ISC TOOLKIT: COVID-19 Public Health and Primary Health Care Delivery

INDIGENOUS SERVICES CANADA

Version 4
December 1st, 2020

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This is version 4 of this document, November 20th 2020.

Update of Clinical Tools:

- New Tool "COVID-19 Primary Care Assessment and Management Pathway" as Appendix J
- Updates of:
    - Symptoms assessment by non-HP: now Appendix-K
    - COVID-19 Assessment and management documentation support tool: now Appendix-L
    - Client Care Note: now Appendix-M
    - Tool COVID-19 Intake form Isolation site: now Appendix N
- Update of section "Triage and Assessment"
- Updated version of Appendix C: Guidance for the Safe Movement of Essential Personnel, Medical Clients and Emergency Evacuees by Air. Version 2.0 published September 21, 2020

PREFACE

As some of the public health measures are relaxing across the country, Indigenous communities are exploring the capacity to resume primary care services that have been suspended or modified. Local and program managers must engage with local leadership to discuss the needs of the community and perform a risk assessment of the community and health professionals for resuming primary care and public health activities.

The decisions must be done collaboratively, be culturally grounded and informed by Federal/Provincial/Territorial/local governance guidance documents, health and safety measures, professional regulations, etc.

This document is based on the most current available scientific evidence and public health guidance at the time of writing. Other sources of information include:

- Existing ISC developed documents
- Public Health Agency of Canada (PHAC) website regarding COVID-19

All information is subject to change as either new information emerges, experience is gained with lifting restrictions in some jurisdictions or treatment options/ vaccines become available.

The current version of this document will be made available on the ISC Google Drive and upon request.

Use of the content in this toolkit should be implemented with cultural humility and contribute to the cultural safety of Indigenous people.

FORWARD

This document was developed in collaboration with members of Indigenous Services Canada, First Nations and Inuit Health Branch.. Special thanks to Marie-Elaine Delvin, Shirley Bourdouleix, Jennifer Mercer, Linda Pillsworth, Kim Daly, Joan Reiter, Charlotte Szarski, Michelle Mutton, Samara Lewis, Marc Beaudry, Johnathan Fleming, Saad Jalik and Miranda Gillingham. Thank you everyone for your efforts in putting together this document.

PURPOSE

This toolkit is intended to provide information/guidance on infection prevention and control (IPC) measures, physical layout planning, and processes related to day-to-day primary care and public health activities during the COVID-19 pandemic. The intent is to complement and/or support any existing health centre/nursing station/public health facilities' policies/directives and processes.

The planning and implementation phase of these measures should be done in collaboration with front line workers and local leadership.

AUDIENCE

This guidance material is intended for health care professionals, managers and local health authorities where primary care and public health activities are provided by Indigenous Services Canada (ISC). This toolkit can be adapted by partners and transferred communities.

TRAINING and BASIC REQUIREMENTS

WHO				REQUIREMENT	EDUCATION/ CERTIFICATION
External Service Providers	Non-Health Professionals	Health Professionals (ISC and External Employees)	ISC Employed Nurses	Screening for signs and symptoms of COVID-19 upon entry to the facility	• As per regional processes/training
				Hand hygiene	
				Procedure/medical mask if 2 metre distance from other staff and patients cannot be ensured	
				Infection prevention and control (IPC) practices followed	
				Point-of-Care Risk Assessment (PCRA) (see example Appendix E)	
				PPE Training (appropriate selection and use, donning/doffing)	Training may include instructional posters; nurses have hands on training.
				N95 mask fit testing* Based on PCRA results.	Certification with availability of masks in community
				Health provider immunizations up to date (including flu shot)	If health provider does not have a current flu (or COVID-19 when available) vaccine, follow the appropriate regional direction
				Professional Licensure	In good standing as per provincial regulations
				CPR training up-to-date	Current (Heart and Stroke, Red Cross or St. Johns Ambulance)
				Transportation of Dangerous Goods (TDG) Training	Current certification
				Nurse Safety Awareness Training (NSAT)/ Non-Violent Crisis Intervention (NVCI)	NSAT – once/FNIHB career NVCI – 3 year expiry (recertification process in progress)
				Self-screening (National Directive)	Prior to assignment (for Remote and Isolated

					nurses)
				Regional/National annual flu/respiratory illness education module	As per regional processes
				PPE Donning and Doffing (Low and high risk training as applicable)	Provided in regions by train the trainer personnel (trained at National Office annually)
				Immunization Certification	• Required by all ISC employed or contracted nurses
				Mandatory Courses (all current and up to date) – Primary Care facilities only with the exception of Immunization Certification which is for Public Health as well)	• Advanced Cardiac Life Support (ACLS) • Pediatric Advanced Life Support (PALS) • International Trauma Life Support (ITLS) • Controlled Substances • Immunization Certifications

COMMUNITY ENGAGEMENT

• All planning and implementation steps should be done in collaboration with the community leadership, Health Director and nursing leadership e.g. NIC, of the health facilities.
• Take into consideration training and education requirements of support staff at the health facilities regarding procedures and process
• Establish regular communication process with local leadership and with all staff working at the health facilities
• Collaborate with resources available in the community to support individuals and families with their various needs, for example mental wellness, child services, etc.
• Discuss with community leadership on strategies to keep elders, senior and at risk population safe

TRAVEL

Transport Canada has specific regulations with regards to air travel while symptomatic with COVID-19 symptoms. Refer to the **Guidance for the Safe Movement of Essential Personnel, Medical Clients and Emergency Evacuees by Air** Document (section 3) for information on health checks.
The guidance documents listed below provide information to consider when planning travel into a First Nation community. These documents can be shared with managers responsible for planning the return of primary care and public health services in the communities.

Appendix A: Use of Fleet and Rented Vehicles for Community Work (includes cleaning of fleet vehicles)
Appendix B: Guidance for Health Professional Considering Travel to First Nation Communities to Provide Services
Appendix C: Guidance for the Safe Movement of Essential Personnel, Medical Clients and Emergency Evacuees by Air

Pre-travel assessment tool for primary care services is available on the Google Drive under the Transportation folder. This assessment tool will be updated on a regular basis according to regional epidemiology. If you do not have access to the Google Drive, email rne.resources2020@gmail.com.

ACCOMMODATION/STAY IN COMMUNITY LOGISTICS

- Providing primary care activities in the community may require the health professional to spend a significant amount of time in the community. Considerations must be taken with regards to potential accommodations, food procurement, and plans for self-isolation if the health professional becomes ill while in the community.
- Regional policies and/or processes regarding accommodation/stay in community may be necessary or already in place and are to be applied.
- Things to consider for outside health professionals staying in community include:
    - Accommodations
    - Food procurement
    - Illness
    - Isolation and quarantine requirements
- Planning and decision-making will be affected according to the mode of transportation to the community (air versus ground).
- Those arranging travel and accommodation in community must work with community leadership through their regional channels to make sure community processes are followed.

Accommodations:	
	Check with community leadership regarding: - Recommendations for overnight stays (may include within community or not) - Specific requirements pertinent to self-isolation and travel
	ISC Nursing residence requirements: - Contact manager to discuss potential restrictions/directives: o Self-isolation requirement in place for all professions o Physical distancing capacity o Other potential directives

Food Procurement:	
	Verify if store access is limited
	Ability to bring or send excess luggage/freight including food

COVID-19 Symptoms:	
	For air travel if health professional required to return home: - Review health check mandated by Transport Canada prior to boarding plane - Consideration to be given to alternate modes of travel or alternate flight availability

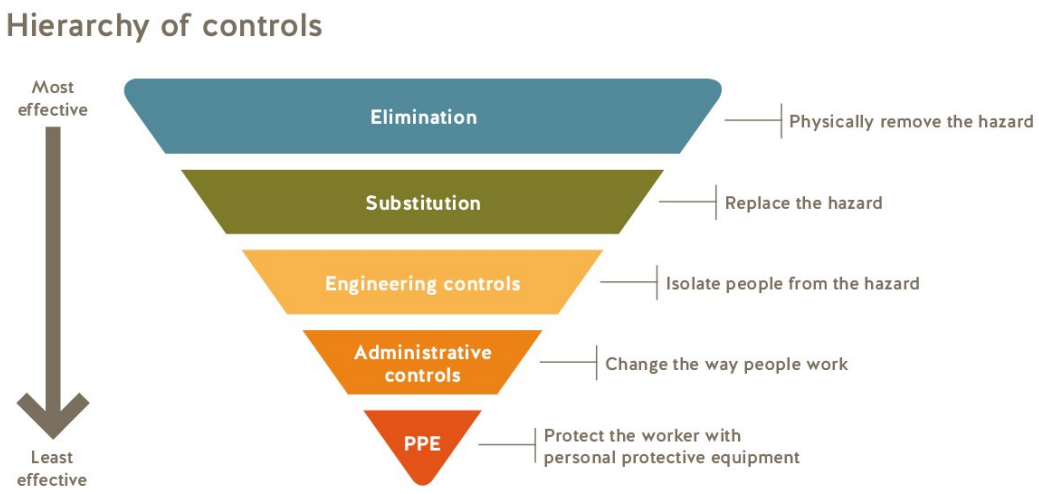
	where possible if health check failed <u>Note:</u> - Procedures for Medevac flight for acute and severe health emergencies are usually well established and these procedures should be followed in any acute or severe health emergency - Non-acute symptoms may require alternate options and/or higher level decisions regarding isolation and/or evacuation from the community. Refer to **Air transport guidance** for more details
	Support available in community if required to self-isolate (food, laundry, etc.)
	Space availability to self-isolate within **community** if required. **Refer to Guidance for health professional considering travel to First Nation Communities to provide service** (section 3)

STRATEGIES TO MINIMIZE THE RISK OF TRANSMISSION

Overarching Principles (CCOHS, 2020)

The hierarchy of hazard controls

This section provides an overview of the strategies that can be implemented to protect employees working in a health facility and to control the spread of COVID-19 in the workplace.
More detailed information is provided in the following sections.



Elimination: remove the hazard from the workplace

- Active and passive screening of staff and patients to prevent those suspect or symptomatic of COVID-19 from entering the facility
- Appointments done over the phone or virtually when appropriate and if possible to limit number of patients entering the facility

Engineering/Environmental Controls: includes designs or modifications to facility, equipment, ventilation systems, and processes that reduce the source of exposure

- Physical barriers installed (i.e. plexiglass) between workers and patients
- Hand wash stations and/or hand sanitizer dispensers
- Hands-free trash receptacles
- Chairs spaced 2 meters apart in waiting area
- Increased air filtration devices
- Planned unidirectional walk paths, redesigned work areas to reduce grouping of workers

Administrative Controls: work policies, procedures, and practices around operations

- Policies and rules established around screening upon entry and maintaining physical distancing
- Use floor markings to promote distancing
- Education and training for all staff on PPE and hand washing
- Scheduling practices that stagger break times or shift start times to reduce congestion of

workers • Signage placed appropriately throughout the facility directing or reminding of precautions and critical procedures
Personal Protective Equipment: equipment worn by individuals to reduce exposure • Procurement and distribution of PPE as per regional/national processes. • Adequate PPE in stock, including gloves, eye protection, respiratory protection, and gowns • Staff trained on proper selection and use of PPE • Although not considered PPE, clients should be encouraged to wear masks or face coverings if they are able.
Additional guidance is available: • Canadian Centre for Occupational Health and Safety. *Hazard Control*. https://www.ccohs.ca/oshanswers/hsprograms/hazard_control.html

The following sections will provide information on various measures that can be implemented in health facilities to promptly identify potential cases and prevent the spread of COVID-19.

- ☐ Point of Care Risk Assessment (PCRA) for COVID-19
- ☐ PPE Best practices and Procurement
- ☐ IPC measures
- ☐ Physical layout of health facilities integrating IPC measures
- ☐ Work flow planning

Point of Care Risk Assessment (PCRA) for COVID-19

The PCRA is a routine practice that should be applied by all staff before every clinical encounter regardless of COVID-19 status. The PCRA helps staff to make decisions regarding the likelihood of exposure to infectious agents and is based on staff professional judgment about the clinical situation, how the facility has implemented physical (engineering) and administrative controls, and the use and availability of PPE (BCCDC, 2020).

The PCRA helps staff to select the appropriate actions and/or PPE to minimize the risk of exposure to known and unknown infections (PHAC, 2020). Performing a PCRA to determine whether PPE is necessary is also important to avoid over-reliance on PPE, misuse, or waste (BCCDC, 2020).

- Assess the task, the patient, and the environment prior to each patient interaction
- Routine practices are to be used with all patients for all care and all interactions
- Decide what PPE you require, if any, to prevent the spread of infection
- If you will have direct contact (within 2 meters) with patients, you must follow droplet and contact precautions, including wearing a surgical/procedure mask, eye protection, gloves and gown

Refer to the following:

- ***Appendix D**: PPE guidelines for primary care sites*
- ***Appendix E**: Point of Care Risk Assessment (PCRA)*

For More Information on the Appropriate Use of PPE:

Please refer to the following resources:

- World Health Organization – Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages
- PHAC – Personal protective equipment against COVID-19
- PHAC – COVID-19 technical brief: Masking and face shields for full duration of shifts in acute healthcare settings

Provincial/territorial Guidelines:

In situations where Personal Protective Equipment (PPE) guidance varies between provincial jurisdictions and the PHAC, all ISC employed health workers are to follow PHAC guidelines as these guidelines are developed in consultation with minimum prescribed standards set out in the Canada Labour Code, Part II (the Code) and Canada Occupational Health and Safety Regulations (COHSR). Provinces or territories may identify that more precautions are required based on local surveillance ; however, the PHAC standards must be followed as a minimum standard..

See Appendix P: Personal Protective Equipment Guidance for Indigenous Services Canada (ISC) Employees – Healthcare Providers

PPE Best Practices and Procurement:

PPE controls are the lowest and last level of the hierarchy and should not be relied on as a stand-alone control method. PPE should only be used in concert with the controls above it (as per the Hierarchy of Controls). The selection of appropriate PPE is based on a point-of-care risk assessment and the ability to apply other control methods.

PPE Donning and Doffing

- Perform hand hygiene before putting on PPE, after removal of PPE, and after disposing of PPE
- Follow appropriate sequence of donning and doffing PPE for each PPE item
  *(see link to video in **appendix F)***

Gowns	• Gowns should be removed after every patient encounter and placed in disposal or laundry bin
Surgical/procedure masks, eye protection, and N95 respirators: **Medical masks** include: N95, surgical (have straps) and procedure masks (have ear loops). **Non-medical masks** include: fabric face coverings, etc. that do not have to meet regulatory standards.	• Avoid touching the front of the mask or face shield and remove them by the ear loops or elastics (PHAC, 2020) • If you must touch or adjust your mask or eye protection, perform hand hygiene immediately (BCCDC, 2020) • Never dangle the mask under the chin, around the neck, off the ear, under the nose or place on top of the head (PHAC, 2020) • If you see a colleague touch or adjust their mask/eye protection, remind them to perform hand hygiene (BCCDC, 2020) • Use an N95 respirator for aerosol-generating procedures for patients with suspected or confirmed COVID-19 or airborne diseases. Don and doff according to fit-testing policies/procedures.
Gloves	• Change gloves and hand hygiene between every patient interaction

Donning and doffing checklist

- ☐ PPE donning and doffing areas have been clearly designated and marked
- ☐ PPE donning and doffing posters are displayed in all areas where staff are required to put on

and take off PPE *(video link in appendix F)*

- ☐ Donning area includes adequate and appropriate PPE and alcohol based hand rub
- ☐ Doffing area includes dedicated no-touch waste receptacles and alcohol based hand rub.

Extended Use of Mask and Eye Protection

- ☐ Staff are asked to follow Public Health Agency of Canada guidance on continuous/extended and re-use of mask and eye protection
- ☐ Some provinces recommend continuous use (wearing masks for the entire shift) and extended use (keeping the same mask between patients) of procedure masks. Some provinces also recommend continuous, extended, and re-use (after cleaning and disinfection) of face shields/ eye protection.
- ☐ Where PPE guidance varies between provincial jurisdictions and the PHAC, all ISC employed health workers are to follow PHAC guidelines as these guidelines are developed in consultation with minimum prescribed standards set out in the Canada Labour Code, Part II (the Code) and Canada Occupational Health and Safety Regulations (COHSR).
- ☐ The mask and face shield should be removed prior to breaks or when leaving the facility and disposed of appropriately or cleaned and disinfected as per manufacturing guidelines.
- ☐ Masks should be disposed of and replaced when they become damaged, wet, damp, or soiled, or when they come in direct contact with a patient.

Guidance available at PHAC: COVID-19 technical brief: Masking and face shields for full duration of shifts in acute healthcare settings

Checklist:

- ☐ Facility has up-to-date provincial/territorial guidance on PPE conservation methods, including continuous and extended mask and eye protection use
- ☐ All personnel are trained in safe PPE donning and doffing procedures to prevent exposure

Non-Medical Masks and Face Coverings

Healthcare workers in primary care settings require medical masks including procedure masks and N95 respirators to do their jobs safely. Non-medical masks (NMM) or face coverings have not been proven to protect the person wearing it.

The use of a non-medical mask or face covering (e.g. homemade cloth mask) in the community can be an additional measure for community members and non-direct care providers to take to protect others around them. It is also an additional measure visiting staff can use when in transit to and from community, as medical-grade PPE is not required in these circumstances. The use of a NMM or face covering is not a substitute for physical distancing and hand washing.

- Encourage patients and essential companions to wear a NMM or face covering to their scheduled appointment
- Provide education to patients on responsible use of NMM in community setting
- Primary care nurses and other visiting staff travelling in and out of community are encouraged to wear NMM or face covering during transit.

Additional guidance is available:

- Non-medical masks and face coverings: About. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html
- Non-medical masks and face coverings: How to put on, remove and clean. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/how-put-remove-clean-non-medical-masks-face-coverings.html

Overall PPE Pre-Planning Checklist

Prior to expanding primary care service delivery, the following planning considerations should be taken:

- ☐ Facility has up-to-date provincial/territorial guidance on PPE conservation methods and staff are familiarized and knowledgeable
- ☐ All personnel are trained and knowledgeable in conducting a PCRA and making the appropriate selection of PPE
- ☐ All personnel are trained in safe PPE donning and doffing procedures to prevent exposure
- ☐ Processes are set up so that training is ongoing (e.g. scheduled refresher sessions, PPE donning/doffing trained monitors)
- ☐ Personnel who may perform aerosol generating medical procedures (AGMP) have been fit-tested for an N95 mask, and this information is kept up-to-date and accessible
- ☐ Secure storage for PPE supplies
- ☐ One month's supply of PPE in stock is suggested, including gloves, eye protection, respiratory protection, and gowns.
- ☐ Reliable and sustainable access to PPE
- ☐ Designated team member(s) responsible for tracking and recording PPE supply daily
- ☐ Procedure masks available at the entrance for symptomatic clients
- ☐ Personnel knowledgeable of PPE request process through regular suppliers, provincial stockpile, and federal stockpile
- ☐ PPE donning and doffing areas have been clearly designated and marked
- ☐ PPE donning and doffing posters are displayed in all areas where staff are required to put on and take off PPE *(video link in Appendix F)*
- ☐ No-touch waste receptacles for discarded PPE placed appropriately throughout facility

Procurement of PPE

- Communities should continue to engage with their regular supplier(s) for PPE.
- Ensure PPE vendors meet Canadian safety standards
- Communities should also continue to engage with provinces and territories in order to access Provincial/Territorial PPE supplies.
- If unable to obtain PPE through their regular supplier(s) or the province/territory, communities should contact their FNIHB Regional Office. Regional Offices work with National Office on PPE requests for health care purposes and other essential services.
- Once the Region receives a request from the community, they will complete a request form, which indicates the health services in the community requiring PPE, items requested, and other contextual information, and submits the request to National Office. All PPE requests for health services must go through the Synergy in Action (SIA)tool.
- National Office will review the community request and use the appropriate calculator to estimate PPE requirements for the health services functioning in the community.
- Delivery times may vary based on mitigating factors. The current delivery time is between 7 and 14 days. Please re-order additional PPE with these time frames in mind. For example, with the current wait time, we are recommending you order PPE 10-18 days before you require it.
- ISC's PPE stockpile is intended to fill Communicable Diseases Emergency (CDE) gaps for health services essential services only. It is not intended for distribution to other non-essential services or to individual members in communities.
- Responsible staff are familiar with and knowledgeable about the PPE ordering process and PPE request form.

- The Regional Communicable Diseases Emergency (CDE) representative can provide the most recent version of the PPE Request Process form, which further details the ordering process, as this form periodically gets modified as the COVID-19 situation evolves and PPE processes improve.

Information on the ISC National Stockpile

- The ISC PPE stockpile is a small percentage of the total PPE stockpile provided by the Government of Canada, and is able to provide PPE only in cases where other sources of PPE are not available.
- The national stockpile contains gloves, medical masks, N95 respirators, face shields, disposable gowns, and alcohol-based hand sanitizer
- The national stockpile does not contain cleaning supplies, soap, cavi wipes, or N95 models not listed in the request form.

References for PPE BEST PRACTICES and PROCUREMENT:

Canadian Centre for Occupational Health and Safety. (2020). *Hierarchy of controls for COVID-19*

prevention. https://www.ccohs.ca/bestpractice/resources/1089-COVID-19---Hierarchy-of-Controls-(1).pdf

PHAC. (2020). Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html#_Toc40651330

IPC Measures

- Individuals responsible for oversight of IPC measures in clinics in Indigenous communities should be familiar with relevant IPC background documents on Routine Practices & Additional Precautions and occupational health and safety legislation in their jurisdiction
- Community measures to control COVID-19 should be based on local and regional epidemiology

Decision Support Tools

- Facility/organizational IPC policies and procedures; provincial/territorial public health guidance and occupational health and safety legislation
- Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings.
  https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html
- Hard-surface disinfectants and hand sanitizers (COVID-19): List of disinfectants with evidence for use against COVID-19
  https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html
- Point-of-care risk assessment. (see Appendix E)

Cleaning & Disinfection

- Frequently touched surfaces should be cleaned and disinfected at least twice a day. Including washrooms, all common rooms.
- Schedule and associated procedures should be developed **Appendix G**

- All client exam room surfaces are considered high-touch, including equipment and should be

cleaned and disinfected between every client
• Cleaning and disinfection should be performed at least once per day on all low-touch surfaces. All surfaces or items, outside of the patient room, that are touched by or in contact with Health Care Workers (e.g., computer carts, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected at least daily and when soiled.
• Clean any surface that is visibly dirty prior to disinfecting.
• Use common, commercially-available detergents and approved disinfectant products (look for Drug Identification Number (DIN), closely follow the instructions on the label (see decision support tool section above for Health Canada list)
• Disinfecting wipes can only be used on lightly soiled, hard surfaces and must be discarded once dry
• Where possible, remove items with porous/soft surfaces such as upholstered chairs.
• Empty garbage containers daily or more frequently as required.
• Wear disposable gloves and additional PPE (such as a gown, face shield, and/or N95 mask)as needed when cleaning blood or body fluids
• Wear eye protection when there is a risk of splashing of blood and/or body fluids
• Perform hand hygiene before wearing and after removing gloves and regularly throughout the shift
• Maintain a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies and surgical masks, if possible
• Waste, soiled linen and the care environment are managed and/or adequately cleaned and disinfected according to facility policies and procedures
• Environmental cleaning and disinfection practices are monitored for compliance
Physical distancing
• Arrange staff rooms and break rooms to adhere to physical distancing guidelines.
• Arrange facility so that clients are not waiting in waiting room, or if this is not possible, waiting room chairs are at least 2 meters apart.
• Consider staggered break times to reduce employees gathering in numbers.

