



First Nations Health Authority
Health through wellness

Home and Community Care COVID-19 Toolkit

November, 2020

This toolkit supports all FNHA's organizational directives and operating principles, based on FNHA values of respect, culture, discipline, excellence, relationships and fairness.

Clients have the right to receive and guide quality care delivered in the context of cultural safety and humility.

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REVISION HISTORY

Version	Date	Author	Description of Changes
0.1	2020-03-30	FNHA OCNO	Initial draft
0.2	2020-04-03		Feedback post webinar
0.3	2020-04-09		Additions from BC CDC
0.4	2020-04-17		Links added for privacy, nonmedical masks and virtual visits
0.5	2020-04-24		Car cleaning link, doffing steps, PPE update in appendix
0.6	2020-04-30		Serious illness links, new PPE chart Appendix G
0.7	2020-05-08		Replaced links, appendix G & I, sect 9 added
0.8	2020-05-14		Virtual visit tips, lateral kindness poster, removed PPE Appendix G
0.9	2020-06-04		Added mental wellness support, link to HSW safe return to work
1.0	2020-06-18		Updated Homemakers: Safe Return to Work, added PPE disposal, moved safe home visit
1.1	2020-08-19		Removed Vacuuming and added a link for BCCDC for COVID 19 Symptoms
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This toolkit is intended to support nurses working in Home and Community Care in First Nations communities during the time of Coronavirus (COVID-19) pandemic. The tools are intended as support and guidance only.

This information changes day by day, and sometimes moment by moment. This article serves as general advice with the information we have so far. Please stay updated with the most current information from reliable resources. The most current and accurate information and updates on COVID-19 can be found on the [FNHA's COVID-19](#) web portal and the <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care> webpage.

If there are any issues with the information or links in this document, contact Susanne.Hale@fnha.ca

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1 WHAT ARE ESSENTIAL SERVICES?

The Provincial Health Office, Dr. Henry states that all non-essential and elective services involving direct physical contact with patients and clients should be reduced to minimal levels, subject to allowable exceptions, until further notice and to provide care—where possible and appropriate—by telephone and video.

https://www.bccnp.ca/Standards/Covid_19/Documents/PHO_Letter_Re_Non_Essential_Services_Health_Profession_23March2020.pdf

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

Levels of Care document; **see:** [Appendix A: Levels of Care \(Health Council of Canada, 2012\)](#)

BCCNP *Assigning and Delegating to Unregulated Care Providers:*

https://www.bccnp.ca/Standards/RN_NP/StandardResources/AssigningDelegatingUCPs.pdf

2 HOW DO I PREPARE FOR COVID-19 COMING TO COMMUNITY?

COVID-19 Readiness Assessment for Health Centres: <https://www.fnha.ca/Documents/FNHA-Covid-19-Readiness-Assesment-Nursing-Stations-and-Health-Centres.pdf>

Communication brief/poster to community members and family:

<https://www.fnha.ca/Documents/FNHA-Protect-Yourself-From-COVID-19-Infosheet.pdf>

Letter to clients and family: [Appendix B: Communication Brief](#)

Encourage home care clients to be prepared. **See:** [Appendix C: My Family Plan COVID-19](#)

Poster for front door of home - who want to post. <https://www.fnha.ca/Documents/FNHA-COVID-19-Do-Not-Enter-Home-Sign.pdf>

Order supplies for each nurse/home care staff:

Supplies and Equipment needed for HCC staff	
• Surgical mask	• Disposable boot covers/ or wipes to clean shoes
• Eye protection (goggles, visors)	• Disinfectant wipes
• Gloves	• Soap and paper towel

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• Gown with cuffs	• Hand sanitizer
• Large resealable (ziplock) bags	• Garbage bags
• Thermometer	• Chuxs/absorbent blue pads
• Stethoscope	• Blood pressure cuff

Arrange for equipment and supplies for clients with COVID-19 to recover at home:

Supplies for the home of someone with COVID-19	
• Surgical/procedure masks (do not re-use)	• Eye protection
• Disposable gloves (do not re-use)	• Disposable paper towels
• Tissues	• Waste container with plastic liner
• Thermometer	• Running water
• Over the counter medication to reduce fever (e.g. acetaminophen)	• Alcohol-based sanitizer containing at least 60% alcohol
• Hand soap	• Dish soap
• Regular laundry soap	• Regular household cleaning products
• Bleach (5% sodium hypochlorite) and a separate container for dilution (1 part bleach to 9 parts water)	• Any special supplies that are client specific – medications, catheter supplies, continence products, isolated dishes and utensils
• Alcohol prep wipes	

Personal Protective Equipment (PPE) for non-Health Care Providers

BCCDC information on Personal Protective Equipment: masks

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks>

Access Personal Protective Equipment for First Nations Communities:

