

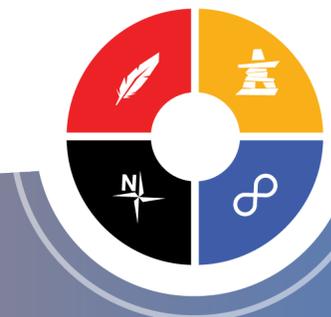
Indigenous Services Canada

Crown-Indigenous Relations  
and Northern Affairs Canada

# COVID-19 First Nations and Inuit Home and Community Care Guidance Document

March 21, 2020

Please note, this is a living document and may be updated to ensure the most current practices. When referring to the document be sure it is the most current version.



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*The guidance in this document is based on guidelines developed by the World Health Organization (WHO), the Public Health Agency (PHAC), provincial guidelines, guidelines from the First Nations Health Authority (FNHA), and others. It is intended to be used by Home and Community Care (HCC) providers who see clients in their home/community setting in First Nations and Inuit communities. The guidelines are in the current context of the rapidly evolving COVID-19 pandemic and are subject to change.*

*This document is intended to provide guidance in conjunction with provincial/territorial guidelines and Regional Health Authority's policies, procedures and guidelines*

## **Communicable Disease Emergency (CDE) Planning and Implementation**

### **1. Ensure your community's Communicable Disease Emergency (CDE) plan is up to date and has been tested (i.e. table top exercise).**

Your CDE plan should include consideration of Home and Community Care services and processes. An emergency plan specifies procedures for handling sudden unexpected situations. The objective of creating a plan is to reduce the possible consequences of the emergency by preventing fatalities and injuries, reducing damage, and accelerating the resumption of normal operations (Health Canada, 2012).

Please refer to the *FNHCC Program Standards 2012, Section 1.10: Emergency and Disaster Planning (Appendix A)* for further guidance on creating a CDE plan. PHAC also has pandemic preparedness planning guidance with links to provincial plans. *See More Resources below*

### **2. Identify what the essential services are within the Home and Community Care program.**

These are determined at the community level and should align closely with provincial standards for minimum essential services. Generally, essential services are those that are necessary to enable the program to prevent danger to life, health, or safety (Government of Canada, 2015). 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 are not essential services (Health Canada, 2004).

Questions to ask when determining what are essential services in Home and Community Care:

- Is it critical that this service be provided now, or can it be postponed until the risk of COVID-19 is lower?

- By NOT performing this service, is there an increased risk to health and safety or danger to life for the client?

You may contact your Provincial health authorities for further guidance on essential services.

HCC in consultation with Band Leadership should determine when it is unsafe for staff members to visit all scheduled clients. Healthcare providers must assess and maintain their own safety first. The Home Care Coordinator or delegate should direct that only clients requiring essential services be visited.

**3. Identify a Lead within HCC** who will regularly review their program readiness and CDE plan as it relates to COVID-19.

**4. Maintain a list of clients that require essential nursing services during the COVID-19 pandemic**, and prioritize types of services to be performed.

5. During the COVID-19 pandemic, the **Home Care Coordinator or delegate is responsible to:**

- Determine, in consultation with Band leadership, if activation of the CDE plan will be implemented.
- Direct the restriction of service provision. (Health Canada, 2004)

6. During the COVID-19 Pandemic, the **Home Care Nurse or delegate is responsible to:**

- Notify clients who will not be receiving scheduled Home Care service visits (if possible).
- Notify Home Care Coordinator or delegate of your visitation plan and expected time of return.
- Document the reason that scheduled visit were not provided. (Health Canada, 2004)

**7. Review and follow routine infection practices, as well as droplet/contact and airborne practices as required** (see table below). HCC staff in direct and close contact with clients should be familiar with and follow contact and droplet precautions. *(Note that the province of Québec recommends following airborne precautions and communities in Québec should adhere to these guidelines.)*

Training and use of PPE as well as standard precautions is important. Discuss with your staff the need to use PPE appropriately.

**8. All staff should be educated about COVID-19**, including principles of transmission, prevention, screening, and management.

**9. Ensure ongoing dialogue regarding the need for additional support and equipment** with your HCC Coordinator or nurse-in-charge.

**10. Ensure that you have the appropriate Personal Protective Equipment (PPE) available.** If not, please link with the Nursing Station or for Health Centres your Public Health Nurse/Community Health Nurse for additional supplies. If you have any concerns, please contact the Regional Home Care Coordinator.

**11. Keep up to date with the latest information and clinical guidelines.** The COVID-19 situation is rapidly evolving and clinical guidelines are being updated regularly. It is highly suggested to refer daily to the Shared Health Manitoba website for providers at: <https://sharedhealthmb.ca/covid19/providers/> Additional reputable guidelines are also available from WHO, PHAC. *Refer to More Resources below.*

### **Screening Guidelines**

The following guidelines have been loosely modified from the Ontario Ministry of Health (2020) guidelines for Home and Community Care providers, modified to reflect the context in Indigenous communities. Prior to providing care in the home, the HCC nurse should take the following steps:

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1. Determine if the client requires an essential service. If the service is not essential, inform and explain to the client why you will be unable to perform this service while the community is in a CDE/EM state. Have a system for follow-up once the restrictions on services are lifted.
2. All clients should be screened by the nurse by phone before home visits are scheduled to determine their risk for COVID-19. If contact by phone is not possible, the nurse should screen the client immediately upon arrival when making a home visit.
3. The nurse should also ask about other people who will be in the home during the appointment (e.g. family) and where appropriate, screen this person too.

