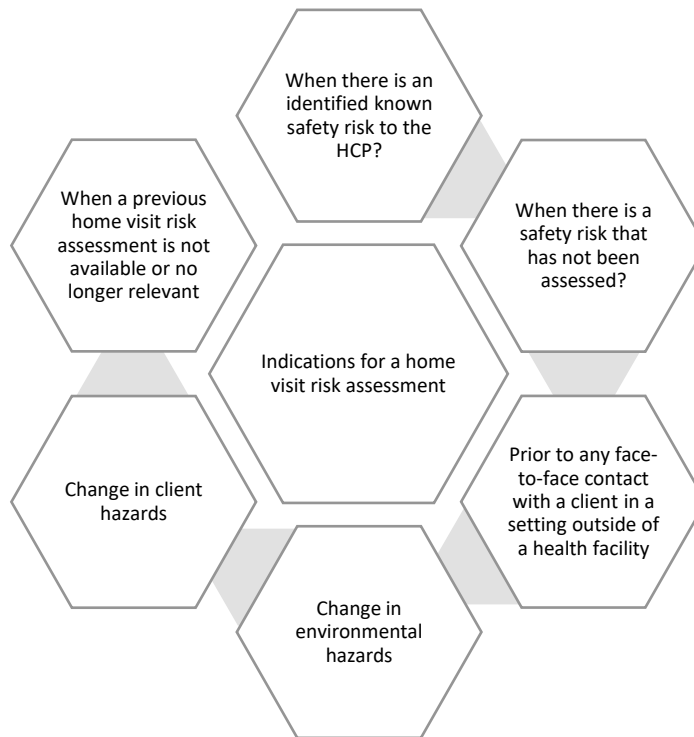


Figure 7. Diagram of when to complete a home visit risk assessment.

Information to conduct the home visit risk assessment can be acquired from:

- Healthcare provider's written history and previous documentation
- Verbal consultation and information transferred from a previous healthcare provider
- Client interview or initial screening
- Information that is acquired as the healthcare provider is approaching/entering the residence (e.g. type of residence, parking, neighbourhood, pets in the home, etc.)

Home Visit Risk Assessment

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Risks, Hazards and other helpful information for Address:	Mitigation Strategies
<p>1. Type of Home/Residence (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single family residence <input type="checkbox"/> Apartment/townhouse <input type="checkbox"/> Mobile home/trailer <input type="checkbox"/> Shelter <input type="checkbox"/> Basement <input type="checkbox"/> Hotel <input type="checkbox"/> Other: _____ <p>2. Entry into Residence (Check all that apply or circle)</p> <p>Phone for estimated time of arrival: Yes No</p> <p>Phone prior to entry into the home: Yes No</p> <p>Preferred Entrance for the healthcare provider to enter:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Back <p>Doorbell:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Working <input type="checkbox"/> Not Working <input type="checkbox"/> Requires a code: _____ <p>Elevator in working order: Yes No N/A</p> <p>Stairs: Yes No N/A</p> <p>Sidewalks: Safe and clear Unsafe or icy</p> <p>Lighting: Adequate Inadequate</p> <p>Walkway or hallways: Clear Cluttered</p>	<ul style="list-style-type: none"> • Healthcare provider to sign out and check in • Healthcare provider to make pre-visit call to another healthcare provider, nurse-in-charge, or nursing manager • Have a charged cell phone on at all times • Obtain clear directions • Address hazard with the client • Ensure unobstructed access to the exit while providing service • Be aware of persons that might be encountered • Carry a separate piece of paper with the client's name, address and phone number to refer to if emergency services are accessed • Have car keys and cellphone in your pocket at all times • Stand to the side of the door when you are approaching the home • Keep your shoes on • Have client precede you into the dwelling
<p>3. Parking (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Street parking <input type="checkbox"/> Park at the driveway <input type="checkbox"/> Parking lot located at: _____ <input type="checkbox"/> Parking instructions <input type="checkbox"/> (e.g. permit required, stall/lot number, payment required): 	<ul style="list-style-type: none"> • Park close to the location • Park in a well lit area • Do not park on the driveway, if it can be avoided • Park with the license plate visible to the street