<https://www.fnha.ca/Documents/FNHA-Accessing-Personal-Protective-Equipment-for-First-Nations-Communities.pdf>

Masks for non-health care professionals:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>

Homemade Face Masks:

<https://www.fnha.ca/Documents/FNHA-Homemade-Face-Masks.pdf>

and instructions on how to wear a mask if the design of the straps is similar to medical masks:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SurgicalMaskPoster.pdf

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COVID-19: BC First Nations Community Guide for Additional Supports Needed (information for clients): <https://www.fnha.ca/Documents/FNHA-COVID-19-BC-First-Nations-Community-Guide-for-Additional-Supports-Needed.pdf>

3 HOW DO I IDENTIFY PEOPLE WITH POSSIBLE COVID-19 AND PEOPLE AT RISK?

Certain population groups should be prioritized for medical intervention and transfers to a higher level of care due to their vulnerability and susceptibility to Communicable Diseases. It is highly recommended that these individuals in your community be acknowledged so that advance care planning with a plan of care can be incorporated into your Communicable Disease Emergency Planning.

- See [Appendix D: Template to Track Vulnerable Community Members](#) for a template that can be used to record information about at risk community members.
- COVID-19 self assessment tool: <https://bc.thrive.health/>
 - [Case Identification and Client Flow: Home Visits](#) (FNHA guide)
 - [Case Identification and Client Flow: Health Centres and Nursing Stations](#) (FNHA guide)

Vulnerable populations

- Vulnerable groups may include: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/covid-19-vulnerable-populations/covid-19-vulnerable-populations-2-eng.pdf>
- Seniors (>65 years of age)
- Those with pre-existing chronic conditions (e.g., cancer, HIV/AIDS, diabetes, asthma, renal disease, heart disease, etc.)
- Immunocompromised (due to disease and/or treatment)
- Young children (<60 months) and infants

COVID-19 information for those with chronic health conditions: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID-19-Handout-chronic-disease.pdf>

Advance Care Planning

Ask the vulnerable person about goals of care and what is important to them during this uncertain time.

- [Advance Care Planning During COVID](#)
- [Advance Care Planning Workbook: Your Care Your Choices](#)
- [Serious Illness Conversation Guide](#)

Reporting

- COVID-19 is a reportable disease to the Medical Health Officer. Use your normal process to report; collaborate with community CHN and alert your regional health authority

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<https://www.fnha.ca/Documents/FNHA-Communicable-Disease-Management-Resources-Regions.pdf>

- Non nurses and general public can report by contacting 811

Testing

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>

4 HOW DO I PROTECT MYSELF AND COLLEAGUES?

- Start each day by first screening yourself and all staff for symptoms.
- If any symptoms are present, remain at home.
- Cancel all non-essential home visits.
- Tips on virtual and phone health visits for client and family: <https://www.fnha.ca/Documents/FNHA-Virtual-and-Phone-Health-Visits-for-You-and-Your-Family.pdf>
- Tips on virtual and phone health visits for health care provider: <https://www.fnha.ca/Documents/FNHA-Tips-for-Virtual-and-Phone-Health-Visits-for-Health-Care-Providers.pdf>
- **See: Section 8: How do I Gradually Reintroduce Programs and Services? *Safe Clinic Visits* and *Safe Home Visits***
- Wash hands after leaving client home.
- Leave contaminated disposable supplies in an outside garbage as it is not biohazardous waste.
- Any non-disposable item which leaves the home must be disinfected immediately.
- For those nurses who have contact with potentially infected clients, consider your vehicles as a contaminated environment.
- Discard PPE in regular waste or in receptacle for reprocessing as it is not biohazardous waste.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is required for medical use only. Health care professionals working in the community are asked to make decisions that ensure the best and safest care to clients and staff and conserve use of personal protective equipment (PPE).

- COVID-19: An Interim Guide to Using Personal Protective Equipment (PPE): <https://www.fnha.ca/Documents/FNHA-COVID-19-An-Interim-Guide-to-Using-Personal-Protective-Equipment.pdf>
- Steps to don (put on) PPE: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf
- Steps to doff (remove) PPE http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf

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- When doffing full PPE (when contact and droplet precautions are required) and client garbage is not available for disposal, this wire product can hold a garbage bag open and can fold and pack away in a vehicle trunk without taking up much room. It is available at most hardware stores. Use one bag per household and avoid pushing down on the material inside the garbage bag.