- To minimize the number of co-workers that staff are interacting with, consider creating teams or groupings of health professionals and scheduling them to regularly work together.

References:

BC Center for Disease Control. (2020). CCOVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinical Settings. Accessed May 25, 2020 http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

Government of Canada. (2020). Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings. Accessed May 25, 2020 https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html

PHYSICAL LAYOUT OF THE HEALTH FACILITIES INTEGRATING IPC MEASURES

Facilities may not be able to adopt all of these measures; however, consideration should be given to incorporating as many as possible.

General information

- Provide service remotely (i.e. telephone or video conferencing) if appropriate and possible
- Place appropriate signage in the clinic regarding COVID-19 at entrance doors, reception area, waiting room and exam rooms:
  - Symptoms of COVID-19
  - Hand hygiene/sanitizing with alcohol-based hand rub
  - Signage indicating physical distancing/maximum people permitted in designated areas.
  - Donning a procedure mask if client is symptomatic of COVID-19
- Have client sign in with reception upon entry to the facility
- Increase air circulation in all areas of the clinic wherever possible, by opening windows or doors
- Hand hygiene/sanitizing stations in place at entrance doors and key areas within the health facility. These stations must include alcohol-based hand rub, medical masks, tissues, and no-touch lined waste receptacles
- Where physical distancing cannot be maintained, consider physical barriers and other engineering/environmental controls
- Keep frequently used doors open where appropriate to avoid recurrent contamination of high touch

contact points (i.e. door knobs), ensuring that client privacy and confidentiality is not compromised
• Apply/place floor markers to demonstrate safe physical distancing if a line should form
• Clear visual instructions (arrows on floor, walls, etc.) posted throughout the health facility directing clients in a unidirectional manner (entrance via one door, exit via another door) or physical distancing measures to pass in a hallway.
Waiting rooms
• The space between the waiting room chairs provides a minimum of 6 feet (2m) between clients at any given time. **(helpful: clear floor markers to demonstrate distance)**
• Limit the number of individuals who are able to occupy a specific space in the waiting room as determined by provincial guidelines (Family members or support persons must be included in the maximum number of individuals. Family clusters do not need to separate from one another) Limiting the number of family members/support persons may be required based on availability of space.
• Alternative waiting room space if the maximum client capacity of the waiting room has been reached. (This may include overflow into personal vehicles or outdoor areas)
• Consider separate entrance and waiting room for clients and their family or support persons who screened positive on telephone triage. If separate room is not available, designate part of the waiting room for clients who screen positive to allow physical distancing.
• Remove difficult to clean items e.g. toys or magazines, from the waiting area
• Provide disposable tissues and no-touch, lined waste receptacles in waiting area
Clinic room
• Provide alcohol-based hand rubs near procedure/exam room doors, if available
• Procedure/exam rooms should include only necessary equipment required to perform services
• Minimize supplies located in procedure/exam rooms. Keep supplies in closed cabinets/containers to prevent cross-contamination
• If possible, dedicate an assessment/treatment room where suspected or confirmed COVID-19 cases may be seen and managed
• Availability of PPE donning and doffing areas
• Provide disposable tissues and no-touch lined waste receptacles in exam rooms

- If possible, dedicate an assessment/treatment room where suspected or confirmed COVID-19 cases may be seen and managed.
- Limit movement/carrying object in and out (paper, chart, pen, etc.)
- Charting should be done outside clinic room (low risk zone)
- Laboratory specimen: cleaned and double bagged for safe transport between high risk zone (clinic room) and low risk zone

Tools

Appendix H: Example of posters various areas, symptoms of COVID etc.

Appendix I: Floor map examples

WORK FLOW PLANNING

Planning of care and the use of tools can support best practices in identifying and initially managing suspected cases

General information

- Develop or update a clinic response strategy to ensure that all staff roles are clearly defined and that information and decision-making pathways are identified
- Develop or update a communication strategy that ensures all health care providers and staff working at the health facility have the most up-to-date information, including agency nurses. Agency nurses should have this information prior to the nurses coming into the community.
- Ensure email and communication channels are working
- Regularly communicate information to colleagues and staff
- Ensure staff have clear, up-to-date information for communicating with clients
- Ensure there is a process for reporting health and safety concerns
- Ensure appropriate psychological support for staff
- Ensure guidance/policies are in place for staff that are sick and are to stay home

Daily checklists including but not limited to:

- PPE supply and ordering,
- Swab supply and ordering,
- Schedule/appointment logistics
- Staffing-related issues (region-specific)
- Ensure everyone is up to date with information/processes/guidelines/policies

Triage and Assessment

- Adjust clinic hours as needed to accommodate client and staffing needs, while supporting physical distancing and infection prevention measures

- When speaking with clients during appointment scheduling, or during appointment reminders, ask clients to consider:
  - Calling if they are ill so they can be re-scheduled
  - Attending appointments alone where possible without family members or friends.

- Screen patients over the phone prior to coming to the clinic if possible using screening tool:
  - ☐ If screen POSITIVE: consider using different entrance/waiting room if possible
  - ☐ If screen NEGATIVE (for COVID): proceed to Nursing Station/Health Centre and follow the signage.

- If screening has not been completed by phone:
  - ☐ ensure signage at entrance door regarding appropriate PPE/symptom recognition (using symptom tool)
  - ☐ Screen as soon as possible(using screening tool) and direct client to the appropriate location (COVID vs non-COVID areas)

- Consider appointments and space them appropriately to facilitate physical distancing and adequate cleaning between clients. Avoid walk-ins as much as possible.

- Prioritize visits with clients based on the urgency of their clinical condition.

- At arrival to Nursing Station/Health Centre, hand-washing/sanitizing station must be available

- Procedure masks must be made available for symptomatic clients and those clients/external service providers/health and non-health professionals that will be unable to maintain 2m (6 ft physical distancing measures)

- At arrival, client should be triaged and directed to appropriate waiting area or assessment section (if possible have a high-risk versus low risk area).

- Conduct a point-of-care risk assessment for risk of COVID-19 for every client interaction (refer to PPE section)

- For guidance on **assessment and management process** refer to the**:**
  Appendix J: COVID-19 Primary Care Assessment and Management Pathway
  - Outlines key symptoms and exposure risk
  - Establishment of illness severity
  - Review risk factors and considerations for management in Remote and Isolated context
  - Discuss management strategies

Tools available:

Appendix K: Covid-19 Symptom Assessment Tool (by non-health professional) **Appendix L : COVID-19 Assessment and Management Documentation tool**

Surveillance of Cases
• Protocol in place to monitor cases (collaboration with PH/CD)
• Preparation for outbreak scenario

TESTING

Outlined below are key component of testing that should be considered and reviewed.

Criteria for testing should be guided by the provinces and territories
Explain procedure and ensure to have contact information for follow-up
Wear proper PPE as per PPE section: - Hand hygiene before donning - Donning and doffing area
Perform swab collection in dedicated assessment room for potential COVID-19 client - Follow IPC measures for cleaning room after visit
Laboratory requisition: Must use requisition provided by provinces or territories and signed by authorized provider
Swab collection: refer to packaging/guidance provided by local laboratories/authorities • Collection site (nasopharyngeal versus nasal versus oropharyngeal, etc.) • Transport medium safe keeping (temperature, packaging etc.)
Transport to laboratory • Packaging requirement (refer to Transportation of Dangerous Goods)
Follow procedures with local public health or communicable disease unit • *Case report* • *Contact tracing form* • *Client monitoring follow up sheet*
Information regarding testing modality and consideration: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/national-laboratory-testing-indication.html

SELF-ISOLATION TOOLS and MONITORING

This section discusses the process and includes tools that can be used when a client is required to self-isolate.

Self-isolation

- Follow provincial/territorial guidance on self-isolation protocols and requirements
- Provide information on the preparation for self-isolation
- Establish with client best place to be self-isolating (i. e. home versus alternate site if available). Discuss:
  - Housing (ability to self-isolate/overcrowding, hand hygiene)
  - Safety, risk of family violence
  - Health need requirements
  - Family/community support
  - Etc.
- Consider need for interpreter in order to relay information to the client
- Ensure client's contact information is up to date
- Inform Public Health/Communicable Disease unit/team
- Equipment and supplies available (PPE, sanitizer, etc.) available as per regional/national procurement and delivery of PPE processes.

Websites on isolation:

How to isolate at home when you **may** have COVID-19: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html

How to isolate at home when **you have** COVID-19: https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/covid-19-how-to-isolate-at-home/self-isolation-eng.pdf

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

Be prepared COVID-19: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-be-prepared-infographic.html

Monitoring

- Follow protocols in place for monitoring per region or territory
  - Phone versus in-person versus Skype, etc.
  - Frequency (one-twice a day)
  - Home visit required, etc.
- Identify high-risk individuals (i.e. elderly, immunocompromised, underlying health conditions, drug and alcohol dependency, mental health challenges, etc.) as they will require close monitoring and follow-up
- Symptom monitoring tools
- Ensure client's contact information is up to date
- Inform Public Health/Communicable Disease unit/team that the client is under self-

isolation
Tools: **Appendix M:** Client care notes: Follow-up for client who are self-isolating **Appendix N:** Intake form for alternate isolation site **Appendix O:** Guidance on site planning, layout, equipment and supplies for Surge Health infrastructure in Response to COVID-19

CONTACT TRACING

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, contact tracing will break the chains of transmission of an infectious disease and is thus an essential public health tool for controlling infectious disease outbreaks (WHO, 2020).

Contact tracing should be implemented in the context of cultural considerations and with cultural safety and humility.

Anyone identified through the contact tracing process will be informed of the appropriate steps to take (e.g. self-isolation at home) (ISC, 2020).

Contact tracing is a multi-faceted process. How long it takes depends on the specific situation. If the affected person has travelled recently, attended large gatherings, or been in close contact with large number of other people, the contact tracing process will take longer than for someone who has already been isolating at home for a specific period of time (ISC, 2020).

Decision Support Tools

-Community emergency pandemic plan
-Local public health protocols
-ISC COVID-19 Update: Confirmation of Cases and Contact Tracing
https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap0
Public health management of cases and contacts associated with coronavirus disease 2019 (COVID-19)
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html#co
Other:_____

Human Resources

- Contact tracing is usually conducted by the provincial/territorial public health authority, ISC public health professionals, and/or appropriate health care community staff who have the appropriate contact tracing training and are following established public health practices (ISC, 2020).
- Staff should have the following competencies:
  - ☐ aware of general IPC principles
  - ☐ basics of disease transmission
  - ☐ cultural awareness
  - ☐ confidentiality and ethics around data collection
  - ☐ case definition of COVID

- ☐ exposure and types of exposure
- ☐ active listener
- ☐ ability to answer general questions

- ISC works to ensure that appropriate health care is available for affected individuals and works with the community to identify any additional support that may be required e.g. PPE (ISC, 2020)

Approach/Equipment

- Follow local public health protocols
- Contact tracing should be completed over phone (or home visits if required)
- Respect for client's sensitivities, needs and cultural preferences– the approach may vary depending on the community involved
- Maintain client privacy and confidentiality at all times during phone or in-person visit and documentation.

Communication

- A top priority is ensuring the privacy and confidentiality of the client involved. This becomes more critical in remote/isolated/rural communities (ISC, 2020).
- Outreach to the Chief or other community leader(s) can occur to inform them that there is a confirmed case in their community without disclosing personal information. This allows the Chief and other community leaders, along with health experts to take action as required according to their own protocols or emergency pandemic plan. ISC officials will also discuss what other support the community may need at this time (ISC, 2020).
- The identity, health status and other personal information of the individual affected is only shared, as necessary, with health care providers in the circle of care (ISC, 2020).

References:

World Health Organization. (2020). Contact Tracing in the Context of Covid-19. https://www.who.int/publications-detail/contact-tracing-in-the-context-of-covid-19.
Accessed May 25, 2020.

Government of Canada: Indigenous Services Canada. (2020). Covid-19 Update: Confirmation of Cases and Contact Tracing. https://www.sac-sc.gc.ca/eng/1581964230816/1581964277298#chap0

Government of Canada, 2020. Public health management of cases and contacts associated with coronavirus disease 2019 (COVID-19).
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html#co. Accessed May 25, 2020.

HOME VISITS

Home visits are usually done by Home and Community Care (HCC). Guidance and protocols established by HCC should be followed when conducting home visits.

Basic principles

- Review virtual visits tips in the Virtual Care section of this document.
- Communication plan (including healthcare workers, HCC client and caregivers)
- Assess home setting for safety using the template for home assessment
- Inventory and procurement of PPE for home visit
- Respect IPC measures such as hand washing (HCC and client), physical distancing when possible
- Inventory of supplies and equipment needed
- Manager informed of visit (including list of HCC clients up to date)
- Transportation (IPC measures and safety)
- Maintain a list of high-risk clients for safety purposes

Infection prevention and Control for COVID-19: Interim guidance for home care settings

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-interim-guidance-home-care-settings.html

Public Health Agency of Canada (2020). ***Coronavirus Disease (COVID-19): How to care for a person with COVID-19 at home – Advice for 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

COMMUNITY ORAL HEALTH SERVICES

TRAINING and BASIC REQUIREMENTS

Oral Health Care Provider			REQUIREMENT	EDUCATION/ CERTIFICATION
COHI Aides	Dental Assistants	Dental Hygienists, Dental Therapists, and Dentists	Daily self-screening for signs/symptoms and risk factors of COVID-19 (National Directive and Appendix J, K, L) or as specified by provincial jurisdiction and/or professional regulatory body.	In good standing as per provincial regulations or successfully completed the required certification
			Professional Licensure or required certification	
			Masking and 2 metres social distancing in public places for staff and clients	
			Infection prevention and control (IPC) practices followed	
			Point-of-Care Risk Assessment (PCRA) (see example Appendix E)	
			PPE Training (appropriate selection and use, donning/doffing (Appendix F))	• Training may include instructional posters; oral health service providers to have hands on training • Training provided in regions by train the trainer personnel
			<u>Emergency Considerations</u> • CPR training up to date* • First aid kit appropriate for service delivery location, including CPR pocket mask with one way valve	Current (Heart and Stroke, Red Cross or St. Johns Ambulance)
			N95 mask fit testing where applicable* Based on Point of Care Risk Assessment (PCRA) results	Certification with availability of masks in community
			Immunizations up to date (including Flu shot)	If health provider does not have a current Flu (or COVID-19 when available) vaccine, follow the appropriate regional direction
			**Transportation of Dangerous Goods	Current certification

			(TDG) Training, where applicable	
			**Workplace Hazardous Materials Information System (WHMIS) Training, where applicable	Current certification
			Mandatory Courses (all current and up to date)	Infection Prevention and Control and any other sessions mandated by provincial regulatory bodies and indicated through regional requirements

* Requirements are based on guidance from Dental Regulatory Authorities and Provincial/Territorial Professional Associations.

Considerations for pre-treatment (any oral health related procedure)

- Providers need to work in collaboration with the management of the facilities where the services are being delivered to ensure cohesive pandemic related protocols.
- Clients should always be pre-screened to assess for potentially high-risk features of COVID-19 infection, in advance of the visit by telephone and again at time of visit, prior to any services being delivered (Appendix L). For community consistency, it is recommended for all health professionals working in the same community to collaborate with one another when developing such a tool or determining which tool will be used for this purpose.
- If the client responds to YES to any questions, no services shall be provided at that time. If the needed treatment is urgent, the client should be referred to a dedicated clinic for high-risk clients where additional clinical safety measures are put in place. For non-urgent type services, the appointment must be deferred at a later time, when the client is no longer considered high risk for COVID19 (responding yes to any of the questions).

Occupational health and safety guidelines are to be followed at all times. Refer to the Strategies to Minimize the Risk of Transmission section of the ISC toolkit.

Oral Health Related Procedures

<u>Aerosol Generating Procedures (AGPs)</u>

Aerosol generating procedures produce aerosols containing high concentrations of small droplet nuclei. These aerosols could potentially result in airborne transmission of pathogens not typically spread by the airborne route, such as Influenza and Coronavirus. AGPs are thought to be associated with a higher risk of disease transmission in COVID-19 positive patients. Dental AGPs are procedures that involve the use of one or more of the following:

- three-way air-water syringe;
- ultrasonic and sonic devices;
- high-speed handpiece;
- slow-speed handpiece in the presence of water/saliva;
- lasers;
- micro-abrasion; and
- air polishers.

Non-Aerosol Generating Procedures (Non AGPs)

Non-aerosol generating procedures do not induce the production of aerosols. Because of this, non AGPs are thought to be associated with a lower risk of disease transmission in COVID-19 positive patients compared to their aerosol-generating counterparts.

Classification of COHS Dental Procedures: AGPs and Non AGPs

Dental Procedure	AGP	Non AGP
Screening/Exam		**X**
Xrays		**X**
Fluoride Application		**X**
SDF Application		**X**
Sealants	**X**	**X (with modification*)**
Atraumatic Restorative Technique (ART)		**X**
Interim Stabilization Therapy (IST)		**X**
Temporary Filling		**X**
Definitive Filling	**X**	
Pulpotomy	**X**	
Stainless Steel Crown (SSC)	**X**	
Simple Tooth Extraction		**X**
Extraction with Sectioning of Tooth	**X**	
Hand Scaling		**X**
Ultrasonic Scaling	**X**	
Oral Hygiene Instruction (OHI)		**X**

***Use of moist cotton pellet, monojet syringe, or water component ONLY of air-water syringe to rinse tooth during procedure.

Other Considerations for All Oral Health Procedures

- Many provincial and/or professional regulatory guidelines recommend the use of a 1% hydrogen peroxide or 0.5-2.0% povidone-iodine pre-procedural rinse for clients. Professional judgement, manufacturer's instructions for use and provincial recommendations should be followed. Clients should be instructed to rinse for a minimum of 30 seconds and then to expectorate the rinse back into a cup.
- When possible use the following:
    - Rubber dam isolation and/or other isolation techniques;
    - High-volume suction to limit aerosols; and
    - Four-handed dentistry.
- Modify practices to eliminate and/or reduce aerosols. For example, disconnect air from the air-water syringe to use water only for rinsing, or use alternate rinsing methods (monojet syringe, moist cotton pellets).
- Consider scheduling AGPs at the end of the day, allowing for settling of aerosols overnight.

- Follow provincial or professional regulatory bodies and associations' guidelines on enhanced environmental cleaning and disinfection. Ensure coordination with environmental cleaning staff when AGPs take place. If environmental cleaning of the area is required following an AGP, the area should be cleaned and disinfected **after** the required air clearance time has passed. Appropriate PPE is required for environmental cleaning staff if unable to delay cleaning.

Final Note

It is recommended that non aerosol-generating procedures be favoured over aerosol-generating procedures whenever possible.

Considerations for post-treatment

- Clients should be instructed to monitor themselves for any COVID related signs and symptoms for 14 days post-appointment (or as per provincial regulatory bodies' recommendation and provincial public health protocols) and inform the oral health provider if signs and symptoms do develop for the purpose of contact tracing.
- Working in collaboration with other public health professional(s) within the community, to ensure that a plan is in place for contact tracing (see section on contact tracing for more details). It is important for oral health providers/facilities where the services are provided to have and maintain effective records of all clients and staff present daily during operations.
    - Identify the roles and positions of people working in the workplace
    - Identify who was working onsite on any given date and time
    - Identify the names of the clients in the workplace by date and time
    - Identify the staff members who worked on any given shift
- It is important to remain current with evolving and changing guidance/requirements

Engineering controls:

- Ensure that all engineering controls are in place for a safe physical layout of the location where services are being (see section on Physical Layout of the Health Facilities Integrating IPC measures for direction)
- Plexi-glass or other related barriers could also be utilised to contain certain at risk areas
- Follow Heat, Ventilation and Air Conditioning (HVAC) guidelines as defined by the provincial/territorial professional regulatory authorities. Also, valuable information for the HEPA filters for Healthcare could be found following the links on the infographics https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-covid19-infographic-.pdf. Recommendations on different areas could include, but not limited to:
    - Air changes per hour;
    - Fallow time post AGP; and
    - Maintenance of filters and need for proper PPE.