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<input type="checkbox"/> Other Comments: _____	<ul style="list-style-type: none"> • Lock the vehicle after you exit • Ensure parking instructions are self-explanatory • Check your back seat prior to entering your car • Lock your car when you are safely inside • Avoid underground garages and lane ways
<p>4. Neighbourhood (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No concerns <input type="checkbox"/> Isolated area <input type="checkbox"/> Animals/wildlife <input type="checkbox"/> No cell phone coverage <input type="checkbox"/> No Wi-Fi/internet coverage <input type="checkbox"/> Criminal activity <input type="checkbox"/> Suspicious behaviours <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> • Request animals to be restrained/secured • Meet in alternate location • Audible alarm • Notify authorities • Flag chart
<p>5. Any unsecured weapons in the home? (e.g. hunting rifle, knives, spears, trapping equipment, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Specify: _____</p>	<ul style="list-style-type: none"> • Address hazard with the client, if appropriate • Watch for objects that could be thrown or used to strike you
<p>6. Others present during the visit?</p> <ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Specify: _____</p> <p>7. Pets in the home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Specify: _____</p> <p>8. Anyone in the home sick, with a communicable disease, or under self-isolation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Verify persons present before entering • Request presence/absence of family member • Take additional staff member • Request security accompaniment • Meet in alternate location • Client agrees to restrain/secure pets • Meet in alternate location • Perform a point of care risk assessment prior to the home visit

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<input type="checkbox"/> Yes Specify: _____	<ul style="list-style-type: none"> • Wear appropriate personal protective equipment • Meet in alternate location
<p>9. Pests/bugs/mice, etc. in the home?</p> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ <p>10. Mold or water damage in the home?</p> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<ul style="list-style-type: none"> • Inform nursing manager • Flag chart
<p>11. Are there periods of unsafe visit time?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ <p>12. Current court order for protection (e.g. restraining order, probation, conditions on release, etc.)?</p> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<ul style="list-style-type: none"> • Visit only between hours of x and y • Request presence/absence of family member • Take additional staff member • Request security accompaniment • Defer home visit • Meet in alternate location • Flag chart
<p>13. Use of substances (e.g. smoking, alcohol, etc.) in the home?</p> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<ul style="list-style-type: none"> • Request no substance use in the home 1-2 hours prior to and during the home visit • Meet in alternate location
<p>Other helpful information for the healthcare provider to consider:</p> <p>14. Cultural practices (e.g. prayer) performed in the home?</p> <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Specify (what, times, etc.): _____ <p>15. Other comments?</p>	<ul style="list-style-type: none"> • If you are feeling unsafe or uncomfortable during a visit- leave immediately • Is someone in the home is intoxicated- leave immediately



		<ul style="list-style-type: none">• Consistently update your buddy/partner and indicate when you are expected back• Make post-visit phone call once you are in your locked car
Signature:	Date (YYYY-MMM-DD):	Time (HH-MM):



In-Home Screening/Testing Flow Algorithm



Figure 4. The five steps of the drive-through screening and testing process consists of (1) whenever possible conduct the screening process, point of care risk assessment, and home risk assessment over the phone, (2) scheduling an appointment for clients who are eligible to be tested in the home, (3) donning PPE according to Infection Prevention and Control guidelines prior to entering the client's home, (4) having the healthcare provider (e.g. community health nurse) go to the client's home and perform the test, and (5) doffing PPE according to Infection Prevention and Control guidelines prior to exiting the client's home.

Considerations for the In-Home Screening and Testing Process:

(1) Screening

Communities will be notified that symptomatic clients should contact the healthcare provider (e.g. community health nurse) for screening. Whenever possible this will be conducted virtually or over the phone. The healthcare provider will perform:

- Screening to determine the client's eligibility to be tested
- Point of care risk assessment to determine the appropriate personal protective equipment that should be used
- Home visit risk assessment to identify the potential hazards and mitigation strategies that may occur immediately before and during the home visit

(2) Home visit by appointment

If the client has been assessed and is eligible for testing based on a pre-determined criteria, they will be assigned a specific date and time for the home visit to be tested.