Cleaning Instructions

- Household: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting>
- Public spaces: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/cleaning-disinfecting-public-spaces/cleaning-disinfecting-public-spaces-eng.pdf>
- Cleaning courses: <https://learninghub.phsa.ca/Courses/8301/infection-prevention-and-control-practices-for-health-care-personnel-not-involved-in-direct-clinical-care>
- Cleaning courses: <https://learninghub.phsa.ca/Courses/7820/nha-pca-safe-and-effective-cleaning-and-disinfecting-in-primary-and-community-care>

If you think you have been exposed to COVID-19

- Risk assessment guidance http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HCW_RecommendationsRiskAssessmentExposures.pdf
- Return to work guidance http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HCW_ReturnToWorkGuidance.pdf
- Ask questions by contacting: OHNclinic@fnha.ca
- Call 8-1-1

5 HOW DO I PROTECT CLIENTS AND THEIR FAMILIES?

Privacy considerations

FNHA and Privacy: <https://www.fnha.ca/Documents/FNHA-Privacy-and-COVID-19.pdf>

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BC CNP Privacy and Confidentiality:

https://www.bccnp.ca/Standards/RN_NP/PracticeStandards/Pages/privacy.aspx

Lateral Kindness Poster: <https://www.fnha.ca/Documents/FNHA-COVID-19-Lateral-Kindness-Poster.pdf>

Safe Home Setting

In the event that a client develops respiratory illness symptoms and/or is confirmed with COVID-19 they should be assessed for home setting suitability for their continued care. Considerations for the suitability of the home setting for care include whether:

- The patient is clinically stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the client can recover without sharing space with others.
- Resources for access to food, medications, medical supplies and other necessities.
- There are no household members who may be at increased risk of complications from COVID-19 infection (e.g. older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes).
- The patient and other household members are capable of adhering to precautions (e.g. respiratory hygiene, cough etiquette, hand hygiene, physical distancing).
- **See Appendix C:** *Family Plan COVID-19.*
- **See Section 2:** *How do I prepare for COVID-19 coming to community? List of Supplies*
- Home Environment Assessment – for self-isolation; **see:** [Appendix E: Home Assessment For Self Isolation - COVID-19](#)

Managing people with symptoms at home

Advise patients who have respiratory symptoms that can be managed at home to self-isolate.

- How to isolate For those who have COVID-19 or respiratory symptoms: [Guide to self-isolation for those with symptoms](#)
- Full Guideline: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf
- Self-Isolation after a COVID-19 Test: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-self-isolation-post-testing.pdf>

Coughing may persist for several weeks, so a cough alone does not mean they need to continue to self-isolate for more than 10 days. Emphasize the importance of cough etiquette.

- cough etiquette poster here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-your-cough-general.pdf>
- hand hygiene poster here: <https://www.fnha.ca/Documents/FNHA-Prevent-COVID-19-by-Washing-Your-Hands-Poster.pdf>

People living in the same household as someone with symptoms

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People who live in the same household as a client with symptoms are at higher risk of being exposed.

- Ask household contacts to self-monitor for symptoms.
- Ask others to distance themselves from the client (e.g. stay in separate rooms, sleep in separate beds and use separate bathrooms if possible).
- If the bathroom has to be shared, then stress the importance of wiping down the high touch areas with appropriate solution after each use and having a separate garbage can with a plastic bag in it.
- Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, chairs, countertops and electronics.
- Guide for caregivers and household members of those with COVID-19: [Guide to self-isolation for caregiver of people with symptoms](#)
- How to care for a person with COVID-19 at home— Advice for caregivers <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/care-for-person-covid-19-home-caregivers/care-for-person-covid-19-home-caregivers-eng.pdf>
- Dos and don'ts of self-isolation for people who may have been exposed but do not have symptoms: http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_dos_donts.pdf

Pets

<https://www.fnha.ca/Documents/FNHA-COVID-19-Frequently-Asked-Questions.pdf>

Volunteers

- Physical distancing for volunteers and clients. No common lunch area - if food is provided try a bag lunch and keep people separate. No common coffee area - no sharing.
- If clients and volunteers are asymptomatic, the risk of transmission of COVID-19 is very low.
- If volunteers are symptomatic, they should stay home.
- If clients are symptomatic, they should limit their interactions with others. This includes avoiding crowding and maintaining a distance of at least 2 metres between people. **Poster:** *Reduce the spread of COVID-19*
- It may be difficult to maintain a distance of 2 metres with clients. Some options would be to prepare hampers ahead of time for clients to pick up. Consider having clients wait outside where the risk of transmission is lower. Stagger pickup to avoid crowding. Emphasis is on no contact between people.
- Have hand washing stations or hand sanitizers available. Unobstructed access (open doors so handles are not touched) to hand washing.
- We do not advise wearing masks for volunteers. This can result in accidental touching of eyes or nose when adjusting the mask that can help spread infection.

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Transportation

Patients should be transported in the safest way possible; including their own safety and the safety of the person transporting them.