Note: Consulting with Occupational Health and Safety is recommended

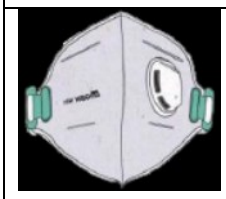
COHS PPE recommendations (providers must follow provincial guidance and oral health professionals regulatory bodies recommendations)

COHS Program Activities		Personal Protective Equipment (PPE) Type[1]									
		Mask Level 1	Mask Level 2	Mask Level 3	Mask N95[2]	Face Shield	Eye Protection	Client Eye Protection	Scrubs[3]	Gown with cuffs	Cap/ Bonnet
Aerosol Generating Procedures (AGPs)	Definitive Filling				✓	✓	✓	✓	✓	✓	✓
	Pulpotomy/SSC				✓	✓	✓	✓	✓	✓	✓
	Extraction with Sectioning of Tooth				✓	✓	✓	✓	✓	✓	✓
	Ultrasonic Scaling				✓	✓	✓	✓	✓	✓	✓
	Sealants/ART/IST				✓	✓	✓	✓	✓	✓	✓
	Instrument Reprocessing				✓	✓	✓		✓	✓	✓
	Heavy Cleaning (involves splatter)				✓	✓	✓		✓	✓	✓
Non Aerosol Generating Procedure (NAGPs)	Sealants/ART/IST (Modified)[4]			✓		✓	✓	✓	✓	✓	
	Temporary Fillings			✓		✓	✓	✓	✓	✓	
	Screening/Exam Radiographs		✓			✓	✓	✓	✓	✓	
	Fluoride Varnish Application		✓			✓	✓	✓	✓	✓	
	SDF Application			✓		✓	✓	✓	✓	✓	
	Simple Tooth Extraction			✓		✓	✓	✓	✓	✓	
	Hand Scaling			✓		✓	✓	✓	✓	✓	✓
	Oral Hygiene Instruction[5]			✓		✓	✓	✓	✓	✓	
	Light Cleaning (does not involve splatter)		✓			✓	✓		✓	✓	

1. Refer to provincial regulations to ensure PPE recommendations meet minimum provinical professional regulatory requirements
2. N95 or equivalent mask, as determined by provincial professional regulatory bodies
3. Scrubs include clinical attire not worn outside of dental clinic
4. See Dental Procedures Section for additional guidance on AGPs/NAGPs and modified procedure guidance
5. A level 2 mask can be utililized when oral hygiene instruction is delivered extra-orally, using props

Procedure Specific Guidelines for the Use of masks

Type of mask	Description	Procedure/circumstance for use	Standard for COHS
	**Non-medical mask – Community mask or face covering** Various forms of self-made or commercial masks and face coverings made of cloth, other textiles or other material (paper). Not intended for respiratory protection but reduce the transfer of large respiratory droplets to others.	Recommended for the general public when entering a public location and where physical distancing is a challenge	• Recommended to follow public health measures as specified by the provincial jurisdictions where the services are being delivered. • Needs to be in line with the policy of the location where the services are being delivered (i.e. schools, health facility)
	**Medical mask – Procedural or Surgical Mask** A medical device covering the mouth, nose and chin, creating a barrier between the oral health provider and client. Prevents large respiratory droplets and splatters from reaching the mouth and nose of the wearer. There are 3 levels of protection for this type of mask. • Level 1 (low barrier) • Level 2 (medium barrier) • Level 3 (high barrier) The three different levels present with a different fluid resistance but all have very similar bacterial filtration efficiency (BFE) and particle filtration	**Level 1** • Low concentration of spatter, fluid or aerosols • For the purpose of COHS level 1 masks are not recommended **Level 2** • Moderate concentration of spatter, fluid or aerosols **Level 3** • Heavy to moderate airborne materials (i.e ultrasonic scaling) To be noted that all aerosol generating procedures should be ceased in a COVID-19 context	**Non-aerosol producing procedures** • mask level 2 and level 3 are recommended (unless provincial guidelines and/or professional regulatory guidelines say otherwise) **Aerosol producing procedures** • mask level 3 are recommended with the use of a face shield if N95 are not available (unless provincial guidelines and/or professional regulatory guidelines say otherwise)

	efficiency (PFE)[1].		
	**Respirator – N95, N99, N100 or equivalent** Designed to protect the wearer from exposure to environmental and airborne contaminants. Respirators are primarily reserved for front-line healthcare workers providing direct care to clients and specific high-risk clinical procedures. These types of masks need to be fit-tested for every provider to ensure proper fit to be effective. Note: it is important to verify with local public health authorities for selection guidance on any equivalent products.	Mask recommended when aerosol generating procedures are provided.	• N95 is the preferred option to use when aerosol generating procedures are provided. If product unavailable, an alternate option would be the use of a level 2 or 3* surgical mask with a face shield. *following provincial guidelines

- It is important for oral health providers to remain current with the evolving guidelines and requirements as determined by their provincial professional regulatory bodies, Provincial/Territorial Professional Associations and Provincial Public Health authority.

[1] Molinari, J., & Nelson, P. (2016). Face mask performance: Are you protected. *Oral Health Group website. https://www. oralhealthgroup. com/features/face-mask-performanceprotected/. Published March*, *16*.

MENTAL WELLNESS

Staff

- Experiencing stress does not mean that you are not up to the job, it just means that you are human
- Allow staff to step back and ensure that breaks and rest are taken
- Ensure that all staff are aware of available resources for support
- Ensure ability of staff to communicate with their family/loved ones
- Create an environment that allows communication/support between staff (peer support)
- Ensure awareness of the importance of meeting basic needs, including regular meals, exercise, sleep, and others. Ensure access to safety equipment

Other tips and strategies:https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf

Community

- Local leadership provide information to the community on how to practice traditional ceremonies and teaching in a safe way (adhering to social distancing protocols and practices).
- Ensure that community can access traditional medicine, cultural support and healing during the pandemic.
- Discussion between staff and leadership on how to best work with potential distrust and anxiety some people might feel when transferring to other health care facilities, isolation sites etc.

Resources:
https://www.afn.ca/wp-content/uploads/2020/04/MW-and-COVID_Factsheet__RED_Fe.pdf

On-line Resources for Indigenous Communities – Mental Wellness and COVID 19

The COVID 19 pandemic is impacting Indigenous communities in many ways. Whether or not there are cases in or close to their community, people may find themselves experiencing distress, anxiety, and uncertainty. People who are at higher risk may experience more severe mental health impacts. These are understandable reactions and there are mental wellness supports available to help.

Supporting mental wellness during and after the COVID 19 pandemic is an essential service. There is a wide range of virtual resources available to help Indigenous communities with their mental wellness. Support is available to help people cope with anxiety related to the pandemic itself as well as with stress from trying to balance cultural values with public health measures, losing a job, being at home, isolation, physical distancing, family conflict, problematic substance use, and many other issues. Counselling, cultural supports, and other forms of treatment are available through telehealth and on-line platforms.

It is important that Indigenous communities have easy and fast access to trustworthy, factual, and effective resources to support their mental wellness during this challenging time. New on-line mental wellness resources related to COVID 19 are being launched daily, which has led to an overwhelming amount of information. Below is a snapshot of current examples of resources developed for First Nations, Métis, and Inuit populations. These lists will be updated as more resources are identified and become available.

Crisis Lines

Hope for Wellness Helpline provides immediate, culturally safe, telephone crisis intervention, 24 hours a day, seven days a week in English and French, and upon request in Cree, Ojibway, and Inuktitut.

- **Phone:** 1-855-242-3310
- **On-line chat**

Kids Help Phone is supporting youth 24/7 and through a partnership with We Matter, supporting Indigenous youth through text, phone and linking with youth programs. They have also developed a variety of resources related to COVID 19 among other topics.

- **Phone:** 1-800-668-6868
- **Text:** 686868

Indigenous Services Canada

Indigenous Services Canada's Community Guide on Accessing Additional Supports provides an overview of additional supports for communities related to the COVID 19 pandemic.

NIHB Mental Health Counselling continues to be available and is being delivered via telehealth platforms. Check out this website for more information.

Mental Wellness Teams continue to support communities in a variety of ways, including on-line and over the phone. In some regions, face-to-face meetings are still possible, but limited to emergencies only.

- First Peoples Wellness Circle (FPWC) are supporting MWTs by providing guidance material on how to support individuals, families, elders, and communities.
- FPWC will also be launching a secure on-line platform to help MWTs better reach communities in a safe and effective manner. For more information on this work, please see FPWC's website.

IRS Resolution Health Support Program (IRS RHSP) and support for those affected by the issue of Missing and Murdered Indigenous Women and Girls (MMIWG) continue to be available. IRS RHSP and MMIWG workers are following public health guidelines and mainly providing services virtually and by phone. Professional counselling for eligible IRS and MMIWG clients is also available at this time and can be provided virtually or by phone.

- A help line provides services for former students of the Indian Residential Schools and their families. These services are accessible 24/7 toll-free at 1-866-925-4419.
- The support line for MMIWG provide immediate assistance, national and independent, toll-free 24/7 at 1-844-413-6649. The service is offered in English, French, Cree, Ojibway and Inuktitut.

Most **federally-funded Treatment Centres** have closed, but in some cases, counselling staff are reaching out to clients over the phone and on-line. Some centres are also exploring on-line options for aftercare and some have been providing care hampers to past clients, elders, and low income community members. Check with treatment centres to find out more. Treatment centres are also being supported by Thunderbird Partnership Foundation.

OAT Sites are working with the medical professionals affiliated with their programs to make sure clients have continued access.

Jordan's Principle – Services continue during the COVID 19 pandemic. Please see the website for more details.

Inuit Child First Initiative - Services continue during the COVID 19 pandemic. Please see the website for more details.

General Resources

Rumie's COVID 19 Indigenous Content Coalition brings together digital resources from Indigenous organizations to support learning on COVID 19 related to safety, mental wellness, and other activities.

InfoPoint is being led by First Nations Health Managers Association and is designed to support health managers find credible and reliable resources on COVID 19. This help desk is available Mondays to Fridays from 8am to 8pm through phone or email.

National Association of Friendship Centres focus on supporting Friendship Centres across Canada. They have developed a webpage with Indigenous resources that are from vetted and trustworthy sources.

National Collaborating Centre for Indigenous Health is providing reliable, accurate and up-to-date information on COVIOD 19 that is related to official public health guidelines and specific to First Nations, Inuit, and Métis populations.

First Nations Specific Resources

Assembly of First Nations has a webpage dedicated to COVID 19 that includes a variety of information including tips and considerations around mental wellness.

First Peoples Wellness Circle exists to improve the lives of Canada's First Peoples by addressing healing, wellness and other mental health challenges. They have developed a series of resources for a variety of audiences related to COVID 19.

VIRTUAL CARE TIPS AND TRICKS

As an option to limit exposure to COVID-19 and when appropriate, health professionals may use virtual care tools to address health care needs (telephone, web-based, telehealth). This section only outlines basic principles of virtual care geared to inform local health care professionals in addressing certain health care need during COVID-19 and to limit visits to the health facility. These are NOT meant to be used to design a virtual health care model or ongoing services.

Goals of the service must be identified
Identify to whom the service is available
All encounters must be documented in the client chart
Use regional/territorial tools if available
Obtain informed consent
Protect privacy • Use a phone or room where can be alone to interact with the client • If use computer or other tool, ensure to follow policies in place to protect personal information
Validate the ability of the client to use technology
Verify internet connectivity and computer/tablet capacity at both ends to ensure it is adequate for the tool being used
If virtual health care service is established in the health facility to access specialist or other services: For client coming to health facility using virtual health appointment: • Scheduling should take into consideration time required between appointment for IPC measures in the room and equipment. • Triage of symptoms need to be done (same as in person visit) Follow protocols and guidelines outlined in the established service model including documentation of encounter

Useful Websites:

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

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html

WHO Technical guidance: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

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Appendices:

Appendix A: Use of Fleet and Rented Vehicles for Community Work

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First Nations and Inuit Health Branch Directive		Use of Fleet and Rented Vehicles for Community Work	
Effective: 07/05/2020		**Applies To:**	☐ Governing Body Leadership & Operations X Programs & Services ☐ Client, Family & Community
Revision :	**Sheet :** 1 of 3		
Approval Date: May 7, 2020			
Approval Authority: Chief Medical Officer of Health and Chief Nursing Officer, First Nations and Inuit Health Branch, ISC			

1. **PURPOSE:**
   This directive is intended to provide direction to health professionals regarding protective measures to take while riding in fleet and rented vehicles during the COVID-19 Pandemic.

2. **DIRECTIVE STATEMENT**
   For the purposes of travel in fleet and rented vehicles in and out of communities, there are to be no more than 2 employees (1 driver, 1 passenger) in any given vehicle at one time. It is required to follow the procedures as listed in this directive.
   ***Note:** Employees should only be using their personal vehicles to get to and return from work. In addition, employees should not be providing rides to others to and from the communities.

3. **PROCEDURES:**
   - Always assess employees for symptoms before using transportation to get to and from the community.
   - A daily register is to be kept as a record for all trips.
   - If using Fleet, assign employees to the same vehicles for as long as possible to minimize switching.
   - As much as possible, employees are to avoid physical contact. Eliminate the use of the front passenger seat to maintain physical distancing. Alternate seats so the driver and passenger are diagonal from each other (not beside or right behind).

   It is important that all employees continue to follow:
   - Good hand hygiene, washing with soap and water for at least 20 seconds or, if water not available, hand sanitizer (60% alcohol or more) until hands are dry.
   - Avoid touching face, eyes, nose or mouth, especially with unwashed hands.
   - Cough and sneeze into a tissue, or sleeve if a tissue is not available, and not into hands.

   Employees are to be provided with a supply of hand sanitizers - at least 2 bottles: one for the driver and one for the passenger, alcohol-based disinfectant wipes and gloves. Information on the use of non-medical masks is described at the end of this document.

   Before Each Trip
   Make sure the interior of the vehicle is clean and disinfected by wiping surfaces with disinfectant or disinfectant wipes.

Cleaning is a critical first step for disinfecting affected surfaces. In general, when cleaning vehicle interiors includes:

- Use of disposable gloves
- Cleaning of high touch surfaces (included but not limited to):
    - Keys or FOBs;
    - Starter button on vehicles with FOBs;
    - Inside and outside door handles; Inside door grab handles, pads and armrests;
    - Steering wheel;
    - Shift lever and console;
    - Dashboard;
    - Power window and power door lock switches;
    - Radio and climate control buttons;
    - Turn signal and wiper stalks;
    - Seat and Seat adjuster; and
    - Touch screen.
- Do not forget any other parts that are commonly used and that may have been touched (glove compartment, hood, trunk, seatbelts, van panel door handles, pick-up tailgate handle, for example).
- Dispose of soiled disinfection cloths/wipes, gloves and any other items in a waste disposal bag.
- Wash or sanitize hands when finished ensuring proper hand washing techniques.

At the End of the Trip

Repeat a thorough cleaning of high-touch surfaces with appropriate disinfectants as described above. Employees who start to experience symptoms should stay home, self-isolate, and advise their manager/supervisor as soon as possible so that additional steps can be taken to protect other employees that may use the vehicle.

Non-Medical Masks (not mandatory at this time*)**

Wearing a non-medical mask when in public or other settings is not a replacement for following proven measures such as hand washing and physical distancing.

However, wearing a non-medical mask is another way for employees to cover their mouth and nose to prevent respiratory droplets from contaminating others or landing on surfaces. A cloth mask or face covering can reduce the chance of employees coming into contact other employees' respiratory droplets, in the same way that the recommendation to cover a cough with tissues or sleeve can reduce exposure.

For short periods of time when physical distancing is not possible in certain environments (e.g., fleet or rented vehicles), wearing a non-medical mask is one way to be proactive and protect others. That said; for mask wearing to be effective, is important that the mask is not touched and that employees follow proper donning/doffing procedures.

With the emerging information regarding pre-symptomatic and asymptomatic transmission, and the goal to stop the spread of COVID-19 by all means possible, wearing a non-medical mask, even if the individual is not exhibiting symptoms is an additional measure one can take to try to protect others.

If wearing a non-medical mask makes an individual feel safer and stops them from touching their nose and mouth, there is no harm in allowing an individual to do so.

4. **SCOPE:**
All healthcare professionals who are employed or contracted by FNIHB and working in First Nations communities are required to follow this Directive until further notice.

5. **ACCOUNTABILITY:**
Chief Medical Officer of Health, Office of Population and Public Health.

6. **REVISION:**
This Directive will be reviewed if recommendations from the Public Health Agency of Canada change substantively and/or they declare that the pandemic has ended.

7. **REFERENCES:**
Public Health Agency of Canada
https://www.canada.ca/en/public-health.html

Canadian Centre for Occupational Health and Safety
www.ccohs.ca

Canada Labour Code, Pt II
https://laws.justice.gc.ca/eng/acts/L-2/index.html

Canada Occupational Health and Safety Regulations (COHSR)
https://laws.justice.gc.ca/eng/regulations/sor-86-304/index.html

Appendix B: Guidance for Health Professionals Considering Travel to First Nation Communities to Provide Services

For more information: Canada.ca/coronavirus | Information for Indigenous communities: Canada.ca/coronavirus-info-indigenous

COVID-19 UPDATE

Guidance for health professionals considering travel to First Nations Communities to provide services

Last Revised/Effective Date: June 5, 2020

Target Audience: Community leadership, employers of health professionals, and health professionals.

Health professionals include, but are not limited to, nurses, environmental public health officers, mental wellness workers, dentists, and oral health care workers.

Background:

The COVID-19 global pandemic is an unprecedented situation that continues to evolve. First Nations and Indigenous Services Canada (ISC) is faced with numerous challenges in the safe delivery of health services in First Nations communities. ISC is committed to working continuously with communities, staff and service delivery partners to ensure access to needed health services for community members, while minimizing risks.

Many First Nations communities are vulnerable to infectious disease outbreaks, a result of social, environmental and economic factors such as inadequate housing, food insecurity, and pre-existing health conditions. The remoteness and isolation of some communities may serve as a barrier to prevent importation of the COVID-19 virus. However, if introduction of the virus occurs, a serious outbreak can quickly develop. The threats from an outbreak in a remote community can be disproportionate to the size of the community. Many First Nations communities have adopted strategies to prevent the introduction of COVID-19, e.g., by restricting all non-essential travel in and out of the community.

The risks to a community from health professionals travelling into the community to provide services may vary depending on: the nature of the service; client vulnerability; ability to implement risk mitigation strategies (e.g. infection prevention and control practices); and the incidence of COVID-19 in the area where the health professional comes from. These risks should be weighed against the risk of clients being exposed to the virus during travel out of community or at their final destination to receive these services.

FNIHB has implemented Directives for Nurses and Environmental Public Health Officers employed by ISC. However, First Nation communities, particularly those that are remote and isolated, often receive health services from other local, regional, provincial or private health organizations that have historically provided in-person services.

Purpose:

This guidance is intended to provide general advice to First Nation communities, employers of health professionals, and health professionals travelling into First Nations communities, to help minimize risks of COVID-19 transmission. This guidance is not intended to address all situations and communities are encouraged to assess and consider all potential risks and factors unique to their needs and circumstances.

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Procedures:

- The **community** and **health professionals** should use alternate service delivery approaches whenever possible, before considering in-person delivery.

  See ANNEX A: Guidance for Communities and Health Professionals Considering Travel to Communities to Provide Services – Decision Tree.

- **Decisions should be risk informed.** Please refer to the Public Health Agency of Canada's *Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic* https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html

- Decisions should be based on current public health situations and community specific considerations, as advised by local public health authorities.

- All health professionals and their employers are responsible for:
  - ensuring **occupational health and safety practices** are followed and ensuring **infection prevention and control practices** within their workplace/context align with local public health authority recommendations; https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/provincial-territorial-resources-covid-19.html
  - being familiar with, and abiding by, the **applicable Federal/Provincial/Territorial and professional college/regulatory body** requirements and any additional **community requirements** governing service provision.

- In addition, health professionals should always **self-screen** before going into communities. This includes prior to travel and during their visit in First Nations communities. If they have symptoms, they should **not** go into First Nations communities.

- ISC has shared the following Directives with ISC and First Nations Health Authority Directors of Nursing.:

  - *UPDATED Healthcare Professional Self- Screening of COVID-19 Symptoms and Exposure During Assignment in First Nations Communities*
  - *UPDATED Self-Screening for COVID-19 of All Healthcare Professionals Prior to Assignment into First Nations Communities*

  If not provided along with guidance, the above Directives are available through the Regional Nursing offices.

- While in the community and in the workplace, **all health professionals** should limit their contact with community members and others (e.g., contractors and other health providers) and maintain physical distancing of 2 meters (6 feet). Where physical distancing is not practicable, a non-medical mask must be worn. While in the workplace, continue to use appropriate PPE for the task being conducted. Carry an adequate supply of PPE.

ANNEX A

Guidance for health professionals considering travel to First Nations Communities to provide services – DECISION TREE

IMPORTANT CONSIDERATIONS:

Air travel: A person who cannot self-isolate for 14 days prior to travel CANNOT use the ISC Collaborative Air Response Endeavour (ISC CARE) regularly scheduled charters for essential service providers. Guidance in this regard is available through ISC CARE.

Sickness while in community: Health professionals should establish a self-isolation plan with communities in case they become ill while in the community.

In determining whether to make available in-person services by travelling into a First Nation or Inuit community, the following points should be considered:

1. Do Provincial/Territorial regulations (e.g., re-opening plans) allow providers to carry out in-person services?

   - If YES, go to step 2.
   - If NO, in-person services cannot be provided. Provide services by virtual means or have client travel for urgent/essential, or non-essential services as permitted by local public health authority.

2. Can required services be provided by virtual means at this time?

   - If YES, virtual services should be used.
   - If NO, then go to step 3.

3. Is the number of clients and the urgency of in-person services at this time such that a provider travelling IN is preferable to clients travelling OUT to services (e.g., cost effectiveness, availability/willingness of provider to provide such services, multiple clients travelling out instead of one health professional travelling in)? Consider travel risk and implications for clients travelling OUT to services.

   - If YES, go the step 4.
   - If NO, consider having clients who need such services, travel out instead.

4. Does the Provincial/Territorial health professional college, regulatory body, or association have any recommendations or guidelines pertaining to provision of in-person health services and/or risk mitigation strategies? Further, can these requirements be met/adhered to in the facilities available to the provider in the service location? NOTE: It is health professionals and their employers' responsibility to be aware of such recommendations or guidelines.

   - If such recommendations would PERMIT the provider to travel to provide in-person services, then move to step 5.
   - If they DO NOT permit the provider to travel, then find telehealth alternatives or have client travel OUT to access services.

5. Did the health professional travel outside of the province or territory in the last 14 days?

   - If YES, go to step 9.
   - If **NO**, go to step 6.

6. Did the health professional travel to or reside in a community or geographic area with a known **outbreak** in the last 14 days, where they were likely exposed to a case or a close contact?

   - If YES, go to step 9.
   - If **NO**, go to step 7.

7. Has the health professional been exposed to COVID19 in the workplace in the last 14 days?

   - If YES, go to step 9. Health professional would also still need to consider step 8 should further risk assessment be required.
   - If **NO**, go to step 8.

In general, an **outbreak** can be defined as the occurrence of disease in excess of what would normally be expected in a defined community, geographic area and time interval. In practical terms, two or more cases of COVID-19 that can be epidemiologically linked to one another (i.e., associated by time and/or place and/or exposure) constitute an outbreak.

8. Will the health professional require an overnight in the community?

   - If YES, go to step 9.
   - If **NO**, go to step 11.

9. Can the health professional self-isolate for 14 days prior to travel in the community?

   - Yes then go to step 11.
   - **NO**, move to step 10.

10. Provide information to community leadership about the risks and benefits of allowing the health professional to enter the community without an isolation period.

    - If the community AGREES to provider travel IN to the community, go to step 11.
    - If the community DOES NOT agree to provider travel in, then find other means to offer these services or have clients travel OUT.

11. Does the community have a "lock down" Band Council Resolution (BCR) in effect that would prevent the provider from travelling into the community?