Please note that only clients who have been pre-screened can be tested. Healthcare providers will not be testing additional members of the household unless they have been pre-screened or directed by the nursing manager, Communicable Disease Control regional team or the Medical Officer of Health. If the client misses their appointment, they will have to be re-screened.

(3) Entrance (Donning)

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Prior to the home visit, the healthcare provider should:

- Know the location of the entrance
- Use the appropriate method to gain access into the home (e.g. call the client's home to let them know their estimated time of arrival).
- Carry a separate piece of paper in your pocket with the client's name, address and phone number to refer to if emergency services are accessed

Please note if only one healthcare provider will be providing the testing in-home then he/she should use the buddy system and perform a pre-visit phone call (to a community health nurse, nurse-in-charge or nursing manager) and set time for a post-visit phone call.

At the entrance, over the phone or if in-person (maintain 2 meters away from the client), and prior to entering the home, the healthcare provider should:

- Greet the client by stating your name, occupation and what you will be doing
- Confirm the client's identification and appointment
- Ask the client if they are a healthcare worker
- Ask the client if they need any immediate medical attention
- Ask whether this is still a good time to conduct the assessment and testing
- Ask if there are others (e.g. members of the household, members that may be sick, or pets) present during the visit and testing
- Explain to the client the need for the provider to don PPE during the visit as a requirement of occupational health and safety, if applicable and warranted as per the point of care risk assessment

At the entrance and prior to entering the home, the healthcare provider should don PPE. Please refer to the following procedure for more information.

(4) Testing

Once within the client's home, the healthcare provider should:

- Assess the client's home environment for hazards (e.g. any unsecured weapons, objects that could be thrown or used to strike you, others that are present, pests/bugs/mice, etc.)
- Address any hazards present with the client if appropriate (e.g. restrain any pets)
- Ensure you know where the existing and potential hazards are
- Stay between the client and the door

During the testing procedure, the healthcare provider should:

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- Choose a location where the client is comfortable, and you are able to be between the client and the door
 - Please note to avoid visiting in the kitchen
- Retrieve the testing kit from the tote and perform the swab. Please refer to the following procedure for more information.

(5) Exit (Doffing)

Once the testing is completed, the healthcare provider should:

- Provide the client teaching
- Start doffing PPE. Please refer to the following procedure for more information of which PPE should be doffed prior to exiting the home and which PPE should be doffed after exiting the home.



Procedure for In-Home Testing for COVID-19

Objectives:

- The objectives of the in-home testing procedure for COVID-19 is to help community health nurses (CHNs) and contracted workers (CWs) employed by First Nations Inuit Health Branch (FNIHB) to understand how perform COVID-19 testing in the client's home.
- This procedure combines principles of (a) home visit risk assessment, (b) point of care risk assessment, and (c) swab specimen collection/testing for COVID-19

Applicability:

- This procedure applies to CHNs and CWs employed by FNIHB. This includes at minimum one community health nurse (e.g. registered nurse, licensed practical nurse or nurse practitioner) and if available, another community health nurse or non-nursing staff member (e.g. community health representative, healthcare aide, security officer, environmental health officer, dental therapist).
- Consideration: This procedure is only intended to be used as a guide

Procedure:

1. Equipment:

1.1. Personal Protective Equipment/Cleaning

- Gowns
- Gloves
- Hand sanitizer
- Face shields or eye shields or safety glasses
- Procedural/surgical masks
- Disinfecting wipes
- Garbage bags
- Bag for coat

1.2. Documentation

- Screening form, if available or necessary
- Testing kit: Requisition form
- Client teaching resources (e.g. PHAC posters and resources)

1.3. Other supplies

- Testing kit

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Includes: biohazard bag, swab, completed requisition with testing site (with COVID-19 testing on the right bottom corner), Medical Officer of Health's ID number, self-isolation sheet, and two client labels

2. Prior to the Home Visit (**Outside of the client's home**):

2.1. Review the following pertinent information:

- Client's name, address, and phone number
- Location of the entrance
- The appropriate method to gain access into the home (e.g. phone call, buzzer, access code, etc.)
- Home Visit Risk Assessment conducted during the screening interview by phone or from home care's previous risk assessments to anticipate potential hazards and strategies to mitigate risks
- Point of Care Risk Assessment to anticipate what PPE supplies will be needed prior to entering the client's home

2.2. Call a community health nurse, nurse-in-charge or nursing manager prior to the home visit and set a time for a post-visit phone call.