- Temporary Medical Transportation Changes in Response to COVID-19:
<https://www.fnha.ca/about/news-and-events/news/temporary-medical-transportation-changes-in-response-to-covid-19>
- Infection Prevention & Control Measures for Client Transportation:
<https://www.fnha.ca/Documents/FNHA-Infection-Prevention-and-Control-Measures-for-Client-Transportation.pdf>
- Car Cleaning: <https://www.fnha.ca/Documents/FNHA-Infection-Prevention-and-Control-Measures-for-Client-Transportation.pdf>

Food Safety

- PPE is not required for handling food and should be prioritized for health care workers and first responders.
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/food-safety>

Food Distribution

- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/community-settings/food-banks-food-distribution>

6 WHAT DO I DO IF SOMEONE WITH COVID-19 BECOMES SERIOUSLY ILL AND WANTS TO REMAIN AT HOME?

Some people with underlying health conditions may choose not to escalate care to an acute site. They may choose to be supported at home, knowing they are choosing a natural death. Planning for this reality gives control to the individual. It also requires planning by the healthcare team.

- Resources for palliative care <https://palliativecare.med.ubc.ca/coronavirus/>
- Contact your local health authority palliative care team for support. Each health authority has an order set for the community to assist prescribers, nurses and patients to be prepared with medications to support a home death.
- [Symptom Management Fact Sheet for Respiratory Symptoms](#)
- [Symptom Management: Shortness of Breath/ Anxiety](#)
- [Symptom Management: Restlessness](#)
- [FNHA Palliative Care Checklist for Nurses](#)
- [FNHA End of Life Pamphlet for Family](#)
- [Palliative Care during COVID-19](#)
- [Care of the deceased body](#)

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7 WHAT DO I NEED TO CONSIDER FOR MY OWN SELF CARE?

Emergencies of any type are typically stressful and often impact the well-being of health care providers. Those providing health care and health services may be vulnerable to experiencing higher than normal levels of occupational stress resulting from a range of associated consequences and the conflicts they may experience as they juggle their work and family responsibilities.

Supporting the psychosocial well-being of health care providers during COVID-19:

<http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19-Psychosocial-Supports-HCW.pdf>

Daily suggestions for self-care: <https://www.actionforhappiness.org/calendars>

Nurses' Ethical considerations in a pandemic or other emergency:

https://cna-aiic.ca/~media/cna/page-content/pdf-en/ethics_in_practice_august_2008_e.pdf

WHO (2020) Mental Health considerations during COVID-19 outbreak:

https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2

Mental wellness of providers - the PHSa overdose mobile response team supports direct care providers during COVID-19:

<http://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-overdose-mobile-response-team>

8 HOW DO I GRADUALLY REINTRODUCE PROGRAMS AND SERVICES?

Safe Clinic Visits

Post information on your website and signs on clinic doors with the following messaging: *Avoid coming to the health unit/clinic if: you or your child is feeling ill and/or have any of the following symptoms: runny nose, sore throat, fever, cough, shortness of breath or trouble breathing, diarrhea or vomiting or if you have been asked to quarantine because you have travelled out of Canada or been in contact with or in close proximity to someone with COVID-19.*

At the time of appointment booking

- Reassure clients that extra precautions are in place at the clinic to prevent the spread of COVID-19. Advise visitors that the staff at the clinic may be wearing PPE and will have a mask and other equipment on for the protection of both the health care worker and the client. Also, remind them that physical distancing measures are also in place in the clinic setting as much as possible.

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- Inform the client or parent/guardian that only those required for the service should come to the clinic (i.e. one adult should accompany a child, and the other family members should remain at home).
- Unlike routine practice in the years pre-COVID-19; clients with a mild viral illness, with or without fever, should not come to the clinic. Defer the appointment until symptoms have resolved. Provide an appointment time 10 days to 2 weeks later.
- Ensure any accompanying adults (e.g., those bringing a child to the clinic) are not ill with COVID-19-like symptoms and are not in isolation for illness or quarantine because of recent travel or exposure to a case of COVID-19.
- Bundling tasks is an important strategy during visits. Consider what essential in-person activities can be combined in one visit.

Screening at the clinic door

- Review symptoms of respiratory illness with all people coming to the clinic. Reinforce that there is a maximum of two people per visit and only when the client requires assistance.
- Anyone who has symptoms of respiratory illness, with or without fever, should be sent home and asked to phone and rebook the appointment.
- Provide hand sanitizer for all people entering the clinic area.
- Show the family directly into a clinic room upon arrival in order to avoid using the waiting room. If this is not possible, ensure physical distancing measures are in place in the waiting area. Adjust the waiting room seating by removing chairs and leaving remaining chairs at least 2 metres apart.