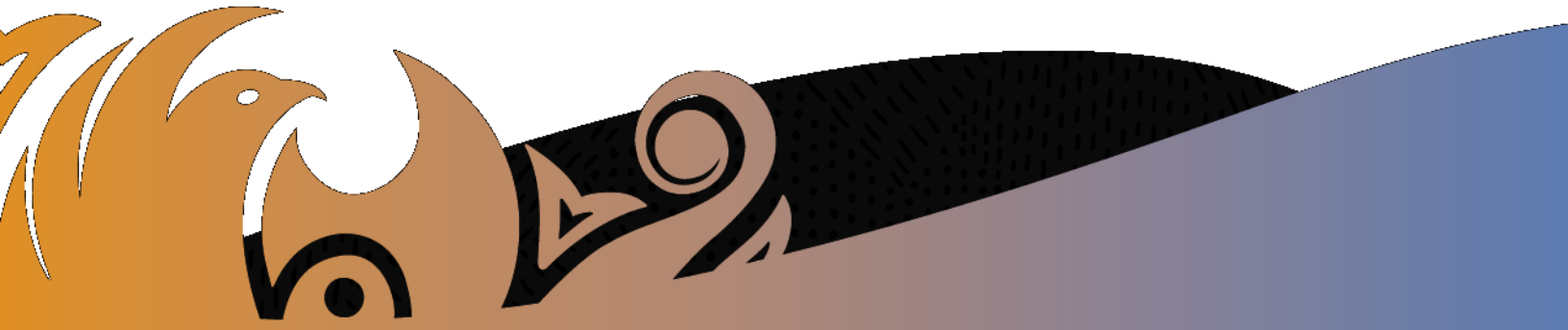
    - If YES, and the community has weighed the risks and agreed to allow the provider into the community then a BCR should be requested verifying this agreement.
    - If NO, make travel arrangements with community's agreement.

Appendix C: Guidance for the Safe Movement of Essential Personnel, Medical Clients and Emergency Evacuees by Air

(Please refer to the most current version of the ISC FNIHB Pre-travel assessment tool document for travel to remote and isolated communities located on the Google Drive**)**

Guidance for the Safe Movement of Essential Personnel, Medical Clients and Emergency Evacuees by Air

Version 2.0 | Published September 21, 2020



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Version summary

Version	Change Summary
V1 – 27MAY2020	Initial publication
V2 – 21SEP2020	• Update of Transport Canada interim order and aviation security requirements and references to match recent regulatory guidance; • Incorporation of *Transport Canada Exemption 2020-49* for application during emergency evacuations (**section 4.6**); • Update of nurse pre-travel assessment requirements and related FNIHB directives; • Removal of **Section 7.0 aircraft seating guidance**; • Update of **Annex A: COVID-19 health screening for contracted air carriers**; and, • Adjustment of the ISC CARE service request form in **Annex D** to align with the requirements of the *ISC Primary Care Services Pre-Travel Assessment Tool*.

1.0 Purpose

This document provides guidance to ISC sectors and employees for the safe movement of health professionals, essential personnel, medical clients and emergency evacuees by air to and from First Nation communities during the COVID-19 pandemic in a manner that minimizes the transmission of COVID-19 through charter flights.

This document may be provided to First Nation communities as reference material in understanding ISC's approach to air travel during the COVID-19 pandemic.

2.0 Air travel applications

Air travel may be used to support:

- Movement of health professionals to maintain critical staffing levels in communities;
- Movement of essential personnel and supplies to enable continuity of critical infrastructure (e.g., drinking water, wastewater, communications, etc.);
- When necessary, the transportation of medical clients who are:
    - Confirmed or presumptive of having COVID-19;
    - In close contact with another individual who is confirmed or presumptive of having COVID-19;
    - High risk – i.e., have features (comorbidities) associated with poor COVID-19 outcomes or sudden deterioration and need to be close to acute care facilities within the provincial healthcare system; or
    - Requiring medical care outside of the community;
- Emergency evacuation of a community because of a natural or other disasters.

Section 5.0 provides further transportation and air travel guidance.

3.0 ISC areas of responsibility

Due to the coordinated and multi-stakeholder nature of air transportation, individuals and authorities share responsibilities.

3.1 ISC First Nations & Inuit Health Branch (FNIHB) Regions

- Establish and implement protocols to be followed by authorized personnel;
- Use existing regional processes to coordinate air charter and medical evacuation (MEDEVAC) requirements in collaboration with air operators partners and provincial health authorities and services, as appropriate;

  NOTE: Per **section 6.0**, the Region may use the ISC Collaborative Air Response Endeavour (ISC CARE) to support air charter requirements when it is unable to secure flights through usual channels.

- In collaboration with air operators, maintain infection prevention and control (IPC) for

all passengers and throughout clients' initial care, transfer and admission to the receiving health facility or accommodations;

NOTE: In the event of a MEDEVAC flight, some of the above responsibilities may reside solely with the MEDEVAC air operator.

- Inform clients and personnel travelling of travel-specific requirements of them for the entire duration of their travel per this document;

  NOTE: For ISC CARE flights, this responsibility may be met in full or part met by the ISC CARE team.

- Follow relevant federal, provincial or territorial guidance related to IPC and management of cases and contacts;
- Collaborate with health professionals in the community and receiving medical facilities to make decisions regarding clients requiring MEDEVAC transport; and
- As applicable and with consideration to existing responsibilities, identify and coordinate accommodations and transport to and from the airport.

3.2 ISC FNIHB National Office

- Establish and implement processes for air charters, including logistical support for larger movements of people and supplies; and
- Ensuring that air charters during the COVID-19 pandemic meet ISC's requirements.

3.3 Emergency Management Assistance Program (EMAP)

- Supports emergency response to ongoing or imminent wildfire, flood, storm or earthquake emergencies.

  NOTE: Per **section 6.0**, the Region may use ISC CARE to support air charter requirements when it is unable to secure flights through usual channels.

3.4Other Areas

- Request support from the ISC CARE to support air charter requirements as required and described in **section 6.0**.

4.0 Aviation COVID-19-specific guidance

Air, airport and field base operators are responsible for complying with all aviation regulations, orders and guidance as they relate to sanitation, hygiene, and preventing disease transmission in air terminals and onboard aircraft.

4.1 Aviation partner requirements

- Establish and implement procedures for passenger screening, environmental cleaning, and disinfecting of aircraft and terminals per Public Health Agency of Canada, Transport Canada orders and guidance and agreements with ISC;
- Complete COVID-19 health screening of all personnel involved with an ISC charter flight;

- Ensure all personnel directly interacting with ISC personnel or medical clients wear a medical or non-medical coverings or masks;
- Ensure all personnel are informed and trained regarding ISC charter flight requirements, hand hygiene, respiratory etiquette and the proper use of medical or non-medical face coverings or masks;
- Inform passengers of any specific requirements of them during their flight;
- Ensure adequate availability of infection control supplies onboard such as personal protective equipment and cleaning supplies; and
- Take all other reasonable precautions to support the safety of their employees and passengers.

NOTE: **Annex A** provides recommended agreement requirements and a personnel health-screening tool for agreements with air operator partners. ISC may modify the requirements as the pandemic progresses, and additional best practices are identified.

4.2 Transport Canada expectations

Specific to COVID-19, orders and guidance issued by Transport Canada (TC) includes expectations for:

- Aircraft and terminal cleaning and disinfecting, and availability of infection prevention and control supplies onboard;
- Screening and denial of boarding of symptomatic passengers unless otherwise permitted by *Aviation Security Exemption # 2020-49* for air evacuation (AIR EVAC) and MEDEVAC flights within Canada;
- Use of non-medical face coverings by the travelling public;
- Hand hygiene and respiratory etiquette by air transport employees;
- Establishment of controls to maintain employee health and safety;
- Implementation of physical distancing of 2.0 metres, where practicable; and
- Management of ill passengers onboard an aircraft.

Annex B contains additional aviation industry guidance regarding COVID-19.

4.3 Limitations for the travelling public

Transport Canada's COVID-19 limitations have an impact on the ease of movement of community individuals and must be considered in the planning of their air transportation. The limitations include a health check as per **figure 1** and **Annex C** and temperature screening.

NOTE: Temperature screening is under active implementation by TC at selected Canadian airports. Similar to the health check, passengers with a temperature of 38 degrees Celsius or greater will be denied travel.

Transport Canada Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19

8 (1) A private operator or air carrier must conduct a health check of every person boarding an aircraft for a flight that the private operator or air carrier operates by asking questions to verify whether they exhibit any of the following symptoms:

(a) a fever;
(b) a cough;
(c) breathing difficulties.

(2) In addition to the health check, the private operator or air carrier must ask every person boarding an aircraft for a flight that the private operator or air carrier operates

(a) whether they have or suspect they have COVID-19;
(b) whether they have been refused boarding in the previous 14 days for a medical reason related to COVID-19; and
(c) in the case of a flight departing in Canada, whether they are the subject of a mandatory quarantine order as a result of recent travel or as a result of a local or provincial public health order.

9 A private operator or air carrier must not permit a person to board an aircraft for a flight that the private operator or air carrier operates if

(a) the person's answers to the health check questions indicate that they exhibit

(i) a fever and cough, or

(ii) a fever and breathing difficulties;

(b) the private operator or air carrier observes that, as they are boarding, the person exhibits

(i) a fever and cough, or

(ii) a fever and breathing difficulties;

(c) the person's answer to any of the additional questions asked of them under subsection 8(2) is in the affirmative; or

(d) the person is a competent adult and refuses to answer any of the questions asked of them under subsection 8(1) or (2).

10 A person who is not permitted to board an aircraft under section 13 is not permitted to board another aircraft for the purpose of being transported for a period of 14 days after the refusal, unless they provide a medical certificate certifying that any symptoms referred to in subsection 8(1) that they are exhibiting are not related to COVID-19.

Figure 1: Health Check screening

4.4 Use of MEDEVAC flights for individuals unable to travel by regular charter

MEDEVAC is the only mechanism for transporting individuals that need to travel for medical reasons and unable to fly on charters or commercially because of an unsuccessful Health Check **(figure 1)**. The following exemption is in place and all MEDEVAC travel must meet its conditions.

MEDEVAC – Aviation Security Exemption 2020-49 (Transport Canada, June 30, 2020)

4. Private operators and air carriers operating MEDEVAC flights, as defined in the *Canadian Aviation Regulations*, are exempt from the Order provided that:

(a) the MEDEVAC flight is authorized by a provincial or territorial health authority or Indigenous Services Canada;
(b) the aircraft is suitably configured and equipped for MEDEVAC;
(c) the ill or injured person is being accompanied by medical personnel and any escorts required to accompany the patient are approved to be on board by authority identified in (a) above; and
(d) appropriate measures, as recommended by public health authorities, are taken for crew members and other passengers on the flight, including the wearing of a face mask, as appropriate, and
(e) the private operator or air carrier informs the airport and local health authorities or the authority in (a) above that passengers are arriving without health checks, before arriving.

Figure 2: Aviation Security Exemption 2020-49 - MEDEVAC

MEDEVAC or medical evacuation flight is defined in the *Canadian Aviation Regulations* section 101.01(1).

Medical evacuation flight means a flight that is carried out for the purpose of facilitating medical assistance and on which one or more of the following persons or things is transported:

(a) medical personnel,
(b) ill or injured persons,
(c) human blood products or organs,
(d) medical supplies;

Figure 3: Definition of MEDEVAC or medical evacuation flight

For purposes of satisfying the requirements of 3(b) of the exemption **(figure 2)**, the requirement is to be interpreted as authorizing existing air ambulance services to transport patients denied travel on regular flights for COVID-19 reasons. The Catalogue for Air Service Charter Services link is below and allows for the identification of MEDEVAC providers that support MEDEVAC services and the transportation of multiple passengers.

http://aircharter.pwgsc.gc.ca/index.cfm?fuseaction=catalogue.searchfix&lang=e

4.5 Regulatory guidance summary for regular passenger travel

Clear for Travel	Not Clear for Travel
Requirements ⎦ No fever and cough AND ⎦ No fever and breathing difficulties AND ⎦ No refusal of air travel in the past 14 days for medical reasons related to COVID-19 AND ⎦ Not subject to a quarantine or isolation order from a provincial or local health authority AND ⎦ Pass temperature screening, when applicable **Examples** • Proactive movement of high-risk individual • Non-COVID-related transportation **May travel on a regular charter flight or commercial air service**	**Requirements** ⎦ Has fever and cough OR ⎦ Has fever and breathing difficulties OR ⎦ Refused air travel in the past 14 days for medical reasons related to COVID-19 OR ⎦ Subject to a quarantine or isolation order from a provincial or local health authority OR ⎦ Fail temperature screening, when applicable **Examples** • Suspected or probable COVID-19 case • Individual under isolation order from close or direct contact with COVID-19 case • Unwell individual not suspected of having COVID-19 but has symptoms similar to COVID-19 **Must travel by MEDEVAC** **MEDEVAC requirements** ⎦ Travel by MEDEVAC flight of any individual failing the Health Check must be authorized by a provincial or territorial health authority or Indigenous Services Canada ⎦ Suitably configured and equipped aircraft ⎦ Passenger accompanied by medical personnel ⎦ Other passengers undergo the Health Check ⎦ Notification of air operator ⎦ Appropriate measures taken to limit possible transmission of COVID-19 during travel

Figure 4: Summary of regulatory requirements

4.6 Emergency air evacuations

Per *Transport Canada Exemption 2020-49* (**figure 5**), the requirements of *Transport Canada Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19* do not apply during air evacuations as a result of natural disasters or other life-threatening situations. As such, air operators are not required to complete the health screening of passengers before departure.

AIR EVAC – Aviation Security Exemption 2020-49 (Transport Canada, June 30, 2020)

3. Private operators and air carriers operating AIR EVAC flights are exempt from the Order in regards to flights evacuating persons from areas affected by natural disasters or other life-threatening situations, provided that:

(a) the AIR EVAC is operated on behalf of a federal, provincial or territorial government authority or the Canadian Red Cross and its affiliates;
(b) all passengers and cabin crew wear a face mask, if safe to do so and if face masks are available;
(c) appropriate safety measures, as recommended by the Domestic Guidance Material for Air Operators dated June 17, 2020, as amended from time to time, are taken; and
(d) the private operator or air carrier informs the airport and local health authorities or the authority in (a) above that passengers are arriving without health checks, before arriving.

Figure 5: Aviation Security Exemption 2020-49 – AIR EVAC

5.0 Safe movement

5.1 Health professionals

Transport planning	o Coordination of air charters using standing regional processes where applicable or utilization of ISC CARE.
Travel procedures	○ To minimize potential transmission of COVID-19 into the community, all health professionals should undertake routine self-screening before travel and during assignment.[1] **NOTE:** Specified FNIHB employees and contractors – e.g., nursing staff – are required under FNIHB directives to undertake routine self-screening before travel and during assignment to minimize potential transmission into the community. ○ Health professionals must complete the passenger screening Health Check **(Figure 1)** at the time of boarding and temperature screening when applicable[2] ○ Health professionals, like all travellers, must comply with Transport Canada's requirement to wear a face covering or non-medical mask during travel.[2]
Additional requirements	○ All health professionals must respect any community-specific precautionary COVID-19 air travel requirements. ○ **Nurses and ISC employees**, e.g., Environmental Public Health Officers, must follow directives and guidance put in place to support safe travel into communities. ○ **Nursing staff** working in remote and isolated communities on a set rotation are required to identify their pre-travel requirements using the *Primary Care Services Pre-Travel Assessment Tool*. For additional guidance, please refer to *Guidance for health professionals considering travel to First Nations Communities to provide services*. ○ All health professionals travelling as essential service providers on a planned ISC CARE flight must meet the requirements specified in **Annex D** before travel. ○ All health professionals must practice heightened diligence in maintaining physical distancing of two (2.0) metres in air terminals as well as during boarding and deplaning processes.

5.2 Essential services to support critical infrastructure

Transport planning	o Coordination of air charters using standing regional processes or the utilization of ISC CARE.
Travel procedures	○ All personnel must respect any community-specific precautionary COVID-19 air travel requirements. ○ To minimize potential transmission of COVID-19 into the community, all visiting personnel to a community should undertake self-screening before travel.[3] ○ Personnel must complete the passenger screening Health Check **(figure 1)** at time of boarding and temperature screening, when applicable.[2] ○ Personnel must comply with TC's requirement to wear a face covering or non-medical mask during travel.[2]
Additional requirements	○ Personnel must practice heightened diligence in maintaining physical distancing of two (2.0) metres in air terminals as well as during boarding and deplaning. ○ Heightened vigilance of hand hygiene, physical distancing of two (2.0) metres and respiratory etiquette is required while present in the community. ○ Immediately access appropriate medical attention if experiencing symptoms.

5.3 Community members for medical needs

Transport planning	○ Client medical and transport needs should be matched to the **General Requirements** and **Travel Procedures** below. ○ FNIHB regional office to first attempt to coordinate air service using existing processes, and utilize the ISC CARE described in **section 6.0** if those resources are exceeded, ISC CARE may be used to support the transport of multiple clients. ○ Coordinate safe transportation to aircraft and from aircraft to receiving health facility/accommodation within existing FNIHB region process. ○ Regional Operations to coordinate receiving location(s) through the notification of the health facility or arrangement of appropriate accommodations and services.
General requirements	General requirements applying to all scenarios ○ As best as practicable, transport between communities of community members for medical needs should be minimized. Consideration needs to be given to potential risks, e.g. reduce potential spread of COVID19. ○ Individuals unable to pass the Health Check **(figure 1)** or temperature screening (when applicable) must travel by MEDEVAC.[7] ○ MEDEVAC flights must meet the requirements of TC exemption **(figure 2)**. ○ Do not transport symptomatic clients with asymptomatic clients together. ○ Unless otherwise indicated, the passenger screening Health Check **(figure 1)** must be completed at the time of boarding.[2] ○ All clients must maintain physical distancing, hand-hygiene, and respiratory etiquette as best as practicable. ○ All clients must comply with TC's requirement to wear a face covering or non-medical mask during travel.[2]
Travel requirements	**a. Asymptomatic, high-risk client** ○ The threshold for deciding on evacuation modalities for the community should be undertaken with community leadership in consultation with the FNIHB Regional Medical Officer of Health, local/regional Health Authorities and the community primary care team (nursing and physicians' group), as detailed in the *FNIHB Guidance for Elective Evacuation of High-Risk Individuals*.[5] ○ May travel on a routine regional charter or an *ad hoc* ISC CARE charter, provided they pass the passenger screening Health Check **(figure 1)**.
	b. Clients unable to pass the Health Check (figure 1) ○ MEDEVAC transportation required[2,7] (**figure 2**). ○ The urgency of air travel to be determined with the health professional.
	c. Community medical evacuation ○ All individuals passing the passenger screening Health Check **(figure 1)** may travel on a regular flight.[2] ○ All other individuals must travel by MEDEVAC.[2,7]

Travel requirements, continued	**d. Return to the community** o Members may return to the community when it is safe for them to do so by the community, FNIHB and attending medical professionals.

5.4 Community evacuation

Transport planning	o When required because of a natural disaster or other hazards, EMAP will coordinate all evacuation activities. EMAP may use existing processes to coordinate flights or utilize the ISC CARE described in **section 6.0** if those resources are exceeded. o ISC CARE may be used to support the transport of multiple clients simultaneously. o TC Health screening is not required for AIR EVAC flights[7]

[1] *FNIHB Directive: Health Care Professional Self-Screening for COVID-19*
[2] *Transport Canada Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19*
[3] *FNIHB Self-Screening Tool for COVID-19 for First Nation Visitors or Members Returning to Communities*
[4] *FNIHB Directive: Medical Client Transport and Hygiene during COVID-19 Pandemic*
[5] *FNIHB Guidance for Elective Evacuation of High-Risk Individuals*
[6] *FNIHB Medical Transportation Policy Framework Section 4.6*
[7] *Aviation Security Exemption 2020-49*

6.0 ISC Collaborative Air Response Endeavour

Given the limited availability of commercial air service during the COVID-19 pandemic, ISC has launched the collaborative air response endeavour (ISC CARE). The program is managed centrally and may be used to support all transportation needs identified in **sections 2.0** and **5.0**.

When necessary, ISC CARE team members will coordinate with the Department of National Defence to meet ISC's flight requirements, such as in emergency evacuations.

6.1 ISC CARE service requests

Urgent and non-urgent requests for passenger or cargo space on a planned flight, ad-hoc flight or CARE facilitated MEDEVAC may come from, and/or because of:

- Regional operations emergency management;
- FNIHB health emergency management;
- FNIHB nurse movement;
- Non-Insured Health Benefits;
- Travel needs of other health professionals;
- Other government departments; or
- A regional office on behalf of a First Nation community.

6.2 Requesting ISC CARE services

To coordinate ISC CARE services, complete and submit the Service Request Form in **Annex D**.

The requesting authority is responsible for identifying a source of funds for any resulting flight. The requesting authority must copy the applicable Section 32 Authority on the service request.

Upon receipt of a service request, the ISC CARE team will actively work to execute the request. The identified Section 32 Authority commits to funding provided ISC CARE services and recognizes that ISC CARE may not provide cost information in advance of service provision.

Annex A: Air carrier contracting recommendations

This annex and its appendix provide recommended precautionary COVID-19 content for agreements between Regions and air service partners.

The contractor and its subcontractors must:

- Monitor and maintain compliance with all applicable COVID-19 interim orders and guidance issued by the federal government – i.e. Transport Canada and the Public Health Agency of Canada – and provincial governments and their health authorities. When a conflict is identified between the orders and guidance provided by the aforementioned authorities, ISC must be contacted for direction.
- Maintain compliance with all COVID-19 policies, standards, processes and guidance issued by ISC and included in **COVID-19 Precautions** as updated from time to time;
- Ensure all personnel are informed and trained regarding ISC charter flight requirements, which include but are not limited to those outlined in related contracting agreements, its annexes, appendices and other policies, standards and procedures provided by ISC from time to time to support the safe movement of its personnel;
- Unless otherwise approved by ISC, not transport any third party on a flight conducted in accordance with related contracting agreements;
- Unless otherwise approved by ISC, use field base operations (FBOs) for boarding and deplaning of passengers whereby FBOs meet the requirements in **COVID-19 Precautions**;
- Develop and implement an aircraft grooming program that meets the requirements of *COVID-19 Precautions;*
- Ensure that all personnel – pilots, flight attendants, FBO staff, etc. – directly involved in the service of an ISC flight pass health screening as described in **COVID-19 Precautions**, and that individuals who do not pass the health screen do not service the ISC flight;
- Immediately report to ISC if any employee who directly serviced a flight conducted per related contracting agreements develops symptoms characteristic of COVID-19 or has a positive COVID-19 test within fourteen (14) calendar days following the date of the flight. **COVID-19 Precautions** outlines reporting procedures;
- Ensure all personnel servicing an ISC flight use personal protective equipment, as described in **COVID-19 Precautions**; and
- Ensure boarding, deplaning, and cabin management processes meet physical distancing requirements identified in **COVID-19 Precautions**.