Please note the call should at a minimum include the (a) intent of the home visit, (b) client's name, address and phone number, (c) whether the healthcare provider is working alone or with another staff member, (d) anticipated time for a post-visit phone call, and (e) what to do if you do not hear back from the healthcare provider.

2.3. Approach the client's home and then either over the phone (if agreed upon during the initial screening) or in-person, introduce yourself.

Please note this is conducted prior to entering the client's home-at the entrance. Do NOT touch the client and maintain 2 meters distance. Introductions should include: your first name, your role or professional designation and the purpose of the client encounter.

2.4. Confirm the client's identification, and appointment date and time.

Please note this should be done by asking for the client's name and identifiers, as per FNIHB or facility policy.

2.5. Ask the client (a) if there has been any changes since the initial screening and now, (b) if they need any immediate medical attention and (c) if they are a healthcare worker.

Please refer to the Alberta Public Health Disease Management Guidelines- Coronavirus-COVID-19. If the client is a healthcare worker, write HCW on the top of the requisition.

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- 2.6. Review the home visit risk assessment questions and ask the client whether (a) this is still a good time to conduct the swab specimen collection/testing, (b) if there are others that will be present during the home visit, or (c) would like to make any other disclosures.
- 2.7. Explain to the client that you will need to don PPE during the home visit as a requirement of occupational health and safety.
Please note this is determined by the point of care risk assessment conducted during the initial screening and 3.3.
- 2.8. Prior to entering the client's home, perform hand hygiene and don procedure mask and eye protection (e.g. face shield)
Please refer to First Nations and Inuit Health Branch-Alberta Region's Infection Prevention and Control Guidelines: Community Health for more information

Please note gowns and gloves should be changed after every test performed. Procedural/surgical masks and face shields may not need to be changed after every test performed by should be changed if contaminated or visibly soiled.
- 2.9. If the healthcare provider is wearing a coat/jacket, remove the article of clothing and place it in the designated bag.
- 2.10. Perform hand hygiene and don the gown and gloves.
3. During the Home Visit (**Inside the client's home**):
 - 3.1. Retrieve and open the testing kit.
 - 3.5.1 Write the time and date of the specimen collection on the requisition and the label.
Please note ensure that the label matches the requisition.
 - 3.5.2 Explain the testing procedure to the client
Please refer to the powerpoint for case management and testing for more information.
 - 3.2. Carry out the test by swabbing the nasopharynx or throat by using the NP swab + Universal/Viral Transport Medium OR swabbing the throat by using the ESwab + ESwab media

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- 3.6.1 Place the swab in the collection tube, snap the handle and secure the lid
 - 3.6.2 Place the specimen in the biohazard bag
 - 3.6.3 Place the biohazard bag in the specimen transport container
 - 3.3. Provide the client teaching on COVID-19
Please refer to the Education Materials for Clients in the First Nations and Inuit Coronavirus Pandemic Response Nursing Care Resource Manual-Alberta Region
 - 3.4. Prior to exiting the home, doff gloves and gown, discard items in the trash and perform hand hygiene.
 - 3.5. If the healthcare provider wants to wear his/her coat/jacket, remove the article of clothing and discard the bag before putting it on
4. After the Home Visit (**Outside the client's home**):
 - 4.1. After exiting the client's home, perform hand hygiene, remove eye protection (e.g. face shield) and face mask, discard items in the trash, and perform hand hygiene
 - 4.2. Call a community health nurse, nurse-in-charge or nursing manager after the home visit.
Please note the call should at a minimum include the(a) what happened during the home visit, (b) any unanticipated risks encountered and mitigation strategies, (c) how the testing went, and (d) any other comments.