The appointment

- Consider ordering of activities to reduce visit time. For example, for immunization appointments, screen for contraindications and immunize first. Perform any additional assessment(s) or answer questions during the 15-minute post-immunization wait in the clinic room. Do not send the family to wait in the waiting room. If this is not possible, ensure physical distancing measures are in place in the waiting area. See above.

Safe Home Visits *(adapted from Sea Bird Island)*

- Staff need to be screened before they can visit a client in the home or in their office. If a staff screen positive they cannot visit with clients but are to stay home from work.
- Home/office visits are cancelled if they can be accomplished by telephone.
- All clients and their homes need to be prescreened 24 hours and just before any visit occurs for any reason.
- If the client or home screens positive, an individual risk assessment needs to be conducted to determine if the visit can happen based on:
 - 1) Can the staff wear the appropriate personal protective equipment?
 - 2) Can the work be accomplished any other way?

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- If the client or home screens negative, the home visit can occur if essential, with the following parameters:
 - 1) Hand washing before entering the home.
 - 2) Nurse wears appropriate PPE.
 - 3) Physical distancing of 6 feet is maintained (closer contact for brief health assessment is permitted with PPE). Remind your client throughout your visit to maintain physical distancing. This is the only way you can ensure safety for both of you.
 - 4) Ask your client to also wear a mask if they have one.
 - 5) Ask others to not be inside the home while you are there working.
 - 6) Worker touches as little as possible within the home.
 - 7) Anything brought into and then out of the home again is disposed of or disinfected afterward.
 - 8) Hand washing after exiting the home.
 - 9) Doff PPE into a garbage bag and leave in client garbage can (See [Section 4](#) for another option).

Telephone prescreen

"Hello [client name], I'm calling about our plan to visit in your home/in the office [details about time and purpose]. With the concerns about COVID-19, we want to take every precaution to protect the health of you, your family and our staff. We have three questions to ask you.

- *Do you, or anyone in your home have a fever, cough, sore throat or difficulty breathing?*
- *Have you or anyone in your home travelled outside of Canada within the last 14 days?*
- *Have you or anyone in your home come in contact with someone who was suspected or confirmed to have COVID-19 in the last 14 days?"*

*[If answer is **yes** to **any** of the three]. "Thank you so much for helping us keep everyone safe. We'd like to find another way to accomplish the purpose of the visit. We will call you back [details about when you'll call back] to let you know what we've come up with."*

*[If answer is **no** to all three]. "Thank you so much for helping us keep everyone safe. We look forward to seeing you [details about when/where the visit will take place]."*

FNHA Risk_Assessment Script for Clinics is intended for use by support staff or CHNs and includes key reminders when booking clients into clinics for appointments

- <https://www.fnha.ca/Documents/FNHA-Risk-Assessment-Script-for-Clinics.pdf>).

FNHA Community_COVID-19 Safety Planning Guide is a supplemental resource

- <https://www.fnha.ca/Documents/FNHA-Community-COVID-19-Safety-Planning-Guide.PDF>

FNHA Services Resumption Planning Guide for BC First Nations Guide. This companion resource provides tools that Community Leaders and Operations can use to support the reopening of communities and the re-starting of operations. Of particular note to CHNs is the section on COVID-19 Safety Controls and Protocols to Implement for Nurses, found on pages 17-20 of the Safety Planning Guide

- <https://www.fnha.ca/Documents/FNHA-Services-Resumption-Planning-Guide.pdf>).

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Homemakers: Safe Return to Work Fact sheet: <https://www.fnha.ca/Documents/FNHA-Homemakers-Safe-Return-to-Work.pdf>

Home Support Workers Safe Return to Work Fact sheet: <https://www.fnha.ca/Documents/FNHA-Home-Support-Workers-Safe-Return-to-Work.pdf>

WorkSafeBC: Helping you stay safe at work: <https://www.worksafebc.com/en/about-us/covid-19-updates>

British Columbia Restart Plan:
https://mcusercontent.com/9ddcb3f002097969ad703671d/files/0b813b72-1ca9-429e-8a3a-c3eb0f7d335d/bcs_restart_plan_web.pdf?mc_cid=b7668a61e6&mc_eid=623b6aa103

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9 APPENDICES - LIST

Appendix A: Levels of Care Framework

Appendix B: Communication Brief

Appendix C: Family Plan COVID-19

Appendix D: Template to Track Vulnerable Community Members

Appendix E: Home Assessment – For Self Isolation COVID-19

Appendix F: Primary Care Framework

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10 ADDITIONAL RESOURCES AND REFERENCES

Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected.