The following additional requirements support the mitigation of transmission of COVID-19 during air travel and its associated processes.

Field Base Operations (FBOs)

- Develop and maintain a comprehensive cleaning and disinfecting schedule for the FBO which meets the requirements of the *environmental sanitation practices to control the spread of communicable disease in passenger conveyances and terminals* guidance provided by the Public Health Agency of Canada;

  https://www.canada.ca/en/public-health/services/emergency-preparedness-response/centre-emergency-preparedness-response/travelling-public-program/environmental-sanitation-practices-control-spread-communicable-disease-passenger-conveyances-terminals.html

- When possible, provide ISC personnel with a staging area that is segregated from all other individuals; and,

- Ensure ground-handling operations should take all practicable precautions to reduce transmission risks.

Aircraft Grooming

- Develop and maintain a cabin cleaning and disinfecting schedule with consideration to the requirements identified by the Public Health Agency of Canada within the *Letter to Airline Industry: Annex Environmental Cleaning Practices for Airlines to Control the Spread of Novel Coronavirus*; and,

- Complete a full groom/disinfection before all outbound and inbound flights whereby, at a minimum:

  - Fogging is completed as soon as practicable before ISC personnel boarding an outbound flight;

  - Disinfection of all high- and common-touch passenger and crew surfaces. Areas for disinfection include but are not limited to all door handles and latches, lavatories, galley equipment and surfaces, armrests, tray tables, windows and window shades, light and call button switches, air vent toggles, seat controls and seat belts and buckles; and,

  - Materials soiled by blood or bodily fluids are replaced

Cleaning Products

- All hard-surface disinfectants and hand sanitizers used must be approved by Health Canada as being effective against COVID-19

  https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

Personnel Pre-Work Health Screening

- Personnel health screening is completed using the questionnaire below **(figure 1)**.

NOTE: As rapid biological COVID-19 testing becomes available, ISC may require completion of this testing in addition to the health-screening questionnaire.

COVID-19 health screening

ISC collaborative air response endeavour

This screening must be completed by the air operator of all personnel servicing an ISC flight.

1. Complete *Step 1: Travel and close contact*
   a. If the answer to all questions is "NO" proceed to *Step 2: Symptoms*; or,
   b. If the answer to any question is "YES" the individual is not fit to service an ISC flight and should follow the isolation guidelines of their provincial or territorial health authority.

2. If applicable, complete *Step 2: Symptoms*
   a. If the answer to all questions is "NO" the individual is fit to service the flight; or,
   b. If the answer to any question is "YES" the individual is not fit to service an ISC flight and should be directed to follow-up with their provincial or territorial health authority.

Step 1 – Travel and close contact: Have you…

YES	**NO**	**Pilots and flight attendants:** With exception to performance of duties as a pilot or flight attendant, travelled outside the province or territory in the last 14 days. **All other personnel:** Travelled outside the province/territory in the last 14 days.
YES	**NO**	Had unprotected (i.e. not wearing personal protective equipment) close contact[1] with a confirmed or probable case of COVID-19
YES	**NO**	Had unprotected close contact[1] with a person with COVID-19 symptoms (cough and/or fever) who has not been ruled out for COVID-19.

STEP 2 – Symptoms: Do you have any of the following symptoms…

YES	**NO**	Fever ≥ 38°C or feeling feverish or shakes or chills
YES	**NO**	Cough
YES	**NO**	Shortness of breath
YES	**NO**	Other symptoms such as fatigue, sore throat, headache, runny nose, muscle aches, decreased appetite, abdominal pain, diarrhea, nausea and loss of smell or taste

[1] A close contact is defined as a person who:
- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or
- Lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious; or
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

Figure 6: COVID-19 health screening questionnaire

Notification of Potential COVID-19 Exposure during an ISC Flight

- Notifications of an employee of the contractor or a subcontractor who directly serviced a flight conducted, as per contractual agreements, developing symptoms characteristic of COVID-19 or having a positive COVID-19 test within fourteen (14) calendar days must be made to the individual contracting services.

Personal Protective Equipment

- Medical or non-medical masks or face coverings must be worn:
    - By all personnel coming within or reasonably anticipated to within two (2) metres of ISC personnel on the ground; and,
    - By all personnel – i.e. pilots and flight attendants – while in the passenger cabin during the flight

Training Requirements

- Donning and doffing of non-medical masks and face coverings; https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/how-put-remove-clean-non-medical-masks-face-coverings.html
- Respiratory etiquette; and,
- Hand hygiene

Physical Distancing During Boarding, Deplaning and Inflight

- To the extent practicable, during all phases of travel – i.e. check-in, boarding, inflight, deplaning and baggage collection – physical distancing of two (2) metres shall be maintained;
- Where possible, floor demarcations must be made to support physical distancing within the FBO and onboard the aircraft;
- All reasonable precautions must be taken to avoid mixing inbound and outbound ISC personnel during boarding and deplaning;
- When there is a need to transport inbound and outbound ISC personnel (e.g. as connecting passengers), all reasonable precautions to avoid mixing them must be taken. Reasonable precautions may include, but are not limited to:
    - The use of isolation curtains to compartmentalize the cabin; and,
    - Controlled boarding and deplaning procedures whereby inbound personnel board first and deplane last;
- Physical distancing onboard the aircraft will be supported through seat blocking on the aircraft, and the contractor will apply and enforce seating plans provided by ISC; and,
- Passengers should identify their baggage and transport on connections

Annex B: Additional aviation industry guidance

For additional information on aviation measures in response to COVID-19, please refer to:

- General guidance provided to the aviation industry by Transport Canada https://www.tc.gc.ca/en/initiatives/covid-19-measures-updates-guidance-tc/covid-19-guidance-canadian-aviation-industry.html

- Face covering requirements for air travelers https://www.tc.gc.ca/documents/2019-2020-AA-36-POSTER_EN_V8.pdf

  https://www.canada.ca/en/transport-canada/news/2020/04/new-measures-introduced-for-non-medical-masks-or-face-coverings-in-the-canadian-transportation-system.html

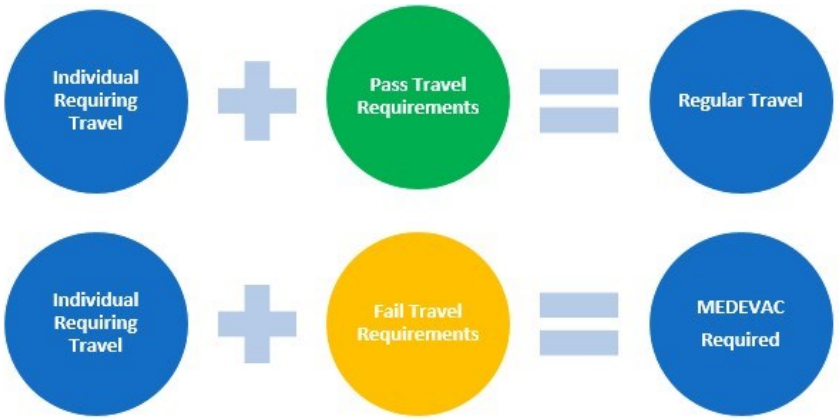
- Face covering information https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/instructions-sew-no-sew-cloth-face-covering.html

- Hygiene and environmental cleaning practices defined by the Public Health Agency of Canada within the Letter to Airline Industry: Annex Environmental Cleaning Practices for Airlines to Control the Spread of Novel Coronavirus.

  Letter 5 Airline Disinfection and Sa

- Environmental sanitation practices to control the spread of communicable disease in passenger conveyances and terminals https://www.canada.ca/en/public-health/services/emergency-preparedness-response/centre-emergency-preparedness-response/travelling-public-program/environmental-sanitation-practices-control-spread-communicable-disease-passenger-conveyances-terminals.html



Travel Requirements

- **NO** fever and cough **AND**
- **NO** fever and breathing difficulties **AND**
- **NO** refusal of air travel in the past 14 days for medical reasons related to COVID-19 **AND**
- **NOT** subject to a quarantine or isolation order from a provincial or local health authority **AND**
- Pass temperature screening, when applicable

Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19

Coordinating Regular Travel

Routine regional charter or through the national air service charter program.

Coordinating MEDEVAC Travel

Coordinated through existing regional processes or the national air service charter program.

MEDEVAC requirements:

- MEDEVAC travel by individuals failing a Health Check must be authorized by a provincial or territorial health authority or Indigenous Services Canada
- The aircraft must be suitable configured and equipped for MEDEVAC
- Medical personnel must accompany the passenger
- Other passengers undergo the Health Check
- Air operator must be provided reasonable notice that the passenger is potentially COVID-19 positive
- Appropriate measures are taken to protect crew and other passengers

Aviation Security Exemption 2020-49

Accessing the national air service charter program

The national air service charter program is accessed by emailing:

- Campbell, Darwin (SAC/ISC) darwin.campbell@canada.ca
- Keesey, Todd (AADNC/AANDC) todd.keesey@canada.ca
- Tario, Janice (SAC/ISC) janice.tario@canada.ca

Annex D: ISC CARE Service Request Form

ISC Collaborative Air Response Endeavour (CARE) Service Request Form

Sponsoring program or department			
Contact Name		Contact Position	
Department and Program		Contact Phone	
		Contact E-mail	

Financial coding information (actual or sponsoring organization)						
Section 32 Authority name			Section 32 Authority Title			
Internal ISC	Cost Centre		Functional Area Code		Fund Code	
Other	Department Code		Organization Code		Reference Code	

Request type

☐ Travel on a planned CARE flight (Part A) ☐ Aircraft charter or MEDEVAC (Part B) ☐ Cargo movement (Part C)

Part A: Request to travel on a planned CARE flight – Essential Service Providers only

COVID-19 travel requirements: All individuals travelling on a planned ISC flight must:

- Meet the requirements of the *Primary Care Services Pre-Travel Assessment Tool*;
- Undertake routine self-screening prior to travel;
- Travel directly from place of residence to the air terminal of departure and avoid public places;
- Practice heightened diligence in maintaining physical distancing of two (2.0) metres in air terminals as well as during boarding and deplaning;
- Wear a medical or non-medical mask or face covering during travel; and,
- Respect aircraft seating assignments to promote physical distancing onboard the aircraft

Reason for travel			Approved by community		☐ NO ☐ YES
Traveller name			Position/role		
Travel date	YYYY-MM-DD	Place of departure		Destination	
Travel date	YYYY-MM-DD	Place of departure		Destination	

Complete Annex A: Passenger Information

Part B: Aircraft charter or MEDEVAC

All travellers must respect TC COVID-19 Health Checks and face mask requirements (except MEDEVAC)

# of travellers		MEDEVAC: ☐ NO ☐ YES (describe)			
Travel date	YYYY-MM-DD	Place of departure		Destination	

Complete Annex A: Passenger Information

Part C: Cargo movement

Description of Cargo					
Requested date	YYYY-MM-DD	Place of departure		Destination	

Complete Annex B: Cargo load details

Additional comments

Acknowledgement by Section 32 Authority

- I acknowledge ISC will recover costs for the requested ISC CARE services using the financial coding information provided and that ISC CARE may or may not provide detailed costing information prior to service delivery. Costing information may take 1-3 business days to receive.
- I, (cost centre manager name), Manager of cost center #(cost centre #), region, confirm by e-mail that I have the required approval authorities in accordance with the departmental Delegation of Spending and Financial Authorities to exercise my expenditure initiation and commitment authorities approval pursuant to section 32 of the *Financial Administration Act*, for (vendor name), in the amount of $.
- I attest that individuals travelling as passengers on planned ISC CARE flights (Part A) will abide by the stated COVID-19 travel requirements.

		YYYY-MM-DD
Name	Signature	Date

Submission

Email complete forms to darwin.campbell@canada.ca, todd.keesey@canada.ca and janice.tario@canada.ca with 'ISC CARE service request' as the subject line.

Annex A: Passenger Information

Passenger Information						
Full name (as appears on travel ID)				TAN #		
E-mail			Phone			
Home airport			Employer			
Home Address	Street					
	City		Province		Postal Code	
Pet allergies			Dietary concerns			
Emergency contact name			Emergency contact phone			

Passenger Information						
Full name (as appears on travel ID)				TAN #		
E-mail			Phone			
Home airport			Employer			
Home Address	Street					
	City		Province		Postal Code	
Pet allergies			Dietary concerns			
Emergency contact name			Emergency contact phone			

Passenger Information						
Full name (as appears on travel ID)				TAN #		
E-mail			Phone			
Home airport			Employer			
Home Address	Street					
	City		Province		Postal Code	
Pet allergies			Dietary concerns			
Emergency contact name			Emergency contact phone			

Passenger Information						
Full name (as appears on travel ID)				TAN #		
E-mail			Phone			
Home airport			Employer			
Home Address	Street					
	City		Province		Postal Code	
Pet allergies			Dietary concerns			
Emergency contact name			Emergency contact phone			

Passenger Information						
Full name (as appears on travel ID)				TAN #		
E-mail			Phone			
Home airport			Employer			
Home Address	Street					
	City		Province		Postal Code	
Pet allergies			Dietary concerns			
Emergency contact name			Emergency contact phone			

Annex B: Cargo Information

Details					
Requested date	YYYY-MM-DD	Place of departure		Destination	
Load details					
Provide a full description of the shipment Include dimensions (length, width, and height), volume, contents and packaging					
Total estimated weight (kilograms)					
Identify if the shipment is on a pallet and if it can be broken down, if necessary					
Fragile or non-fragile					
Identify and special loading requirements or considerations					
Dangerous goods					
Dangerous Goods ☐ NO ☐ YES (description and UN #)					

References

FNIHB Directive: Healthcare Professional Self-Screening for COVID-19

FNIHB Directive: Medical Client Transport and Hygiene during COVID-19 Pandemic

FNIHB Medical Transportation Policy Framework Section 4.6

FNIHB Self-Screening Tool for COVID-19 for First Nation Visitors or Members Returning to Communities

Transport Canada: Aviation Security Exemption 2020-49

Transport Canada COVID-19 Guidance for the Canadian Aviation Industry

Transport Canada COVID-19: Guidance Material for Air Operators Managing Travellers during the Check-In Procedure for Flights Departing from an Aerodrome in Canada

Transport Canada Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19

WHO: Operational considerations for managing COVID-19 cases or outbreak in aviation Interim guidance 18 March 2020

Appendix D: PPE Guidelines for Primary care Sites

PPE guidelines for primary care sites				
Area	**Personnel or Client**	**Activity**	**PPE**	**Instructions**
Screening/triage area within or outside primary care site	HCW/ staff	Preliminary screening not involving direct contact	If able to maintain physical distance of at least 2 meters or separation by a physical barrier: • Routine practices Otherwise: • Procedure mask • Eye protection • Gloves • Gown	• Whenever possible, maintain physical distancing of at least 2 meters or separate screener and client with physical barrier (i.e. plexiglass)
	Client	Any	• Procedure mask for symptomatic clients	• Encourage hand hygiene upon entry and put on procedure mask if symptomatic • NMM or facial covering encouraged for non-symptomatic/suspect clients
Waiting room/area	Client	Any	• Procedure mask for symptomatic clients	• Encourage clients to keep mask on in waiting room and patient care rooms
Patient care rooms – evaluation, testing, treatment	HCW/ staff	Any contact with client within 2 meters (i.e. assessment, swabbing); providing direct care	• Procedure mask • Eye protection • Gloves • Gown	• Extended use of mask and eye protection as per provincial policy • Change gown and gloves and hand hygiene in between clients
		Aerosol-generating medical procedures	• N95 respirator (fit-tested) • Eye protection • Gloves • Gown	• Extended use of mask and eye protection, as per provincial policy • Change gown and gloves and hand hygiene in between clients • Negative pressure room, if available
Any area	Environmental service worker	Cleaning/ maintenance duties	• Procedure mask • Eye protection • Utility gloves • Gown	• Extended use of mask, eye protection, and gown as per provincial policy • Change gloves and hand hygiene in between cleaning rooms

Appendix E: Point of Care Risk Assessment

Prior to any patient interaction, all HCWs have a responsibility to assess the infectious risks posed to themselves, other HCWs, other patients and visitors from a patient, situation or procedure.

- The PCRA is based on the HCWs professional judgment (i.e. knowledge, skills, reasoning and education) about the clinical situation as well as up-to-date information on how the specific acute healthcare facility has designed and implemented engineering and administrative controls and the use and availability of PPE.
- PCRA is an activity implemented by the HCW in any acute healthcare facility to:
    - Evaluate the likelihood of exposure to them and others to infectious agents (e.g., COVID-19)
        - For a specific interaction,
        - For a specific task,
        - With a specific patient**,**
        - in a specific environment, and
        - under available conditions.
    - Select the appropriate actions and/or PPE to minimize the risk of exposure for the specific patient, other patients in the environment, the HCWs, visitors and others.

A PCRA includes determining if there may be:

- Contamination of skin or clothing by microorganisms in the patient environment
- Exposure to blood, body fluids, respiratory secretions or excretions
- Exposure to contaminated equipment or surfaces

Patient factors include:

- Patient's volume of respiratory secretions, and ability to control secretions and cough
- Patient's ability to comply with IPC practices (e.g., hand hygiene, wearing a mask, respiratory hygiene or other IPC precautions)
- Patient in an intensive care unit or other designated area for COVID-19 patients or requiring extensive hands-on care

PPE should always be used as determined by PCRA for routine practices, as outlined in droplet and contact precautions and for airborne precautions when AGMPs are anticipated or are being performed.

References

BC Centre for Disease Control. May, 2020. Infection Prevention & Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living. Accessed June 2, 2020 at http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Government of Canada. May , 2020. Infection prevention and control for COVID-19: Second interim guidance for acute healthcare settings. Accessed June 2, 2020 at: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.1

Examples of Point of Care Assessment Tools

https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-routine-practices-algorithim-cc.pdf

Appendix C, page 29 of BC Centre for Disease Control. May, 2020. Infection Prevention & Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living.
http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

- ## Point Of Care Risk Assessment for Routine Practices Algorithm

Adapted from: Public Health Agency of Canada. (2012). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-65-2012-eng.pdf

Notes

This PCRA applies to all patients at all times in all healthcare settings, when contact with the patient or environment is expected.

Use in addition to AP if patient has already been placed on AP.

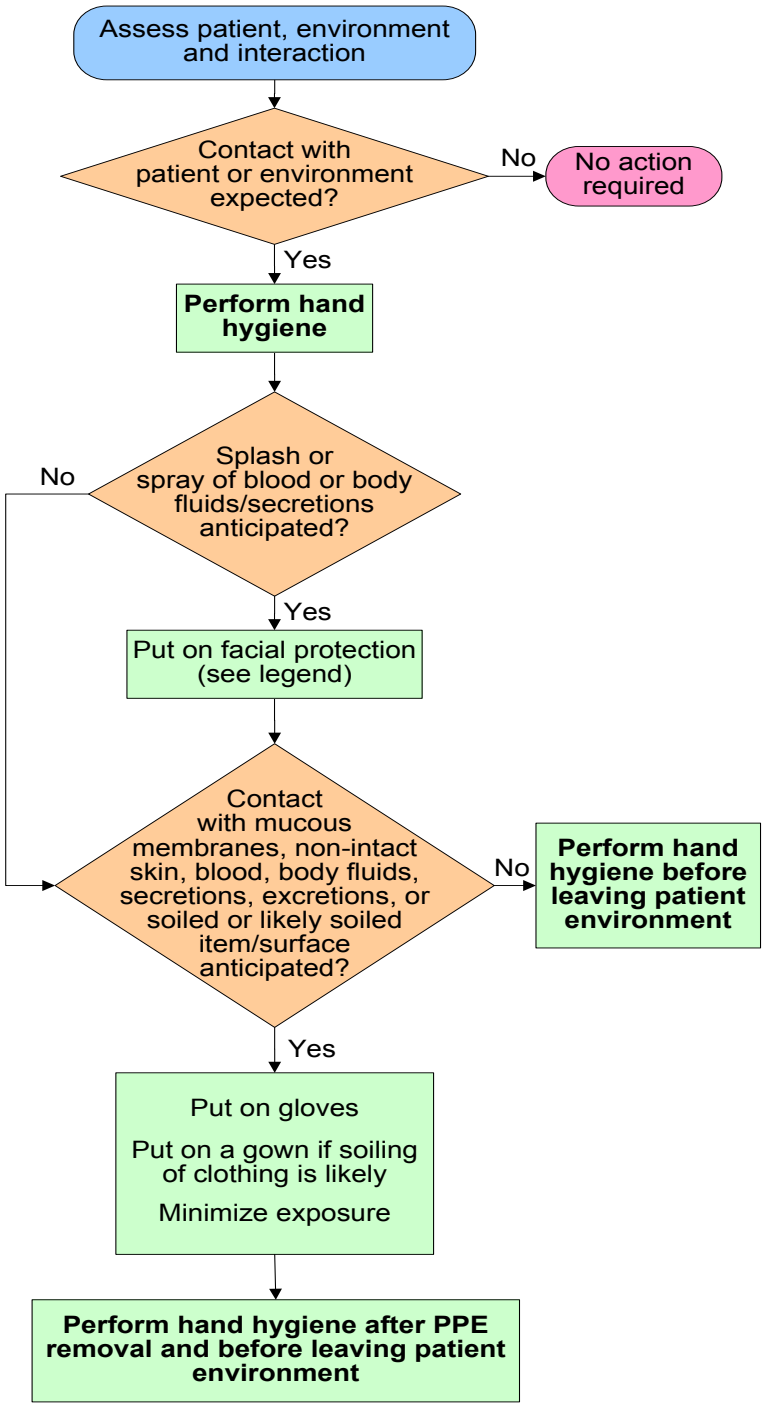
Legend

PCRA = Point-of-care risk assessment

AP = Additional precautions

Facial protection = mask and eye protection, face shield, or mask with visor attachment

PPE = Personal protective equipment



Appendix F: Link to PHAC Donning and Doffing Video

PHAC Donning and Doffing Video:

https://www.canada.ca/en/health-canada/services/video/personal-protective-equipment-lower-risk-exposure.html

Appendix G: Environmental Cleaning Video Links

Environmental Cleaning Videos:

Blood Spill:
https://vimeo.com/251501013/0c373938a3

Blood Spills: French
https://vimeo.com/258149356/2ed07b93e4

Damp Mopping:
https://vimeo.com/251501038/78cca2de8a

Damp Mopping: French
https://vimeo.com/258149379/92b6a1ca2f

Damp Wiping:
https://vimeo.com/251501059/2c80261481

Damp Wiping: French
https://vimeo.com/258271361/27d21efce6

Safe Dilution:
https://vimeo.com/251501147/61d194283e

Safe dilution: French
https://vimeo.com/258149402/e457ee5dda

Donning:
https://vimeo.com/251501131/e4a77d1a63

Donning: French
https://vimeo.com/258271401/e1ff868fb5

Doffing:
https://vimeo.com/251501114/358653697f

Doffing: French
https://vimeo.com/258271425/48461e9db6

Use of Personal Protective Equipment(PPE) when Caring for a Person in a Community Health Facility Video:

Personal Protective Equipment –Lower Risk Exposure Donning & Doffing
https://www.youtube.com/watch?v=Gz8e6EKZebQ

Appendix H: Posters for health facilities (area, symptoms, physical distancing etc.)