#### **Sample Screening via Telephone**

Does the client have:

1. Fever, and/or new onset of cough, or difficulty breathing

**AND** any of the following:

2. Travel outside Canada within the last 14 days before the onset of illness

**OR**

Close contact with a confirmed or probable case of COVID-19

**OR**

Close contact with a person with acute respiratory illness who has travelled outside Canada in the 14 days before their symptom onset.

4. If the client answers yes to both questions (1) and (2), either the patient or other person in the home, the HCC nurse should refer them to Primary Care for clinical assessment, and, if warranted, testing. They should also be advised to self-isolate.
5. If the client answers no to either question and is assessed by the nurse to be no/low risk for COVID-19, the HCC nurse can perform essential services as usual.
6. If the client is very ill (i.e. having difficulty breathing), the nurse should call emergency services and let the paramedic know the client is at risk for having COVID-19.

## **Self-Screening for Healthcare Workers**

It is important that HCC workers practice regular self-screening to prevent the introduction or spread of the virus in communities, and to decrease the burden of illness resulting from the pandemic.

**A self-screening tool for HCC is included in Appendix C.** If a healthcare professional meets any of the exposure criteria or symptoms, they should *not* report to work and they should contact their manager and follow their provincial/territorial public health guidelines.

## **Precautions in the Home Care Setting**

### *Precautions for Caring for Asymptomatic Clients with non-suspected COVID-19 in the Home*

If the HCC nurse determines that an asymptomatic client requires essential nursing care in the home, he/she should adhere to routine practices. For asymptomatic clients, wearing a mask of any type is *not* recommended (World Health Organization [WHO], 2020).

### *Precautions for Caring for Symptomatic Clients with suspected or confirmed COVID-19 in the Home*

If the HCC nurse determines that a symptomatic client requires essential nursing care in the home, he/she should adhere to routine practices, as well as Contact and Droplet (and Airborne in Québec) precautions during direct care (WHO, 2020).

Routine Practices	Basic principles of infection control and utilize routine precautions Hand hygiene Respiratory hygiene Clean and disinfect medical equipment after use with each client Encourage client/family to regularly clean and disinfect surfaces at home Stay home if you are sick
Contact/Droplet	Gowns Gloves Medical mask Eye protection (goggles or face shield)
Airborne – <b>Québec only</b>	Fit tested N95 respirator

## COVID-19 Health Teaching for HCC Clients and Caregivers

HCC nurses have an important role in providing awareness and education to their home care clients and families. Nurses may provide teaching on self-monitoring and the common signs of infection (provided above). They may also provide teaching on how to prevent infection spread of COVID-19 in the community, including performing hand hygiene (either use of alcohol-based hand rub or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g. covering mouth and nose when coughing and sneezing, using tissues to contain respiratory secretions), and practice social distancing (minimize close contact with others in the community).

They can also advise on self-care and care of others at home, communicating when to stay home and when to go to work during a pandemic, and where and how to access health services.

If clients have suspected or confirmed COVID-19, the HCC nurse should check in daily (or as otherwise determined) by telephone to assess how the client is doing. The nurse should provide guidance for self-managing in the home and include living-in family members and informal caregivers in this education.

Whenever possible, people who are at a higher risk of serious illness from COVID-19 should not care for someone with COVID-19. These people include elderly persons, those with chronic medical conditions (e.g. heart disease, diabetes) or compromised immune systems (Public Health Agency of Canada [PHAC], 2020).

Patients and families should adhere as much as possible to the recommendations outlined by the WHO document *Home care for patients with novel coronavirus (COVID-19) infection presenting with mild symptoms and management of their contacts*. See *More Resources* below.

Special advice to family caregivers for those diagnosed with COVID-19 include (PHAC, 2020b):

- **Limit contact** as much as possible, and avoid sharing personal items with the ill person, such as toothbrushes, towels, bed linen, utensils, or electronic devices.
- **Protect yourself** by staying at least 2 metres from the ill person, wash your hands often and thoroughly, and avoid touching your eyes, nose and mouth with unwashed hands.
- **Keep your environment clean** by washing often clothing and linens belonging to the ill person, clean and disinfect surfaces that people touch often (e.g. toilets, laundry containers, bedside tables, doorknobs, phones, television remotes, etc.).
- **Monitor yourself for symptoms** (above). If you develop symptoms, isolate yourself and contact the Primary Care team in your community.

## **More Resources:**

### **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>

### **COVID-19 Clinical Guidelines**

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

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

[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

<https://apps.who.int/iris/handle/10665/331215>

### **COVID-19 Health Teaching for HCC Clients and Caregivers**

<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>

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