(2020). *World Health Organization*:

<https://apps.who.int/iris/bitstream/handle/10665/331446/WHO-2019-nCoV-clinical-2020.4-eng.pdf?sequence=1&isAllowed=y>

Health Council of Canada (2012). Seniors in Need, Caregivers in Distress. What are the Home Care Priorities for Seniors in Canada? Toronto, ON. Retrieved from:

http://health.gov.on.ca/en/public/programs/lhin/docs/loc_report_2017.pdf

Interim Guidance for Home Care Workers during COVID Pandemic. Retrieved from:

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-home-community-healthcare-workers.pdf>

Provincial Health Services Authority COVID-19 Virtual Health Toolkit: <http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit>

Provincial Infection Control Network of British Columbia (June 2014). Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community. Available at:

https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

Vancouver Coastal Health (June 2018). IPAC Best Practices Guideline: Additional Precautions in Home and Community Care. Available at:

<http://ipac.vch.ca/Documents/Community/Additional%20Precautions%20in%20Home%20and%20Community%20Care.pdf>

World Wide Hospice Palliative Care Association Retrieved from: <https://www.thewhpc.org/covid-19>

World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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APPENDIX A: LEVELS OF CARE (HEALTH COUNCIL OF CANADA, 2012)

Level of Care	Functional Needs Profile Detailed	Total Personal Support Hours per Month
1	The person is independent in terms of personal care (ADLs) but needs assistance with some ADLs, such as home maintenance and meal prep. The person does not need personal care support but may benefit from community support services such as assistance with transportation, home maintenance, education, exercise, socialization programs. A good candidate for ISC home-making services.	Community support services only; no need for personal support
2	In addition to the needs in Level 1, the person may need assistance with medication management and help or supervision with some personal care activities, bathing (assist in/out of tub). Individuals at this level do not need assistance every day . They may also benefit from community support services, and from assistive devices (e.g. cane, walker, and wheelchair).	Up to 12 hours
3	In addition to the needs at Level 2, the person needs assistance with most ADLs, and may need assistance with ADLs such as bathing, moving around in home, and dressing. Individuals at this level may need assistance every day . They may also benefit from community support services, assistive devices, and caregiver, coaching programs.	Up to 32 hours
4	In addition to the needs at Level 3, the person needs additional help with transferring and toileting. Individuals at this level may need assistance once or twice per day . They may also benefit from community support services, caregiver coaching programs, and assistive devices.	Up to 56 hours
5	In addition to the needs at Level 4, the person needs extensive assistance with hygiene and bathing, and may need help with eating. May need assistance two or three times a day . May also benefit from community support services, assistive devices, caregiver coaching programs, and respite care.	Up to 84 hours
6	In addition to the needs at Level 5, the person needs extensive help with eating and locomotion, and may need two people to assist with transferring. Individuals at this level are unable to leave bed, or may spend extensive periods of time in a chair. They may need assistance three or more times per day . They would benefit from community support services, assistive devices, caregiver respite and caregiver coaching programs.	Up to 120 hours
7	Reserved for individuals with <u>short-term</u> or extraordinary needs. May need frequent assistance throughout the day . The person needs assistance with all ADLs, needs extensive help with all ADLs and cannot be left alone for long periods of time. Individuals at this level are unable to leave their beds, or spend long periods of time in a chair. They are experiencing exceptional circumstances, such as nearing end of life, awaiting placement in long term care, or short-term emergency. Or a caregiver has fallen ill or hospitalized.	Above service hours level 6

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APPENDIX B: COMMUNICATION BRIEF

PLANNING FOR EMERGENCY INTERRUPTION OF HOME & COMMUNITY CARE SERVICES

TO: CLIENTS OF HOME & COMMUNITY CARE SERVICES

DATE: _____

With the recent COVID-19 pandemic declared, there will be changes made to how you have previously received services. We would like to assure you that these changes are made on a case-by-case basis, with safety and precautions taken for you and your health care provider.

Only essential home care services will be provided during this time. Those services may include:

- ✓ Assistance transferring and toileting
- ✓ Required personal care
- ✓ Those who need extensive help with meals/eating and locomotion (requiring two people to assist with transferring)
- ✓ Wound care and other necessary nursing treatments

However, due to the nature of the virus, there is the possibility that clients may turn down care services and not want anyone in the home at this time, and some clients/families will reduce or suspend caregiver hours due to family being home and able to take care of them.

All healthcare professionals who work in the home care program will conduct a self-screen for symptoms of the COVID-19 virus prior to doing home visits in the community. If they are sick, they will not be able to work.

SCHEDULED HOME VISIT PROTOCOL

***Visits that can be accomplished by telephone are not to be considered for a home/office visit.**

STEP 1. The nurse will contact you and speak to you about any changes in your care plan schedule or routine. This may include replacing home visits with telephone check-ins.