PHAC posters available online:
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html

Next pages: examples of posters

STAFF ENTRY ONLY

ISC LOGO
STOP: STAFF ENTRY ONLY
If you are not a staff member, please proceed to the non-staff member entrance.
If you are staff and you feel unwell or have the following symptoms, please do not enter:

- **Fever**
- **Chills**
- **Cough that is new or worsening**
- **Barking cough, making a squeaky or whistling noise when breathing**
- **Shortness of breath**
- **Sore throat**
- **Difficulty swallowing**
- **Hoarse voice (more rough or harsh than normal)**
- **Runny, stuffy, or congested nose**
- **Lost sense of taste or smell**
- **Headache**
- **Nausea/vomiting, diarrhea, stomach pain**
- **Fatigue**

Please stay home if you are unwell.

NOTE: You are entering a CLEAN ZONE. Please perform hand hygiene upon entry.

Zones:

Clean Zone

WHERE:

- Staff side area

ACTIVITIES:

- Charting
- Staff activities
- Storage of clean supplies
- PPE donning (in marked area) prior to entering patient assessment area (high-risk zone)

REMEMBER!

- Hand hygiene upon entering and re-entering
- Have a trained personnel monitor donning technique

PPE REQUIRED:

- No PPE required upon initial entry from outside
- Extended mask use and eye protection if entering and re-entering the patient side area

Low-Risk Zone

WHERE:

- Zone transitioning from high-risk zone to clean zone

ACTIVITIES:

- PPE doffing (in marked area)
- Clean and double bag lab specimens for safe transport

REMEMBER!

- Proper PPE doffing technique and hand hygiene before stepping back into clean zone
- Have a trained personnel monitor doffing technique
- Extended mask use and eye protection

PPE REQUIRED:

- PPE doffing

High-Risk Zone

WHERE:

- Patient waiting area
- Patient assessment area

ACTIVITIES:

- Patient assessment (within 2m)
- Checking temperature
- Swabbing

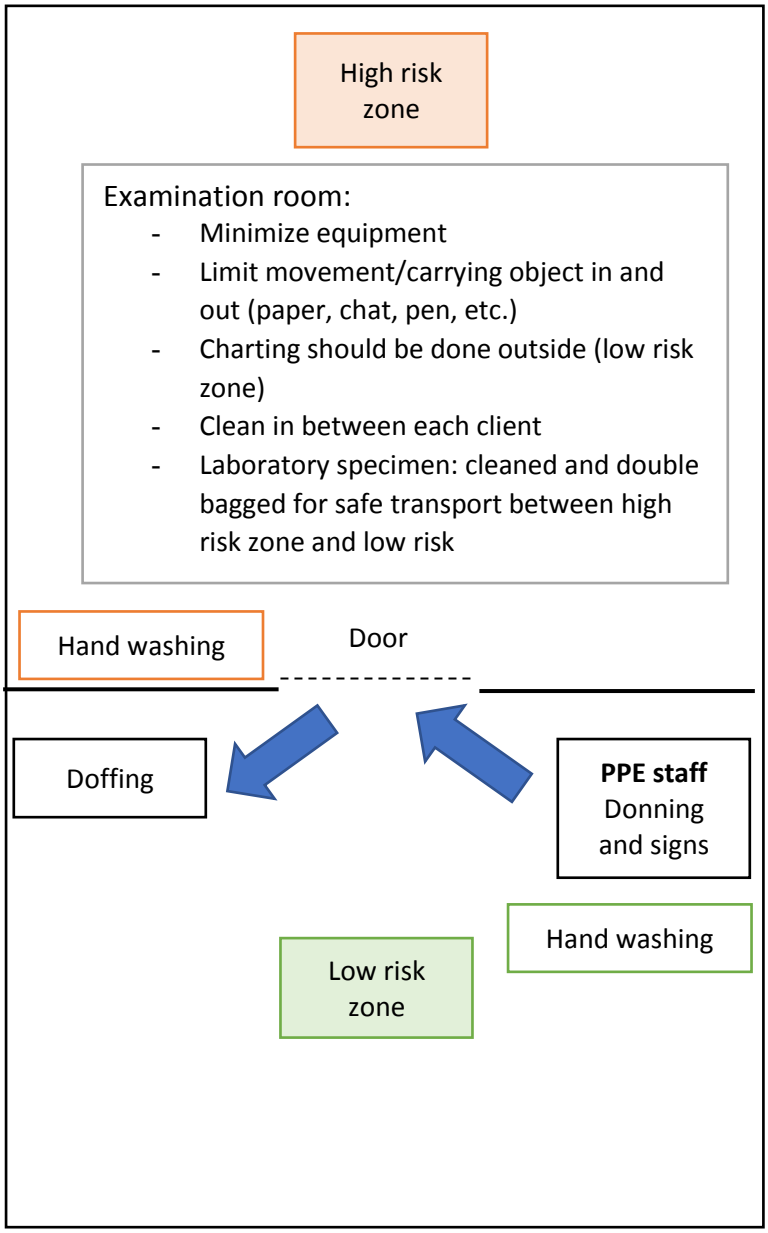
REMEMBER!

- Hand hygiene and proper PPE donning prior to entering
- Extended mask use and eye protection
- Change gloves, gown, and hand hygiene in between clients
- Limit moving objects from outside the high-risk zone

PPE REQUIRED:

- Procedure mask
- Eye protection
- Gown
- Gloves

Appendix I: Floor Map Example



Appendix J: COVID-19 Primary Care Assessment and Management Pathway

Prepared by the Primary Health Care Systems Division,
First Nations and Inuit Health Branch, Indigenous Services Canada

Background:

The novel coronavirus (SARS-CoV-2), the cause of COVID-19, emerged in December, 2019, leading to a global outbreak and pandemic. This primary care pathway was developed in September 2020, at which time symptoms differentiating COVID-19 infection from influenza and other respiratory infections were not yet well studied or defined. It provides a synopsis of guidance put forward by the World Health Organization (WHO) and the Public Health Agency of Canada during the COVID-19 pandemic (as of September 2020). This pathway will be updated as new information becomes available on the assessment and management of COVID-19, but it remains the responsibility of the health care professional to review upcoming guidance from the Public Health Agency of Canada.

Purpose of the pathway:

- Provides a *condition-specific* pathway of assessment and care for diagnosed or suspected cases of COVID-19, according to the severity of disease and risk factors

- Outlines key elements of the clinical care process for potential COVID-19 cases in the Adult and Pediatric population and guides the nurse to:
    - Screen symptoms
    - Review potential exposure
    - Review risk factors and identify high risk clients
    - Recognize illness severity
    - Initiate management

- Supports the assessment, Physician/Nurse Practitioner consultation, and documentation for the clinical encounter within the primary health care setting, in remote and isolated Indigenous communities within Canada

Considerations:

- This pathway is not intended to replace clinical judgement or existing regional/provincial/territorial guidance but to support and complement them
- Consult with additional health care providers, such as Physicians or Nurse Practitioners when required
- While conducting a health assessment always remain vigilant in recognizing signs and symptoms that suggest a rapid progression of illness and/or suggest a change in the usual pattern of presentation
- Continual monitoring and consistent follow-up with the client are key aspects of care provision
- An increase in the numbers of ILI in the community must be reported to the local public health agency or unit
- Ongoing collaboration with public health agencies ensure that Infection Prevention and Control measures and contact tracing mechanisms are available and in place
- Infection Prevention and Control measures must be in place to protect health care providers and members of the community
- Additional measures may be activated if an outbreak is suspected

Public Health agencies continue to provide ongoing information on current epidemiology regarding respiratory illnesses present in various regions of Canada and the world; it is important to monitor these reports for new information.
See also the **Introduction - General Assessment (Adult Respiratory System)** or **(Pediatric Respiratory System)**, and other condition-specific Clinical Care Pathways, as appropriate.

Note: Screening of symptoms and exposure may be conducted outside the clinic or by telephone. If screening is done inside the clinic, the screener must be behind a transparent barrier, **or** be able to maintain a 2 meter physical distance, **or** be wearing appropriate PPE.

Screen symptoms

ANY OF:

Key symptoms:

□ Fever	□ Fatigue	□ Anorexia	□ Sore throat
□ Cough	□ Malaise	□ Ageusia	□ Nasal congestion
□ Sputum production	□ Myalgia	□ Anosmia	□ Conjunctivitis
□ Dyspnea	□ Headache		

Other symptoms:

□ Abdominal pain □ Nausea □ Diarrhea

Considerations:

- **Children** generally present with less severe, mild symptoms of COVID-19, and may experience cough and fever less often than adults. They are more likely to develop gastrointestinal symptoms and skin changes than adults.
- **Pregnant women** may present with symptoms related to pregnancy or pregnancy-related illness that overlap with COVID-19 symptoms; these may include dyspnea, fatigue, fever, and gastrointestinal symptoms
- **Older adults or immunosuppressed clients** may present with subtle or atypical symptoms (e.g., reduced mobility, decreased alertness, delirium); and they may be more likely to present without fever or respiratory symptoms, such as cough

Review exposure

□ **Known outbreak in the community**

AND/OR

In the 14 days prior to illness, did the client:

□ Travel to an affected area (including inside Canada)

OR

□ Have close contact* with a person with acute respiratory illness who traveled to an affected area within 14 days prior to onset of illness

OR

□ Participate in a mass gathering identified as a source of exposure

OR

□ Have laboratory exposure to biological material known to contain COVID-19

OR

□ Have close contact* with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g. long-term care facility, prison)

*A close contact is defined as a person who provided care for the client, including healthcare workers, family members or other caregivers, or who had other similar close physical contact, or who lived with or otherwise had prolonged close contact with a probable or confirmed case while the case was ill.

NOTE: Conduct Point of Care Risk Assessment **AND** Initiate Infection Prevention Control Measures

In-person assessment should be conducted for anyone with potential COVID-19 symptoms (suspected cases)

- Provide client with a mask and direct to handwashing station.
- Minimize exposure to others (at least two meter physical distance)

Establish illness severity

- Conduct a thorough **respiratory assessment** (history and physical exam)
- Review vital signs including **oxygen saturation**
- Review signs and symptoms of **respiratory distress**
  - Dyspnea
  - Use of accessory muscles
  - Tachypnea (>25 breaths per minute)
  - Hypoxemia
  - Altered mental status
  - Cyanosis (central and peripheral)
  - Pallor
  - Diaphoresis
  - Restlessness, agitation
  - Tripod position
  - Stridor

- Review clinical signs and symptoms of **pneumonia:**

Symptoms of pneumonia in adults and children:

Cough Fever	Dyspnea Tachypnea	Children: indrawing

Respiratory exam suggestive of **pneumonia:**

Inspection	Palpation	Percussion	Auscultation
Use of accessory muscles Tachypnea	Asymmetrical tactile fremitus	Dullness	Crackles Decreased air entry/breath sounds Wheezing

Diagnostic imaging:

- The diagnosis of pneumonia can be done on clinical grounds but **X-rays may be ordered** to assist with diagnosis and identify or exclude pulmonary complications

Considerations:

- **Asymptomatic and presymptomatic** cases of COVID-19 are possible
- Most clients will present with **mild illness**
- 15% of clients may develop **severe disease** requiring supplemental oxygen and hospitalization
- 5% of clients may require admission to **an intensive care unit (ICU)**

Establish illness severity (continued)

Table 1: Determining illness severity

Severity of symptoms	Adolescents and Adults	Children
Mild	Symptomatic client as defined in initial screening **AND** • No shortness of breath • Oxygen saturation normal • Normal chest imaging	Symptomatic client as defined in initial screening **AND** • No shortness of breath • Oxygen saturation normal • Normal chest imaging
Moderate	Clinical signs of pneumonia **WITHOUT** clinical **signs of** severe pneumonia • Does not require supplemental oxygen	Clinical signs of pneumonia • Cough or dyspnea AND • Tachypnea But **No clinical signs of** severe pneumonia
Severe	**Severe pneumonia:** Clinical signs of pneumonia **AND ONE OF:** • Respiratory Rate above 30 breaths per minute • Severe Respiratory Distress OR • SpO2 <90% on room air	**Severe pneumonia:** Clinical signs of pneumonia **AND ONE OF :** • Central cyanosis or SPO2 <90% OR • Severe respiratory distress (grunting, severe indrawing, tachypnea) **Red flags:** unable to breastfeed or drink, lethargy, unconsciousness, convulsions
Critical disease / Complications	**Acute respiratory distress syndrome (ARDS):** • An acute, diffuse inflammatory form of lung injury • Onset within 1 week of respiratory symptoms • Older adults and those with co-morbidities are at higher risk **Sepsis:** • Associated with an infection • Organ dysfunction • Can progress to septic shock	**Acute respiratory distress syndrome (ARDS):** • An acute, diffuse inflammatory form of lung injury • Onset within 1 week of respiratory symptoms • Those with co-morbidities are at higher risk **Sepsis:** • Associated with an infection • Organ dysfunction • Can progress to septic shock Multi-system inflammatory syndrome in children (MIS-C): • Hyper-inflammatory markers with features of Kawasaki syndrome or septic shock

Testing, contact tracing and reporting

- ☐ Swab collection per regional protocols
- ☐ Conduct contact tracing per regional protocols
- ☐ Contact Public Health to coordinate contact tracing and care requirements

Establish risk and determine plan

Assess if it is safe for the client to remain in the community (for all levels of illness)

- Assess risk **factors for poor outcomes**
  - ☐ **Client of older age**

AND/OR

- ☐ **Client with comorbidities**
  - Chronic respiratory or cardiovascular disease
  - Cerebrovascular or neurological disease
  - Liver disease
  - Diabetes
  - Renal disease
  - Gastrointestinal disease
  - Immunocompromise
  - Hypertension
  - Pregnancy
  - Smoking
  - Obesity (BMI > 30)
  - Cancer

- Review **supports available** to the client
- Consider **determinants of health** such as access to basic amenities (clean, potable water), phone and means of transportation, and any other financial or environmental limitations that may affect the care plan
- Ensure the client has no concerns or limitations that may prevent their return for re-evaluation if required
- Use a client-centred, collaborative approach based on **respect, empathy, dignity, compassion, and shared-decision making**
- Consider the client's individual, community and cultural context in management decisions and care planning
- **Consult** with the Physician or Nurse Practitioner as required

High risk individuals:

- Weather, availability of transport, or distance may delay access to acute care facilities
- Consider preventative evacuation to a community or area that is in closer proximity to acute care facilities
- A low threshold should be used to determine need for evacuation of the elderly, those with underlying medical conditions, or those with symptoms of pneumonia

Table 2: Management per severity of illness

COVID unlikely	□ Manage per diagnosis □ Educate client regarding symptoms of COVID-19 and infection prevention and control measures □ Return to clinic for re-assessment if symptoms suggest COVID-19
Mild Symptoms	Discharge home for **isolation** or to isolation facility if: □ **No comorbidities** are present which put the client at risk for a poor outcome □ Client and/or caregiver are **able to monitor symptom**s and follow infection prevention and control measures □ Client is **able to call or return** to health facility if symptoms become worse Collaborate with the client, family, care provider, and community leadership if needed to develop a safe plan if there are **any concerns** regarding safe isolation and/or risk of health deterioration in the community **Follow-up plan and monitoring** □ Supportive measures (rest, fluids, antipyretics) □ Ensure close monitoring process in place (re-assess client daily) □ Continue managing chronic illnesses **Education:** □ Client to self-monitor for potential symptoms of COVID-19 and pneumonia □ Client to self-monitor for symptoms associated with deterioration of chronic diseases □ Report any changes in the above Refer to the **Public Health Agency Canada** website for education material on isolation or other relevant resources **If symptoms worsen** (signs and symptoms of **pneumonia**, dyspnea, decreased oxygen saturation or other concerns) **refer to moderate, severe or critical sections below**
Moderate, severe symptoms (pneumonia and severe pneumonia)	□ **Consult Physician/Nurse Practitioner** **Initial Management:** □ Sit client upright. □ Unstable adults and children: Apply oxygen per regional/territorial protocol to a minimum initial target of ≥ 94% □ Once stable, in non-pregnant adults and children, the target oxygen saturation is above 90%. In pregnant adults, a minimum target of ≥ 92-95% is recommended □ Insert an IV line with fluid running at a sufficient rate to keep the vein open (do not administer excessive fluid to client as this may add to respiratory distress) □ Other therapy may be ordered for stabilization of the condition □ **MEDICAL EVACUATION** (MEDEVAC) as soon as possible if appropriate

	○ Discuss management preferences with client and/or family ○ Advise client/caregiver to make follow-up appointment upon their return ○ Provide open and clear information to the client and family/caregiver on the reasons for the transfer, what is needed and what may be expected **Onsite monitoring** □ Vital signs with continuous oxygen saturation □ Cardiorespiratory status □ Cardiac monitoring □ Monitor for signs of sepsis and/or shock **Diagnostic tests and Investigations** (may be ordered) □ Chest X-ray □ ECG □ CBC □ Creatinine, urea □ Electrolytes □ Liver function □ Lactate
Critical illness/Complications For client presenting with signs and symptoms of Acute respiratory distress syndrome (ARDS), sepsis or septic shock follow regional/territorial protocols and Basic and Advanced Life support.	

References

1 Public Health Agency of Canada. COVID-19 signs, symptoms and severity of disease guide: A clinician guide. [Internet]. Ottawa; Public Health Agency of Canada; 2020 [Cited 2020 Aug 12]. Retrieved from https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html

2 Public Health Agency of Canada. Interim national case definition: Coronavirus Disease (COVID-19). [Internet]. Ottawa; Public Health Agency of Canada; 2020 [Cited 2020 Aug 12]. About 6p. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html#exposure

3 Public Health Agency of Canada. Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for outpatient and ambulatory care settings [Internet]. Ottawa; Public Health Agency of Canada; 2020 [Cited 2020 Aug 12]. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html

4 World Health Organization. (2020). Clinical management of COVID-19: Interim guidance, 27 May 2020. [Internet]. Geneva; World Health Organization; 2020 [Cited 2020 Aug 12]. 62 p. Available from: https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected

5 Public Health Agency of Canada. Clinical management of patients with COVID-19: Second interim guidance. Ottawa; Public Health Agency of Canada; 2020 [Cited 2020 September 1]. Retrieved from https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/clinical-management-covid-19.html#a5

6 World Health Organization. 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts: interim guidance. [Internet]. Geneva; World Health Organization; 2020 [Cited 2020 Aug 12]. 4 p. Available from: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

Appendix K: Covid-19 Symptom Assessment Tool (by non-health professional)

INSTRUCTIONS:

1. Complete one assessment form per client.
2. Start at question #1 and read each statement clearly. Circle the response received.
3. Upon receiving a 'yes' answer, proceed to the third column.
4. Always guide the client to the highest level of protection.
5. Instruct the client that they must return for reassessment if symptoms persist, become worse, or if their situation changes (ie the client left the community and returned).
6. Provide the client with a copy of the Public Health Agency of Canada's information sheet, "Know the Difference: Self-Isolation, and Isolation for Covid-19". Circle the level instructed.

Question	Current Symptoms in Children and Adults (circle yes or no as appropriate)	Next Steps
1	Are you experiencing any of the following? • Severe difficulty breathing (is the client struggling to breathe, breathing quickly or speak?) • Severe chest pain • Having a very hard time waking up • Feeling confused • Losing consciousness (is the client alert?) In addition to above, ask if Child is experiencing: • Inability to breastfeed or drink • Lethargy • Noisy breathing **NO** ↓ **YES** →	**Formal assessment required by a nurse immediately.**
2	Are you experiencing any of the following? • Having a hard time breathing • It is harder to breathe when you are lying down • Worsening chronic health conditions **NO** ↓ **YES** →	**Formal assessment required by a nurse.**
3	Are you experiencing any of the following symptoms: • Fever (shakes or chills) • Fatigue and/or muscle aches • Headache • Cough • Nasal congestion • Red eye(s) • Sore throat • Lack of or change in smell or taste • Nausea, vomiting, or abdominal pain • Lack of appetite **NO** ↓ **YES** →	**Formal assessment required by a nurse.**

PLEASE PROCEED TO QUESTION 4		
Question	Contributing Factors (circle yes or no as appropriate):	Next Steps
4	Have you travelled to any areas outside of your province or Canada or to any affected area or "red zone" within the last 14 days? (if your particular community has travel restrictions please include here) Travel includes passing through an airport. **NO** ⇩ **YES** ⇨	**Self-Isolation**
5	• Did you **provide care** or have **unprotected close contact*** with a person with COVID-19 (probable *or* confirmed) while they were ill (cough, fever, sneezing, or sore throat)? **NO** ⇩ **YES** ⇨	**Self-Isolation**
6	Did you have **close contact*** with a person: • Who travelled to an affected area the last 14 days, and has become ill with symptoms (cough, fever, sneezing, or sore throat)? *(if your particular community has travel restrictions please include here)* **NO** ⇩ **YES** ⇨	**Self-Isolation**

NO FURTHER TESTING REQUIRED. IF YOUR SITUATION CHANGES OR SYMPTOMS PERSIST, YOU MUST CONTACT THE HEALTH CENTRE OR NURSING STATION FOR RE-ASSESSMENT.

