



Recommendations for Essential Services: COVID-19 Pandemic

As cases of COVID-19 continue to rise, Indigenous Services Canada (ISC) has activated a business continuity plan, meaning that some services need to be scaled back to only essential service provision. The Department understands that many health centres across the province are also examining business continuity practices including the identification of essential and non-essential services. Primary health care and health protection services are essential services. During this COVID-19 pandemic with the need to strengthen social distancing measures, nurses will need to focus on essential services, and how to deliver them while meeting these measures.

The situation with Covid-19 is evolving rapidly and many communities have contacted the Regional office seeking direction in regards to Public Health Programming and the Home Care Program and whether or not to continue offering services and/or home visitation. Therefore, the FNIHB Regional office is making the following recommendations based on your inquiries

As health practitioners and key members of the COVID-19 response effort, your health and wellbeing is top priority. As such, it is important that all health care professionals who meet any of the exposure criteria or symptoms should not go to work (contact their manager) and follow their provincial/territorial public health guidelines.

All healthcare professionals who provide services in homes should conduct a self-screen for symptoms of COVID-19 virus prior to doing home visits in the community. Self-screening for exposure and symptoms of the COVID-19 virus should be completed regularly using the following online self-screening tool <https://www.811healthline.ca/covid-19-self-assessment/>. Healthlink may also be reached by call 811.

A Point of Care Risk Assessment (PCRA) must be completed for each client. The PCRA is the first step in routine practices and is a method of assessment conducted by the caregiver that must be done at each interaction with the client or their environment to:

- Determine potential risks associated with providing care, as well as the
- Implementation of risk reduction strategies and,
- Interventions to minimize exposure to these hazards

PCRA will help you decide what, if any, PPE you need to wear to protect yourself and to prevent the spread of germs. Remember to ASSESS the TASK, the PATIENT and the ENVIRONMENT prior to EACH PATIENT INTERACTION.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>

Protective measures for COVID-19 are the same as the droplet and contact precautions that staff should already be practicing for Influenza-like illness (ILI). Contact includes direct and indirect contact; Droplet exposure includes exposure of the mucous membranes of the conjunctiva, nose and mouth as a result of sneezing or coughing by an infected person (droplets are heavy and usually travel no more than approximately two metres (six feet) before falling to the ground).



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If COVID-19 is suspected the nurse should utilize contact & droplet precautions throughout the client interaction and contact the appropriate channels.

*Refer to the 'Infection Prevention and Control Guidelines: Community Health' found on One Health.

Indigenous Services Canada, Alberta Region recognizes that health practitioners across the province are playing a key role in supporting COVID-19 response efforts while also working to maintain daily essential services. The following provides recommendations for how to continue operating essential Health Centre services while preventing the transmission of COVID-19.

Public Health Program Recommendations

Should routine immunization continue?

Routine immunizations are an important component of public health that protects individuals and our communities. At present, if a community does not have cases of COVID-19, and has the resources, routine immunizations can continue. It is recommended that immunization services be scheduled rather than drop-in to limit the number of people in the health center (social distancing). If resources are stretched in communities provision of routine public health immunization services will need to be re-assessed.

If routine immunization services cannot continue, it would be prudent for the program to triage immunization service requests, and have a discussion with the individual client(s) regarding their specific circumstances. Some immunization services would continue to be essential such as RIG, TIG and Tetanus/Diphtheria.

Does communicable disease follow-up need to be continued?

All nurses in communities may be asked to follow up on communicable disease cases, including COVID-19. Direction on any required follow up will be provided by the communicable disease team at Regional Office. This may include contact tracing for COVID-19, follow-up on other notifiable diseases, directly observed therapy for TB and contact tracing for TB.

Do newborn visits and well-baby clinic assessments need to be completed?

Home visits for newborns should continue as newborns and moms require assessment following discharge from the hospital. It is recommended to call the home and discuss how best to visit the newborn and mom, with preference at health center if possible. If visit is completed in the home, advised to limit the people in the room during the visit, and ensure all routine IPC precautions are used.

How can we prevent transmission of Covid-19 while providing essential services in homes?

Prior to client contact (in home or another location) it is recommended that the Nurse complete a Point of Care Risk Assessment to determine the potential risks associated with providing care.



Home & Community Care Program Recommendations

Should we stop offering Home Care Program Services?

At present the Regional and National Home & Community Care Programs are **recommending that essential services continue to be offered to clients**. Therefore, each client should undergo a review by a Registered Nurse (Case Manager) and the home care team to determine which activities of care that client will continue to require to maintain their well-being and prevent **the client from needing to access medical services elsewhere**. For example, insulin-dependent diabetics that require assistance administering insulin, and dressing changes to infected wounds would be essential services. Home support, personal care, and in-home respite may or may not be.

In addition, the Regional program recommends continuing to complete initial assessments upon referral to ensure potential clients requiring essential services receive identified necessary services.

How can we prevent transmission of Covid-19 while providing essential services?

By completing a Point of Care Risk Assessment and following appropriate infection prevention and control measures.

Should my community continue ordering extra Personal Protective Equipment (PPE) supplies to prepare for suspected or known COVID-19 patients?

Protective measures for COVID-19 are the same as the droplet and contact precautions that staff should already be practicing for Influenza-like illness (ILI). Home Care workers should don Contact and Droplet personal protective equipment when needed. We recommend that you follow your usual protocol to acquire necessary PPE (Gloves, Gowns, Masks, Goggles or face Shields) while the Regional office is working to access PPE from the National stockpile. A request for PPE form was emailed to communities on March 16, 2020; if you didn't receive this please let us know.