STEP 2. The nurse will call the day before a scheduled home visit, to check your well-being, changes in health status (e.g. fever, coughing, trouble breathing). If you have symptoms, please tell the nurse. Have you or anyone in your home traveled outside of Canada within the last 14 days? Have you or anyone in your home come in contact with someone who was suspected or confirmed to have COVID-19 in the last 14 days? Please tell your nurse.

*Any clients who go on self-isolation will be checked on via telephone and monitored during this time.

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APPENDIX C: FAMILY PLAN COVID-19

Sometimes people with COVID-19 have mild illness but their symptoms may suddenly worsen in a few days. If your symptoms worsen or you become short of breath, seek immediate care or call 911.

*****Call 811 or family doctor for further guidance on getting tested for COVID-19 and home isolation*****

Place your clinic hours and phone numbers here:

Ambulance, 24/7: (911)

BC Nurses Line, 24/7: (811)

Please take this time to create a plan for how your family will respond if one or more family members get COVID-19 and your family are on Home Isolation Protocols.

If your family needs assistance in creating a plan, please contact:

Insert nurse name and contact information here:



Adapted with permission from:



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Number of People in Household living in household _____

Type of Household (circle):	House	Duplex	Apartment/ Condo	Other
Person 1	Name: Age: Chronic Illness: NO YES Own Room/ Space: NO YES Own Bathroom: NO YES	Name of Family Dr. Contact Number:	Symptomatic: NO YES Symptoms (circle): Cough Sneezing Sore Throat Difficulty breathing Fever (38 Degrees) Other:	Date of initial symptoms:
Person 2	Name: Age: Chronic Illness: NO YES Own Room/ Space: NO YES Own Bathroom: NO YES	Name of Family Dr. Contact Number:	Symptomatic: NO YES Symptoms (circle): Cough Sneezing Sore Throat Difficulty breathing Fever (38 Degrees) Other:	Date of initial symptoms:
Person 3	Name: Age: Chronic Illness: NO YES Own Room/ Space: NO YES Own Bathroom: NO YES	Name of Family Dr. Contact Number:	Symptomatic: NO YES Symptoms (circle): Cough Sneezing Sore Throat Difficulty breathing Fever (38 Degrees) Other:	Date of initial symptoms:
Person 4	Name: Age: Chronic Illness: NO YES Own Room/ Space: NO YES Own Bathroom: NO YES	Name of Family Dr. Contact Number:	Symptomatic: NO YES Symptoms (circle): Cough Sneezing Sore Throat Difficulty breathing Fever (38 Degrees) Other:	Date of initial symptoms:
Person 5	Name: Age: Chronic Illness: NO YES Own Room/ Space: NO YES Own Bathroom: NO YES	Name of Family Dr. Contact Number:	Symptomatic: NO YES Symptoms (circle): Cough Sneezing Sore Throat Difficulty breathing Fever (38 Degrees) Other:	Date of initial symptoms:

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Household Food, Medication and Medical Supplies

It is recommended to have a **2-week supply of food, medication and medical supplies** for home isolation.

- 1 Does your family have a 2 week supply of food: YES NO
- 2 Does your family have a 2 week supply of medications: YES NO
- 3 Does your family have a 2 week supply of medical supplies: YES NO

If NO, _____ will assist/ help my family with getting appropriate supplies.

Additional food, medication and medical supply plan:

Household Cleaning Supplies:

It is recommended to keep **high touch surfaces clean** and to **wash hands** regularly and often.

Access to soap and water or hand sanitizer: YES NO BOTH

Access to cleaning supplies: YES NO

If NO for either, _____ will assist/ help my family with getting household supplies.

Additional household cleaning supplies plan:

Vehicle/ Transportation Information:

It is recommended to **not use** public transportation, taxis or rideshares.

Family has own vehicle: YES NO

If NO, _____ will assist if I am needing transportation to/from medical clinic/ appointments.

Additional transportation plan (i.e. if all drivers in the house are unable to drive):

Isolation Space in Home:

It is recommended to stay and sleep in a **separate room** away from others / use a **separate bathroom**.

Do family members have an ability to have their own individual space to isolate: YES NO

Do family members have access to more than one bathroom: YES NO

If NO, my family plan will be: _____

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Communication Plan:

It is recommended to have a **way to communicate** with your primary physician/caregiver.