* A close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or
- Lived with or otherwise had close prolonged contact (within 2 metres and over 15 min.) with the person while they were infectious; or
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

Appendix L: COVID Assessment and Management Documentation Support Tool

COVID-19 Symptoms Assessment and Management documentation support tool
Symptomatic client

Date (Y/M/D): _____**Time:** _____ **Emergency contact:**	**Client Label: CLIENT NAME (Last name, First name):** _____ **AGE:** _____ **DOB:** _____ **HIN:** _____
DATE OF SYMPTOM ONSET:_____ ☐ **TRAVELEDL to affected area** ☐ **CONTACT with confirmed, suspected or probable case**	☐ **COVID-19 SWAB COLLECTION DATE:** _____ **RESULT**: ☐ **POS** ☐ **NEG** **RECEIVED:** _____ ☐ **N/A**
MEDICATION HISTORY	**ALLERGIES/REACTIONS:**
☐ Review Medications with Client ☐ No Medications ☐ UNKNOWN ☐ Review immunization history with client	☐ **NKDA** ☐ _____

KEY SYMPTOMS ☑SYMPTOM PRESENT (details can be added in progress notes)

☐Fever/Chills ☐ Cough ☐ Fatigue ☐ Dyspnea ☐ Malaise ☐ Congestion ☐ Conjunctivitis ☐ Headache ☐ Anorexia ☐Myalgia ☐ Anosmia ☐ Ageusia ☐ Sore throat ☐ ☐Abdominal pain ☐Nausea ☐Vomiting ☐Diarrhea Sputum

RISK FACTORS ☑RISK FACTOR OR HISTORY PRESENT (details to be added in progress notes as required)
Presence of any risk factors increases the risk of poor outcomes and should be considered in management

☐ Older age ☐ Chronic respiratory ☐ Chronic cardiovascular disease ☐ Immunocompromised ☐ Cancer	☐ Hypertension ☐ Diabetes ☐ Renal disease ☐ Hepatic disease ☐ Obesity (BMI >40)	☐ Drug use: _____ ☐ Alcohol: ____ drinks per week ☐ Smoking: _____ packs per day for __ years ☐ Postpartum: _____ days/weeks ☐ Pregnant: _____ weeks gestation ☐ Other

PHYSICAL ASSESSMENT
Identify any RED FLAGS as described BELOW
☑NORMAL FINDINGS ☒ ABNORMAL: describe in progress note

Vital signs:	**T:**	**HR:**	**RR:**	**BP:**	**SPO2:**

General appearance: ☐ well **Respiratory:** ☐ Inspection ☐ Palpation ☐ Percussion ☐ Auscultation	**HEENT**: ☐ **CVS**: ☐ **Integumentary**: ☐ **GI**: ☐

RED FLAGS: ADULT and PEDIATIC ☑SYMPTOM PRESENT (details to be added in progress notes)

☐ Dyspnea ☐ Use of accessory muscles ☐ SpO_2 ≤90% on room air ☐ Respiratory Rate > 25 breaths/min ☐ Tripod position	☐ Altered mental status ☐ Restlessness, agitation ☐ Cyanosis ☐ Mottling or cold extremities ☐ Signs of dehydration	☐ Tachycardia/ Bradycardia ☐ Weak, thready pulse ☐ Chest pain ☐ Hypotension ☐ Oliguria/anuria

Specific for PEDIATRIC population ☑SYMPTOM PRESENT (details to be added in progress notes)

☐ Indrawing ☐ Nasal flaring ☐ Grunting	☐ Stridor ☐ Lethargy ☐ Petechial Rash	☐ Prolonged capillary refill >2 sec ☐ Unable to breastfeed or tolerate fluids

☐ **LOW RISK/MILD ILLNESS** ☐ **HIGH RISK/MODERATE-SEVERE ILLNESS**

Refer to appropriate management section per illness severity and risk level		
Designation	**Printed Name**	**Signature/Initials**

LOW RISK/MILD ILLNESS MANAGEMENT

Date (Y/M/D): _____Time: _____

Emergency contact:

Client Label: CLIENT NAME (Last name, First name):

_____

AGE: _____ DOB: _____

HIN: _____

Physician/Nurse Practitioner Called Date (Y/M/D): _____Time: _____
Physician/Nurse Practitioner NAME:

☐ **Local public health advised (contact tracing, etc.)**

ORDERS RECEIVED

_____

_____

_____

_____

_____

_____

_____

_____

_____

Discharge home or isolation site if:

☐ **No comorbidities** are present which put the client at risk for a poor outcome

☐ Client and/or caregiver are **able to monitor symptom**s and follow infection prevention and control measures

☐ Client is **able to call or return** to health facility if symptoms become worse

Isolation site:
Client able to safely manage symptoms at home or isolation site?

☐ YES ☐ NO

YES	**NO**
☐ Home ☐ Alternative isolation site	Collaborate with the client, family, care provider, and community leadership if needed to develop a safe plan

Follow-up plan and monitoring

☐ Supportive measures (rest, fluids, antipyretics)
☐ Ensure close monitoring process in place (re-assess client daily)
☐ Continue managing chronic illnesses

Education:

☐ Client to self-monitor for potential symptoms of COVID-19 and pneumonia
☐ Client to self-monitor for symptoms associated with deterioration of chronic diseases
☐ Report any changes in the above
☐ Written materials provided of how to isolate

Designation	**Printed Name**	**Signature/Initials**

Date (Y/M/D): _____Time: _____ **Emergency contact: _____** ☐ **MEDICAL EVACUATION INITIATED:** **Date (Y/M/D): _____Time: _____**	**Client Label: CLIENT NAME (Last name, First name):** **_____** **AGE: _____ DOB: _____** **HIN: _____**

Physician/Nurse Practitioner Called Date (Y/M/D): _____Time: _____
Physician/Nurse Practitioner NAME:

ORDERS

LAB: ☐ **Blood culture** ☐ **CBC and differential** ☐ **Lactate** ☐ **Electrolytes** ☐ **Creatinine** ☐ **BUN** ☐ **LFTs**
☐ **Chest X-Ray** ☐ **ECG**

MEDICATION

FLUID MANAGEMENT	**OXYGENATION**
☐ **Insert saline lock-Site: _____** **Fluid:** ☐Normal Saline or ☐Lactated Ringers **Rate:**☐To keep vein open (TKVO) ☐Other:_____ **cc/hr*** ***Monitor for signs of fluid overload as this will aggravate respiratory distress**	**Maintain SpO2 above 94% :** Unstable adults and children: Apply oxygen per regional/territorial protocol to a minimum initial target of ≥ 94% ☐ Sit upright ☐ Oxygen applied: _____**L/min via:** ☐ Nasal Prongs ☐Non-Rebreather ☐ Other: _____

Continuous monitoring must include:
(use recording tools/progress notes available at your facility)

Respiratory: ☐Rate ☐Effort ☐Auscultation ☐Vital signs including SpO2 monitoring ☐Level of consciousness	☐Cardiovascular Assessment ☐ Integument ☐Intake and output ☐Hydration status

UPON MEDEVAC

☐ Discuss management preferences with client and/or family
☐ Advise client/caregiver to make follow-up appointment upon their return
☐ Provide open and clear information to the client and family/caregiver on the reasons for the transfer, what is needed and what may be expected

Designation	**Printed Name**	**Signature/Initials:**

HIGH RISK/MODERATE-SEVERE ILLNESS MANAGEMENT

Date (Y/M/D) @ Time 00:00	CLIENT NAME:	
	MEDICATION ADMINISTRATION RECORD	**Given/Initials**
Date (Y/M/D) @ Time 00:00	**Progress Notes CLIENT NAME:**	
Date (Y/M/D) @	**Progress Notes**	

Time 00:00	CLIENT NAME:

Appendix M: Client Care Notes: Follow-up for Clients in Self Isolation

Client Care Notes: **Follow-Up for Clients who are Self-Isolating at Home or Temporary Location**	**Client Label:** **CLIENT NAME** **Age: _____ DOB: _____ ID# _____** **Isolation Address:**

Date of Assessment:	**Education Provided:**

Date of COVID-19 Swab (if applicable): _____ Result: ____ Date Result Received: _____

Date/Time (14 Days of Isolation)	Communication Method: (T)Telephone/ (V)Visit	Provide if Available:		Heart Rate per minute: 60-100 beats per minute*	Breaths per Minute: 12-20 breaths per minute*	YES/NO												
		Temperature (°C or °F)	Glucometer Value			Cough	Shortness of Breath	Feeling confused	Chest Pain	Fever (shakes or chills)	Fatigue and/or muscle aches	Lack of appetite	Nausea, Vomiting, Diarrhea	Sore throat	Available resources (food, medicine, etc.)	Transport available	Changes to Social Situation	Appropriate PPE Available

***If the rate is outside of the indicated range, the client needs to see a health care provider**

If the client is experiencing worsening symptoms or chronic health conditions, the client needs to see a health care provider for a complete reassessment – as per your community process for suspected COVID-19 cases.

Date (Y/M/D) @ Time 00:00	PROGRESS NOTES

Appendix N: Intake Form for Alternate Isolation Sites

COVID-19 Intake Form
FOR ALTERNATE ISOLATION SITE

(To be completed by nurse before sending client to isolation site)

Date (Y/M/D): _____Time: _____

Emergency contact:

CLIENT NAME (Last name, First name):

_____

AGE: _____ DOB: _____

HIN: _____

☐No Medications ☐UNKNOWN

☐See attached medication list

Allergies and reactions: _____ ☐ **NKDA**

☐**COVID-19 SWAB COLLECTION DATE: _____** ☐**N/A**

RESULT: ☐**POS** ☐**NEG** ☐**RECEIVED: _____**

OR ☐**COVID SUSPECTED BASED ON SYMPTOMS**

☐ Dietary requirements: ☐ Diet as tolerated (DAT)

☐ Homecare services required

☐ Special needs:

Other considerations:

☐ Has personal hygiene kit, clothing

FOLLOW-UP: ☐ PHONE ☐ AT NURSING STATION ☐ BY HOME CARE ☐Other: _____

Considerations Prior to Follow-Up:

- Phone or internet: Ability to hear on the phone, language barriers, access to phone or internet
- In-person: Presence of risk factors may require closer follow-up in person for physical exam
- Location: Should it be done at the isolation site or healthcare facility

Designation	Printed Name	Signature

Appendix O: Guidance on Site Planning, Layout, Equipment and Supplies for Surge Health infrastructure in Response to COVID-19

Guidance on Site Planning, Layout and Equipment and Supplies for Surge Health Infrastructure in Response to COVID-19

Purpose:

This reference guide is intended to support in the operations and logistics of establishing community-specific surge health infrastructure in First Nations communities in response to the COVID-19 pandemic. This reference guide will remain evergreen.

Planning considerations for surge health infrastructure are outlined below, to ensure that any new or "retooled" facility is established to meet all health, safety, and operational requirements of its intended use.

- Screening and assessment, triage for registration, identification and appropriate placement (source control);
- Patient isolation, to care for patients who are not critically ill and require a suitable isolation site; or
- Accommodations for health care workers and other staff supporting the sites.

1. Considerations for deployment

When the need for surge health infrastructure has been confirmed, a site administrator/ manager or team should be appointed to coordinate:

1. Identification of potential sites,
2. Preparing the site,
3. Coordinating the procurement of equipment and supplies,
4. Obtaining and training staff and volunteers, and
5. Finalizing arrangements for the functions outlined above.

2. Site planning

Site planning may vary somewhat depending on the proposed function.

Assessing community location for confirmed surge infrastructure – Potential community locations are best reviewed by a an inter-disciplinary team that includes community leadership, Health Director and health care personnel, Environmental Public Health Officers, regional capital officials, community public works personnel, and community maintenance staff. A site that will provide inpatient care or accommodation will have the most demanding requirements.

Wrap-around services must be considered at the site evaluation stage, and include:

- adequacy of external facilities (access, parking etc.);
- adequacy of internal space for the services to be provided (layout of rooms, sinks, washrooms, kitchen facilities, secure storage, etc.);
- adequacy of critical support systems if patient care will be provided (ventilation, power, potable water, sanitation, etc.); and
- ease of making arrangements to support the provision of clinical care (security, maintenance, housekeeping, food service, laundry, etc.).

Supportive documents for site planning
Guidance for Environmental Public Health Officers assessing facilities to serve as: triage; screening and/or assessment; or patient management within the community, either re-tooled existing structures or new units Guidance for Environmental Public Health Officers
Installation table to support wrap around services: document highlights what is and is not included with the purchase and installation of the units for which specifications and/or installation contacts have been provided to PHPCD (e.g. electricity, sewage, cooling systems, hygiene stations, bathrooms).
PPE Posters for use at surge health infrastructure sites

Considerations for ALL facilities:

- **Operable electricity** – ability for main building supplies to support potential high energy requirements (i.e. for HVAC)
- **Potable water** – quality and capacity meet the requirements of the care setting (including special equipment); consider potential water stagnancy in previously disused structures.
- **Environmental ventilation** – airflow of sufficient air changes depending on the facility (acute care/critical patient management vs residential setting); air flow movement from low-risk areas towards high(er) risk area (staff to patient area). CDC guidance for +/- pressure areas is 12 ACH; see here.
- **Sanitation facilities** – adequate hand hygiene facilities and washroom facilities, accommodation rooms with individual washrooms and showers, laundry facilities
- **Sewage disposal** - to accommodate the potential daily volume of sewage generated by the facility. Depending on facility purpose, may be temporary (e.g. port-o-potties,

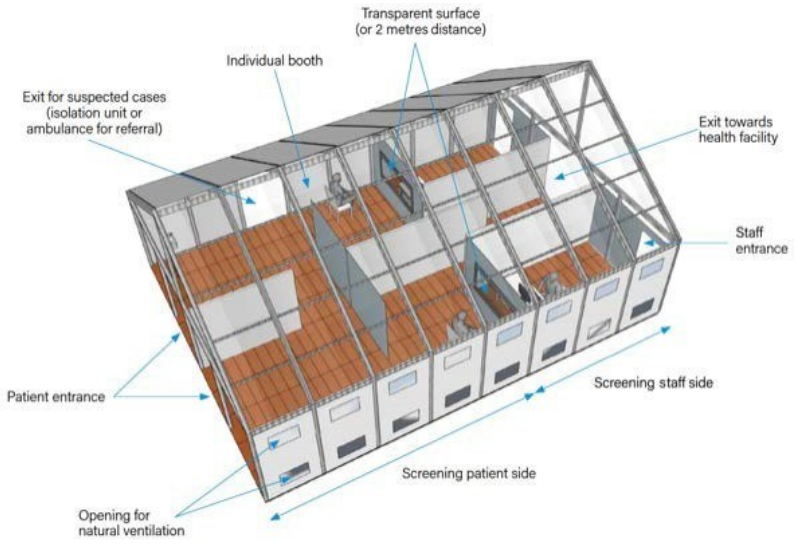
holding tank) or may require permanent connection (e.g. connection to existing system where capacity is available). EPHO approval is required for design and installation.

- **Environmental cleaning** – appropriate space, equipment and supplies to support effective cleaning and disinfection of facility, separate low-risk and high-risk cleaning facilities.
- **Solid waste management** – safe collection of used PPE and patient hygiene supplies.

Activities related to site preparation must be carried out in a manner that enables both community workers and suppliers to maintain effective infection prevention practices (hand hygiene, respiratory etiquette, and physical distancing).

- Clear vendor delivery dates, delivery person and/or install team, and any onsite facilities or equipment required to be provided by the community to ensure community readiness.
- Inform vendors regarding illness screening prior to arriving, and hand hygiene, respiratory etiquette and physical distancing while in the community.
- Update community members that:
  - Unfamiliar faces will be present in the community and for how long, ○ To practice physical distancing with the delivery person and/or install team, and ○ Only essential personnel shall have access to the site.

Facility Layout: Triage/Screening
• Triage/screening by phone, drive thru or walk-up structure • May use structure outside nursing station or retooled site • Refer to FNIHB EPHO Guidance for Assessing Facilities to serve as: triage; screening and/or assessment
PPE Donning/doffing area if patient contact – trolley or cabinet, lockable, signage, mirror, dedicated waste receptacle. PPE readily accessible at the point of care. *PPE Guidelines for Alternative Care Sites* (Annex A)

Waiting area allows physical separation (at least 2 m) between patients (chair spacing or separate rooms if inside structure)
PPE supplies: procedure masks, eye protection, gloves, gowns, hand sanitizer
Physical separation from health care professional (if inside structure)
Patient supplies: masks, tissues, and alcohol-based hand rubs available at entrances (if inside structure)
Hand hygiene station: 1) for patient and 2) for health care worker (if inside structure)
Signage: patient hand hygiene and/or respiratory hygiene, COVID-19 signs and symptoms, PPE donning/doffing; https://www.canada.ca/en/public-health/services/publications/diseasesconditions/help-reduce-spread-covid-19.html
Aim for unidirectional flow of all patients accessing the facility. In through one door and out through another, either towards outside if not meeting criteria or toward assessment area. Alternate model: one individual at the time (in and out the same door). See Figure 1.
 Small tents can be used as waiting rooms. Figure 23 shows a standard 45 m² tent divided into 10 individual booths for patients waiting to access the screening area. Figure 1: Example of unidirectional flow

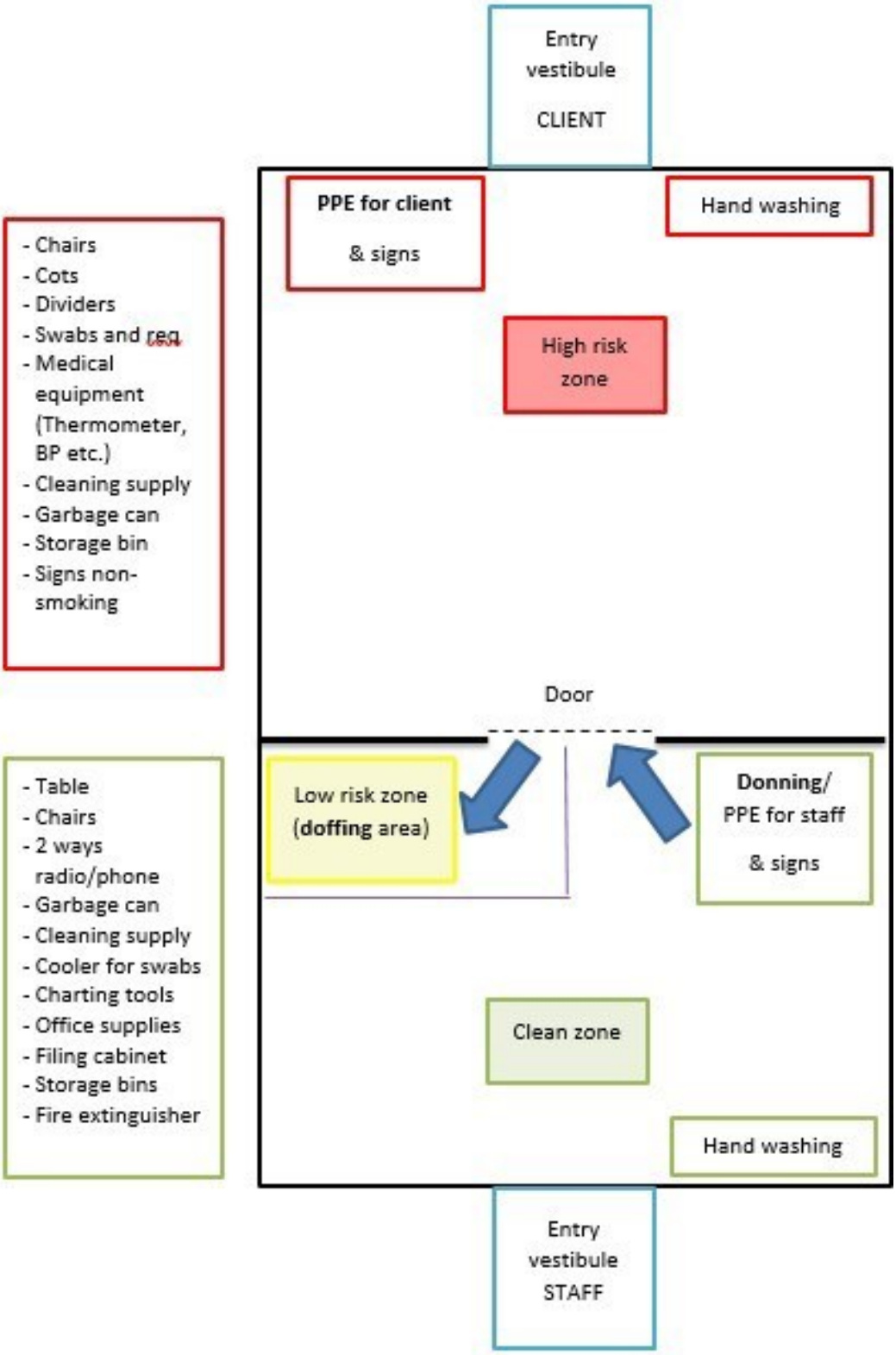
Facility Layout: Primary Assessment • May be in same structure as triage/screening but with physical separation, OR separate temporary structure • Primary assessment includes history taking, physical exam and testing • Patient requiring management and treatment should be directed to , nursing station.
High risk zone • Assessment of client • Swab collection if required • Clean between each client • LIMIT movement/carrying object from high risk to clean zone (e.g. Charting tools, pen, etc.) • Physical separation between high risk and clean zones
Low risk zone • Re-entry of staff exiting the high risk zone • Doffing PPE • Hand disinfection before stepping back into clean zone
Clean zone • Donning PPE • Charting area • Staff activities • Space for storing clean supplies
PPE Donning/doffing area • Each risk zone must be identified with clearly marked barriers (i.e. red tape on floor) • Adequate space, trolley or cabinet, lockable, signage, mirror, dedicated waste receptacle; appropriate location based on high-risk/low-risk/clean zones, use arrows or sign to show directional flow of movement. • PPE supplies: procedure masks, eye protection, gloves, gowns, and hand sanitizer *PPE Guidelines for Alternative Care Sites* (Annex A)
Hand hygiene station at entrances: 1) for patient and 2) for health care worker
Patient supplies: masks, tissues, and alcohol-based hand rubs available at entrances and assessment rooms
Dedicated high-risk waiting area (symptomatic patients) • Depending of setting and space the waiting area may be outside the assessment area • High-risk zone

Laboratory specimens: ensure safe transportation between high risk zone to clean zone (cleaned and double bagged in low-risk doffing zone for safe transport)
Accessible washroom, hot and cold running water, liquid hand soap in dispenser, paper towels
Environmental Ventilation: staff to patient area +/- pressure areas is 12 ACH (CDC see here.)
Signage: demarcation of high-risk/low-risk/clean zones and PPE requirements in each zone Signage: patient hand hygiene and/or respiratory hygiene, COVID-19 signs and symptoms, PPE donning/doffing
Aim for unidirectional flow of all patients accessing the facility. In through one door and out through another, either towards outside if not meeting criteria or toward assessment area. Alternate model: one individual at the time (in and out the same door). See Figure 2: Example of assessment layout for external structure:

For BLU-MED Response System (1 Tent):

A single BLU-MED tent comes with an isolation partition made of clear flexible material so that the tent can be separated into two distinct zones and patients can be viewed without entry into the isolation area. A single tent has two separate zippered entry points on opposite sides of the tent so patients can enter/exit on one side and medical personnel can enter/exit from the other. Upgrading entry to hard doors is optional for one or both entryways. The tents are modular and there is the option of connecting multiple together to suit specific needs in terms of space and layout.