Access to mobile phone or land line: YES NO Access to WIFI/ internet: YES NO

If NO, my plan to communicate with others is: _____

Follow-up plan with Doctor/ Nurse Practitioner (check-in appointments, etc.):

Additional notes/plans for my family:

(i.e. who will look after kids if parents are sick, who will check on person if living alone):

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APPENDIX D: TEMPLATE TO TRACK VULNERABLE COMMUNITY MEMBERS

Name	Address Contact Number/ Radio	Condition/Health Concern/Health Vulnerability	Dependents	Access to computer or cell phone	Other Information

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APPENDIX E: HOME ASSESSMENT FOR SELF-ISOLATION - COVID-19

NAME: _____ DATE: _____

Home	Description Details	Yes	No
TYPE	Single House		
	Apartment/Condo		
	Other:		
NUMBER OF PEOPLE LIVING IN HOME	Adults:		
	Children:		
BATHROOM(S)	How many:		
BEDROOM(S)	How many:		
RURAL			
URBAN			
RUNNING WATER			
ELECTRIC/WOOD HEATING			
WASHER/DRYER			
SMOKE/CARBON MONOXIDE DETECTOR			
CELL SERVICE/WIFI			
TELEPHONE			
CLEANING SUPPLIES	Bleach		
	Dish Soap		
	Garbage bags		
	Hand Soap		
	Laundry Soap		
	Regular cleaning products		
	Paper towels, disposable wipes		
FOOD	Minimum 2 week supply?		
HOUSE PETS	Type:		
VEHICLE			

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DISCUSSION POINTS FOR NURSE AND CLIENT/FAMILY:

1. In preparation of isolation precautions, please see link **How to Care for A Person with COVID-19 at Home: Advice for Caregivers**, at <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/how-to-care-for-person-with-covid-19-at-home-advice-for-caregivers.html>

In the event that self-isolation **cannot** occur due to overcrowding and immunocompromised members in home, plans should be discussed with the public health team (Health Authority) and options explored:

- Hotel
- Another home location with more room

COVID-19: Recommendations for Cleaning In Community Health Care Settings see:

<https://www.fnha.ca/Documents/FNHA-COVID-19-Recommendations-for-Cleaning-in-Community-Health-Care-Settings.pdf>

APPENDIX F: PRIMARY CARE FRAMEWORK

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

COVID-19 Patient ID and Assessment for Primary Care with MD/NP

1 IDENTIFY	Patient reports: Fever, new cough, or difficulty breathing Give patient and accompanying person(s) a mask to wear and ask to perform hand hygiene	
2 ISOLATE	<ul style="list-style-type: none"> ■ Place patient in a separate room/area ■ Implement Contact And Droplet Precautions ■ Put on appropriate Personal Protective Equipment (PPE) 	
3 ASSESS	HISTORY – VITALS – RESP EXAM	Collect specimen ¹
4 DISPOSITION	Requires Hospitalization: Call ED to notify sending patient Returning home: provide patient handout ¹ and advise patient to limit contact with others and call 811 if symptoms worsen Clean and disinfect surfaces touched by patient and accompanying person(s)	

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

COVID-19 Patient ID and Assessment for Primary Care with MD/NP

IDENTIFY 1	ISOLATE 2	ASSESS 3	DISPOSITION 4
Does the patient report any of the following symptoms? <ul style="list-style-type: none"> ■ Fever ■ Cough (new onset or exacerbation of chronic cough) ■ Difficulty breathing/shortness of breath If yes, Give patient and accompanying person(s) a mask to wear and ask to perform hand hygiene	<ul style="list-style-type: none"> ■ Place patient and accompanying individuals in a separate room or area with at least 2 meters separation between patients. Implement Contact and Droplet Precautions ■ Appropriately don (wear) and doff (remove) Personal Protective Equipment (PPE): gown, gloves, eye protection (e.g. face shield or goggles) and surgical mask. ■ Perform hand hygiene before, during, and after patient care ■ If performing aerosol generating medical procedures (AGMPs), move patient to a negative pressure room (whenever possible) and wear a fit-tested N95 respirator, gown, gloves and eye protection.¹ If this is not possible in the current setting, facilitate sending patient to a healthcare setting that can perform the procedure using airborne precautions. NOTE: Nasopharyngeal (NP) and throat swabs do not require use of N95 respirator 	<ul style="list-style-type: none"> ■ Assess clinical signs and symptoms and exposure risk (history, vitals, respiratory exam) ■ Consider need to test for COVID-19. Either nasopharyngeal (NP) or throat swab are suitable (NP preferred).¹ 	Patient requires hospital care <ul style="list-style-type: none"> ■ Please call the ED to notify you are sending a suspect coronavirus patient Patient does not require hospital care <ul style="list-style-type: none"> ■ Provide patient handout - available in the "case management" section ■ Instruct patient to call 1-833-707-2762 if results have not been received in 3-4 days ■ Advise patient to limit contact with others and call 811 if symptoms worsen ■ Public Health notification is not required <div style="background-color: #00a651; color: white; padding: 2px; text-align: center; font-size: x-small;"> Clean and disinfect surfaces touched by the patient and accompanying individuals </div>

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.