Figure 2: Example of assessment layout for external structure



Facility Layout: Isolation sites • Patient isolation, for patients who are not critically ill and require a suitable isolation site • Separate facility for temporary overnight residency and includes necessary sanitation services to maintain health and safety of occupants, and support all required infection prevention control practices. • Separate building, existing or new. (e.g. hotel, community arena or building, mobile). Services may be existing on site or temporary.
Reception area: physical separation between clerk and patient in isolation (2 metres, separated by, e.g. plexiglass or physical distance)
Emergency evacuation plan (Fire safety plan)
Worker flow: separate entry point, change area, rest and meal area
PPE Donning/doffing area • Appropriate location based on low-risk/high-risk zones; • Trolley or cabinet, lockable, signage, mirror, dedicated waste receptacle; clearly demarcated *PPE Guidelines for Alternative Care Sites* (Annex A)
Individuals under investigation or high-risk contacts (tested negative but require isolation) must be isolated from each other, ideally with own bathroom. Ideally, separate rooms or dividers with at least two metres between individuals.
Individuals that tested positive for COVID-19 can be cohorted together and share dining and hygiene facilities.
Ability to establish: • Low-risk areas (staff area) separate from high-risk zones (suspect case area) • Staff flow from low-risk to high-risk • PPE donning and doffing area • flow minimizes the number of entries in the high-risk zone as much as possible • disinfection area for any items within high-risk area • no movement of items between high-risk to low-risk
Visitor (non-patient, non-worker) – designated areas clearly demarcated, procedures
Elevators: hand hygiene and masking practices in place if must be shared by staff and patients
Cleaning facilities: separate cleaning space and materials for staff (low risk) and patient (high risk) areas

Food facilities – either individual self-contained or approved central food facility to support safe meal distribution.
Laundry and linen management: minimizes cross contamination during storage, handling and cleaning.
Solid waste management: general waste as per routine waste disposal; infectious waste as per Infectious Waste Protocols and Transportation of Dangerous Goods.

Communications: Patient communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family), access to WIFI / TV

3. Equipment and supplies

Regional infrastructure/primary care regional/national liaisons teams have been established to assist in identifying community-specific health infrastructure plans to support the procurement of equipment and supplies. The teams will be aware of the processes in place to procure equipment and supplies. A master order form has been released that includes over 120 items,
e.g. chairs, mattresses, thermometers, kitchen equipment, to tampons.

The teams currently include the following:

Region	**Capital - HQ**	**Capital - Regional**	**Primary Care - HQ**	**Primary Care - Regional**
Alberta	Paul Leonard	Tony Festeryga	Kathy Ho	Pamela Miller
Manitoba	Paul Leonard	Marcel Gueret	Kathy Ho	Jennifer MacGillivray
Quebec	Christine Atwood	Serge Desrosiers	Jamie Lafontaine	Valerie Berard
Atlantic	Christine Atwood	Safi Amir Khalkhali/Frank Fleet	Jamie Lafontaine	Heather MacDonald
Ontario	Roston Gordon	JP Fournier	Julie Cote	Shari Glenn

Sask	David Lewis	Rhonda Ritchie-Corrigal	Julie Cote	Katherine Henessey

The procurement of the basic supplies and equipment is being coordinated at National Office (through the Office of Primary Health Care - Planning).

The PPE request process is the same as for PPE for other services in the community. Communities and regions are encouraged to continue to engage with provincial and territorial governments to access their stockpiles. In the interim, Indigenous Services Canada is able to provide an estimated one month of PPE at a time. After receiving a request for PPE from the community, the FNIHB regional CDE coordinator submits a request form to National office, and National office will arrange shipment to the community. The request form allows for specification of PPE needs for COVID-19 testing and temporary facilities for isolation and/or treatment of cases.

Supplies and equipment to consider for triage/screening • Phone triage only requires minimal supply and equipment (phone, pen, triage forms to complete)	
Supplies	Equipment
• PPE for HCW (drive thru) • Hand sanitizer station • Hand sanitizer • Garbage Receptacles (large) • Garbage bags • Triage forms • Water bottles	• Clip boards • Pen • Chairs • Desk • Phones/ cellphone or 2 way radio • Wiper mat • Dividers • Sign holder • Padlock with keys • Wet Floor Caution Sign • No smoking sign • Fire Extinguisher
Supplies and equipment to consider for primary and secondary assessment	
Supplies	Equipment

• PPE for HCW • Surgical masks for client • Disposable gloves • Swabs (assessment) • Requisitions (assessment) • Thermometer cover if applicable (assessment) • Cleaning Supply • Wipes • Hand sanitizer station • Hand sanitizer • Garbage Receptacles (large) • Garbage bags • Industrial Garbage Bags, Strong • Mop handle • Mop head • Bucket • AA Batteries • AAA Batteries • Heavy duty D batteries • Paper towel • Water bottles	• Thermometer (assessment) • Oxymeter (assessment) • Blood pressure (assessment) • Stethoscope (assessment) • Clip boards • Pen • Chairs • Desk • Wiper mat • Cots • Dividers • Phones/ cellphone or 2 way radio • Flashlight • Cooler • Rolling storage bin with handle and ability to lock • 24 Gal. Storage Box with ability to lock • Filing Cabinet • Power bar • Extension cord (short and long) • Sign holder • Padlock with keys • Wet Floor Caution Sign • No smoking sign • Fire Extinguisher

Supplies and equipment to consider for primary care (not including client isolation rooms) • Portable bag or Isolation site should have a non-critical patient-care equipment bag (e.g. stethoscope, thermometer, blood pressure cuff and sphygmomanometer) in case need to provide visits to client at isolation sites are required for monitoring and re-assessment.	
Supplies	Equipment

• PPE for HCW • Surgical masks for client • Disposable gloves • Thermometer cover if applicable (assessment) • Cleaning Supply • Wipes • Hand sanitizer station • Hand sanitizer • Garbage Receptacles (large) • Garbage bags • Industrial Garbage Bags, Strong • Mop handle • Mop head • Bucket • AA Batteries • AAA Batteries • Heavy duty D batteries • Paper towel • Shoe covers • Water bottles	• AED • Thermometer (assessment bag) • Oxymeter (assessment bag) • Blood pressure (assessment bag) • Stethoscope (assessment bag) • Clip boards • Pen • Chairs • Desk • Wiper mat • Phones/ cellphone or 2 way radio if no landline • Flashlight • Rolling storage bin with handle and ability to lock • 24 Gal. Storage Box with ability to lock • Filing Cabinet • Power bar • Extension cord (short and long) • Sign holder • Padlock with keys • Wet Floor Caution Sign • No smoking sign • Fire Extinguisher

Supplies and equipment to consider for isolation sites
A *master order form* has been released that includes over 120 items, e.g. chairs, mattresses, thermometers, kitchen equipment, to tampons.

4. Primary Care Services

Guidance documents with supporting tools have been developed to to support primary care in their delivery of services in triage/screening and assessment and isolation sites outside regular physical structure available at the community level.

Guidance documents Primary Care • Collaborate with local Health Authorities and Health facilities to coordinate primary care.

Primary Care Guidance for Triage/screening and assessment within the community, either retooled existing structures or new units and supporting documents. *Annex B*
Primary care guidance for isolation sites within the community, either re-tooled existing structures or new unit and supporting documents. Annex C

5. Staffing and the provision services

Staffing requirements can be adjusted depending on availability and should include surge capacity considerations.

Collaboration between community leadership, health authorities and health care personnel must be established in planning staffing capacity.

Staff health, safety, and infection control practices must be implemented by all staff providing services to surge health infrastructure, including at minimum:

1. Ensure all staff are informed and trained in hand hygiene, respiratory etiquette, implementation of physical distancing of 2.0 meters, and the proper use of PPE.
2. Establish staff policies and controls to maintain employee health and safety, including reporting of illness and restriction from working if ill. Staff MUST not come to work for the required period defined by the province/territory.
3. Staff must complete COVID-19 health screening prior to assuming a service role in the community.
4. Staff must practice heightened vigilance of hand hygiene, physical distancing of 2.0 meters and respiratory etiquette while present in the community.
5. Establish and implement protocols to be followed by authorized personnel.
6. Ensure adequate availability of infection control supplies, such as personal protective equipment and cleaning supplies, necessary for the service.
7. Follow all posted infection prevention and control (IPC) practices at the site, and any additional direction provided.
8. Take all other reasonable precautions to support the safety of their employees and in minimizing transmission.

Triage/Assessment site:

- An individual or team should be designated to oversee the services provided in each alternate facility, ideally leveraging existing processes.

Triage • Community Health Worker, PSW can be trained
Assessment • Should be conducted by nurses
Security
Facilities Management: • On-call Operations and Maintenance (O&M) Services such as plumbing and handyman repairs to maintain safe operations and functioning of facility.
Housekeeping/Cleaning services: • Establish regular cleaning schedule and procedures, to include: cleaning and disinfection of common areas, restrooms and other areas. • Special attention and care to high frequency touch surfaces and cleaning procedures in a manner that minimizes spread through the facility (low-risk to high-risk areas). • Waste (including medical waste and sharps) and garbage removal on a daily basis. • Cleaning and disinfection practices in place in place; separation ability for mopping through facility using appropriate techniques – two bucket (clean/dirty) and one end to other of room. • Best practices to have separate cleaning materials for staff (low risk) and patient (high risk) areas

Isolation site: • An individual or team should be designated to oversee the services provided in each alternate facility, ideally leveraging existing processes.

Site manager

Management responsibilities will include:

- Organizing and setting up the site;
- Scheduling staff;
- Monitoring client flow;
- Implementing and maintaining record keeping and client tracking systems;
- Monitoring availability of supplies;
- Maintaining community partnerships with relevant stakeholders;
- Maintaining situational awareness;
- Ensuring staff have access to updated guidance; and
- Ensuring infection prevention control measures are maintained and respected by staff and patients.

Clerk/reception

Security

Facilities Management:

- Refer to Section 6 under triage/assessment facilities

Housekeeping/Cleaning services:

- Establish regular cleaning schedule and procedures for cleaning and disinfection of common areas, restrooms and other public areas.
- Room cleaning service may be reduced to limit and terminal room cleaning;
- Special attention and care to high frequency touch surfaces and cleaning procedures in a manner that minimizes spread through the facility (low-risk to high-risk areas).
- Waste (including medical waste and sharps) and garbage removal on a daily basis.
- Cleaning and disinfection practices in place; separation ability for mopping through facility using appropriate techniques – two bucket (clean/dirty) and one end to other of room.
- Best practices to have separate cleaning materials for staff (low risk) and patient (high risk) areas

Laundry Services: • Laundry services are provided in accordance with routine laundering practices using either washer and dryers on site or through a contract with a laundry service • Maintain infection prevention control precautions during handling, including separation of personal laundry from linens.
Communications: Patient communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with
family), access to WIFI / TV

Guidance documents for staffing and the provision of services
Self-Screening Tool for COVID-19 for First Nation Visitors or Members Returning to Communities.
Environmental Cleaning of Re-Purposed Facilities during COVID-19

6. Other supporting services

IPC measures– IPC considerations should be addressed in accordance with COVID-19 precautions. Infection prevention and control, Public Health Agency of Canada Infection Prevention and Control for COVID-19. Second Interim Guidance for Acute Healthcare Settings, Public Health Agency of Canada
Food services – guidance in this regard is being developed • Catering provided with disposable plates/utensils or onsite food preparation with appropriate delivery mechanisms. • Separate place for staff to eat without wearing PPE

Guidance documents for other supporting services
Public Health Guidance for Maintaining Food Preparation Facilities in the Context of COVID19

7. When the surge health infrastructure is no longer needed

When the surge health infrastructure is no longer needed, tasks include:

- Discharging or relocating clients;

- Filing medical records;
- Redistributing,
- Storing or returning supplies;
- Decommissioning the site.

8. Summary of Reference documents and tools

Reference documents and tools	With whom the document/tools were shared
Cultural Continuity and Safety Considerations for First Nations Patients as it relates to setting up and operating isolation sites	Health Emergency Management Coordinators and Regional Environmental Public Health Managers
Guidance for Environmental Public Health Officers assessing facilities to serve as: triage; screening and/or assessment; or patient management within the community, either re-tooled existing structures or new units	
Installation table to support wrap around services	
PPE Posters for use at surge *health infrastructure sites*	Nurses, nurse educators, and nurse practice consultants
Signage	Nurses, nurse educators, and nurse practice consultants
PPE Guidelines for Alternative Care Sites	Annex A
Master order form for supplies and equipment	Please refer to contacts detailed under section 4.
Primary Care Guidance for Triage/screening and assessment within the community, either re-tooled existing structures or new units and supporting documents include:	Annex B
Primary care guidance for isolation sites within the community, either re-tooled existing structures or new unit and supporting documents	Annex C

Self-Screening Tool for COVID-19 for First Nation Visitors or Members Returning to Communities.	Communicable Disease Working Group membership, including representatives from national and all regional offices
Environmental Cleaning of Re-Purposed Facilities during COVID-19	Regional Environmental Public Health Managers
Public Health Guidance for Maintaining Food Preparation Facilities in the Context of COVID19	Regional Environmental Public Health Managers and Environmental Public Health Officers

Appendix A

PPE Guidelines for Alternative Care Sites

PPE guidelines for triage/screening and assessment				
Area	Personnel or Client	Activity	PPE	Instructions
Screening/triage by drive through	Staff	Contact with client in their car	• Procedure mask • Eye protection • Gloves • Gown	• Extended use of mask, eye protection, and gown as per provincial policy • Change gloves and hand hygiene in between clients
Screening/triage area within or outside temporary structure or retooled site	Staff	Screening questionnaire	• No PPE required	• Maintain physical distancing of at least 2 meters or separate screener and client with physical barrier (i.e. plexiglass)

	Staff	Temperature check (regular touch thermometer)	• Procedure mask • Eye protection • Gloves • Gown	• Extended use of mask, eye protection, and gown as per provincial policy • Change gloves and hand hygiene in between clients
Assessment area – waiting	Client	Any	• Procedure mask for symptomatic clients	• Extended use of mask, change when moist or soiled
Assessment area – evaluation and testing	Staff	Any contact with client within 2 meters (i.e. assessment, swabbing)	• Procedure mask • Eye protection • Gloves • Gown	• Extended use of mask, eye protection, and gown as per provincial policy • Change gloves and hand hygiene in between clients
Assessment area –	Client	Any	• Procedure	• Extended use of
evaluation and testing			mask for symptomatic clients	mask, change when moist or soiled

PPE guidelines for isolation sites				
Area	Personnel or Client	Activity	PPE	Instructions
Reception area	Client	Arrival and departure	• Procedure mask for symptomatic clients	• Extended use of mask, change when moist of soiled
	Staff	Welcoming/ providing orientation	• No PPE required	• Maintain physical distancing of at least 2 meters or separate staff and client with physical barrier (i.e. plexiglass)
Individual rooms	Client	When healthcare provider visits, when putting out garbage or meal trays outside room	• Procedure mask for symptomatic clients	• Extended use of mask, change when moist of soiled
	Staff (healthcare provider)	Health monitoring within 2 meter contact (i.e. assessment, checking temperature)	• Procedure mask • Eye protection • Gloves • Gown	• Maintain physical distancing of at least 2 meters unless necessary for assessment • Extended use of mask, eye protection, and gown as per provincial policy • Change gloves and hand hygiene in between clients

	Staff (cleaner)	Cleaning post checkout	Procedure mask Eye protection Gloves Gown	• Extended use of mask, eye protection, and gown for cleaning a series of multiple rooms • Change gloves and hand hygiene in between rooms

Appendix B

FNIHB- Primary Care Guidance for Triage/screening and assessment within the community, either retooled existing structures or new units

Purpose:

This guidance document is to support primary care in the establishment of a triage/screening and assessment outside regular physical structure available at the community level.

Audience:

Local primary care health care workers and local Health Authorities in the planning and set-up of triage/screening, assessment structure. The tools referenced below have been shared with Nurses, nurse educators, and nurse practice consultants.

Clinical guidance required for triage and assessment/re-assessment
Triage tool
Charting tool
Testing protocol (per provincial/territorial guidelines)
Process and decision tree in place for management ○ Self-isolation oIsolation ▪ Home ▪ Alternate site oEmergency management > direct to management site

Education material about isolation, self-isolation

Quarantine/Self-isolate: https://www.canada.ca/en/public-health/services/publications/diseasesconditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-nosymptoms.html

Isolate: https://www.canada.ca/content/dam/phac-aspc/documents/services/diseasesmaladies/covid-19-how-to-isolate-at-home/covid-19-how-to-isolate-at-home-eng.pdf

Plan isolation :
https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid19-be-prepared-infographic.html

Education material on symptoms monitoring https://www.canada.ca/en/public-health/services/publications/diseases-conditions/helpreduce-spread-covid-19.html

Appendix C
FNIHB- Primary Care Guidance for client in isolation site in community

Purpose:

This guidance document is to support primary care in the establishment of an isolation site at the community level.

Audience:

To support local primary care health care worker and local Health Authority in the planning and set-up of isolation site. The tools referenced below have been shared with Nurses, nurse educators, and nurse practice consultants.

Intake form
Can be done prior directing individual to the isolation site by nurse
Copy of form must be available at isolation site

Education • Provide written information/pamphlet
Procedures to report changes
Early recognition of symptoms https://www.canada.ca/en/public-health/services/publications/diseases-conditions/helpreduce-spread-covid-19.html
Review isolation plan (see links under Clinical guidance, Education material about isolation, self-isolation)
Review restriction and “fresh air” plan
Provide important phone number (healthcare facility, transportation, mental health support, etc.)

System/protocol to monitor health status and identify changes in condition daily
Pre-arrival to site coordination (name, room assigned etc.)
Clear path of client movement at site

Identify who will do daily follow-up • Healthcare professional versus non healthcare professional • Evaluate skills required for each case placed in isolation
Basic set of assessment equipment available onsite for health professional • Stethoscope, Blood pressure, oximeter, thermometer
Method to conduct follow-up Considerations: • Phone: Ability to hear on the phone, language barrier
• In-person: some risk factors might suggest a closer follow-up including physical exam • Should it be done at isolation site or in healthcare facility
Reporting mechanism in place
Maintain access to mental health and other psychological support services
Have in community transportation for medical/emergency evaluation available for person who develop symptoms/ change in status

Communication
Telephone • Monitoring by healthcare professionals or other • Reporting of symptoms or changes in condition by client • Gaining access to support services • Communicating with family
Establish clear communication pathway between isolation site and primary care site

Clinical guidance required for assessment/re-assessment
Charting tool/monitoring
Testing protocol (per provincial/territorial guidelines)
Process and decision tree in place for management ○ Self-isolation oIsolation ▪ Home ▪ Alternate site oEmergency management > direct to management site

Education material about isolation, self-isolation https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseasesconditions/know-difference-self-monitoring-isolation-covid-19/know-difference-selfmonitoring-isolation-covid-19-eng.pdf https://www.canada.ca/content/dam/phac-aspc/documents/services/diseasesmaladies/covid-19-how-to-isolate-at-home/covid-19-how-to-isolate-at-home-eng.pdf https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid19-be-prepared-infographic.html
Education material on symptoms monitoring https://www.canada.ca/en/public-health/services/publications/diseases-conditions/helpreduce-spread-covid-19.html

References:

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APPENDIX P: Personal Protective Equipment Guidance for ISC Employees – Healthcare Providers

FINAL

Personal Protective Equipment Guidance for Indigenous Services Canada (ISC) Employees – Healthcare Providers

July 16th, 2020

Goal

The goal of this document is to provide national direction for consistency, as well as providing authoritative source(s) of guidance for the use of personal protective equipment for Indigenous Services Canada (ISC) employed healthcare providers working in First Nations across Canada.

Objectives

The objectives of this guidance document are as follows:

- To provide national direction on the source of guidance for use of personal protective equipment for ISC-employed healthcare providers.
- To make the decision for use of personal protective equipment based on Occupational Health and Safety regulations as well as legal counsel.
- To have a consistent message regarding the use of personal protective equipment as requested by the Professional Institute of the Public Service of Canada.

Guidance

- As federal employers, ISC, Health Canada and the Public Health Agency of Canada are bound by occupational health and safety legislation prescribed as per the Canada Labour Code, Part II and the Canada Occupational Health and Safety Regulations (COHSR).
- It is recommended that, in the context of COVID19, managers shall refer to the Canada Labour Code, Part II and Canada Occupational Health and Safety Regulations as a minimum when providing personal protective equipment guidance for ISC healthcare providers working in First Nations.
- **Where personal protective equipment guidance varies between provincial jurisdictions and the Public Health Agency of Canada, it is recommended that ISC-employed health workers follow Public Health Agency of Canada guidelines for use of personal protective equipment.**
  - https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html
- The guidelines developed by the Public Health Agency of Canada were created in consultation with minimum prescribed standards set out in the Canada Labour Code, Part II (the Code) and Canada Occupational Health and Safety Regulations.
- In the event of significant shortage of personal protective equipment in a specific province, the Regional FNIHB/ISC Medical Officer and the FNIHB/ISC Chief Medical Officer of Public Health will provide alternative direction in collaboration with the province.

Background/Context

- Provincial health systems are the primary source of personal protective equipment to FNIHB regions. Direction on circumstances and use of personal protective equipment may be provided by the source provincial health system to FNIHB recipient.
- The national stockpile managed by FNIHB is available to top up personal protective equipment where supplies are limited. In these circumstances, direction on use of personal protective equipment may be provided to FNIHB recipient by FNIHB national office; which may not be the same requirements as those provided by the provincial jurisdiction where the community is located.
- This document clarifies for FNIHB employees which guidance to follow in determining appropriate personal protective equipment under what circumstances (provincial or national guidelines) in the event of discrepancy.
- Legal and Occupational Health and Safety services were consulted to verify that the direction for use of personal protective equipment provided in the "Guidance" section above is based on law and existing precedence.
- The guidance is in accordance with legal advice as well as supported by both ISC Occupational Health and Safety and the Professional Institute of Public Servants.

Strategic Approach

In the context of COVID19, managers shall refer to the Public Health Agency of Canada (PHAC) as a minimum when providing PPE guidance for ISC healthcare providers working in First Nations communities.

Next Steps

- Share this guidance document with National Leadership, Regional Leadership as well as regional managers and leaders.

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