

Primary care services

Pre-travel assessment tool

The pre-travel assessment tool provides nursing staff with guidance to inform their activities during their time between First Nation (FN) community rotations or assignments into remote and isolated communities. The tool minimizes the risk of COVID-19 transmission given geographic location and everyday activities while providing nursing staff with maximum flexibility and reducing Indigenous Services Canada (ISC) mandated pre-travel self-isolation requirements.

Risk criteria are identified in collaboration with ISC’s Chief Medical Officer of Public Health based on the analysis of surveillance data and current best practices. In developing the criteria, consideration was given to the health status and needs of FN community populations and factors affecting COVID-19 transmission such as space enclosures, duration of exposure, density and forceful exhalation. This assessment tool will be revised as new information becomes available and, at a minimum, be reviewed every four weeks.

Each risk level has COVID-19 ISC mandated pre-travel requirements that nursing staff must comply with before travelling into remote and isolated communities. ISC leadership uses the information collected through completed assessments to monitor and understand its overall level of risk and inform safe travel.

Nursing staff must submit completed declarations (Part A) and risk assessments (Part B) to their regional offices or contractors at least 15 calendar days prior to their planned travel date into community before each assignment or rotation.

In addition to abiding by any applicable pre-travel requirements identified through the risk matrix, nursing staff are also responsible to self-monitor and screen for COVID-19 symptoms per *First Nations and Inuit Health Branch Directive – Healthcare Professional Self-Screening for COVID-19*.

If you have any questions, please contact the Nursing Services Response Centre at 1-833-615-0362 during business hours, your contractor or your nurse manager.

Part A: Declaration

Name		Region/Contractor	
Assessed risk level		Assignment start date	

In signing below, I acknowledge that:

1. As a regulated health care professional, I am responsible for completing the assessment honestly and in good faith as well as complying with the corresponding pre-travel requirement(s) to support the safety of my clients and peers;
2. False documentation or failure to comply with pre-travel requirements may lead to progressive discipline, up to and including termination;
3. I understand that ISC may need to verify the information provided in my declaration and risk assessment, as well as my compliance with all pre-travel requirements. This may require that I submit additional information to ISC in support of the same or that ISC verify the accuracy of this information directly with me or with my consent;
4. An assessment of risk represents a moment in time. I am responsible for continually assessing my level of risk using the matrix. If something occurs that changes my level of risk, I will immediately contact my nurse manager or contractor for guidance;
5. This risk-based approach assumes my full compliance with all applicable provincial COVID-19 public health requirements, orders and precautions; and,
6. Due to the nature of the COVID-19 pandemic, ISC will continue to update the risk matrix. If I am provided with an updated version of the risk matrix, I am responsible to re-assess my level of risk. If my level of risk changes, I will immediately contact my nurse manager or contractor for guidance.

Signature

Date

Part B: Risk Assessment

Name		Region or Contractor	
Location / Community		Date of Completion	Assignment start date

Assessment directions:

1. Mark all criteria that apply to you in the matrix below.
2. Determine your level of risk by identifying the highest risk category with any marked criteria. For example, if you have checked only one (1) red criterion and multiple yellow criteria, your level of risk is red.

Risk	Assessment Criteria	ISC Pre-Travel Requirement
---	<input type="checkbox"/> Presumptive or confirmed positive for COVID-19; OR <input type="checkbox"/> Signs/symptoms of COVID-19, as described in Annex B	Contact your nurse manager or contractor
Red	<input type="checkbox"/> Living in a provincially defined health region or geographic area with ≥ 25 active cases of COVID-19 per 100,000 ¹ ; OR <input type="checkbox"/> Travel outside of Canada, or to a COVID hot spot within Canada as deemed by a provincial health authority; OR <input type="checkbox"/> Work in an acute, emergency, non-acute or long-term care facility between FNIHB nursing rotations or assignment; OR <input type="checkbox"/> Close contact ² with a confirmed or probable case of COVID-19; OR <input type="checkbox"/> Laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19; OR <input type="checkbox"/> Exposure at a location when a known COVID outbreak occurred with or without personal protective equipment; OR <input type="checkbox"/> Attendance at an event or gathering where consistent physical distancing is impracticable, such as a demonstration or indoor party; OR <input type="checkbox"/> Participation in a sporting league in which physical contact is likely, such as soccer; OR <input type="checkbox"/> Has a household member who meets any red criteria and consistent physical distancing is not practicable; OR <input type="checkbox"/> When required by a community's Chief and Council or other applicable authority ³	14-day self-isolation required ⁴
Yellow	<input type="checkbox"/> Living in a provincially defined health region or geographic area with >10 and <25 active cases of COVID-19 per 100,000 ¹ ; OR <input type="checkbox"/> Travel outside the province of residence to a low-risk location as deemed by a provincial health authority but remained within Canada; OR <input type="checkbox"/> Use of public transportation (bus, light rail transit, etc.); OR <input type="checkbox"/> Use of a fitness facility; OR <input type="checkbox"/> Attendance at an activity where seating assignments do not allow for 2-metre physical distancing, such as a movie theatre, sporting event, concert, or religious service; OR <input type="checkbox"/> Close contact ¹ with an individual under a provincial self-isolation order associated with travel outside of the province; OR <input type="checkbox"/> Has a household member who meets any yellow criteria and consistent physical distancing is not practicable AND <input type="checkbox"/> No red criteria	COVID-19 testing required at five (5) calendar days prior to departure with self-isolation until departure irrespective of test results OR If COVID-19 testing is unavailable, 14-day self-isolation required ⁴
Green	<input type="checkbox"/> Living in a provincially defined health region or geographic area with ≤ 10 active cases of COVID-19 per 100,000 ¹ AND <input type="checkbox"/> No red or yellow criteria	No self-isolation or COVID-19 testing required by ISC

¹ **Annex A** contains web links for identifying the active COVID-19 case rate for your area.

² 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.

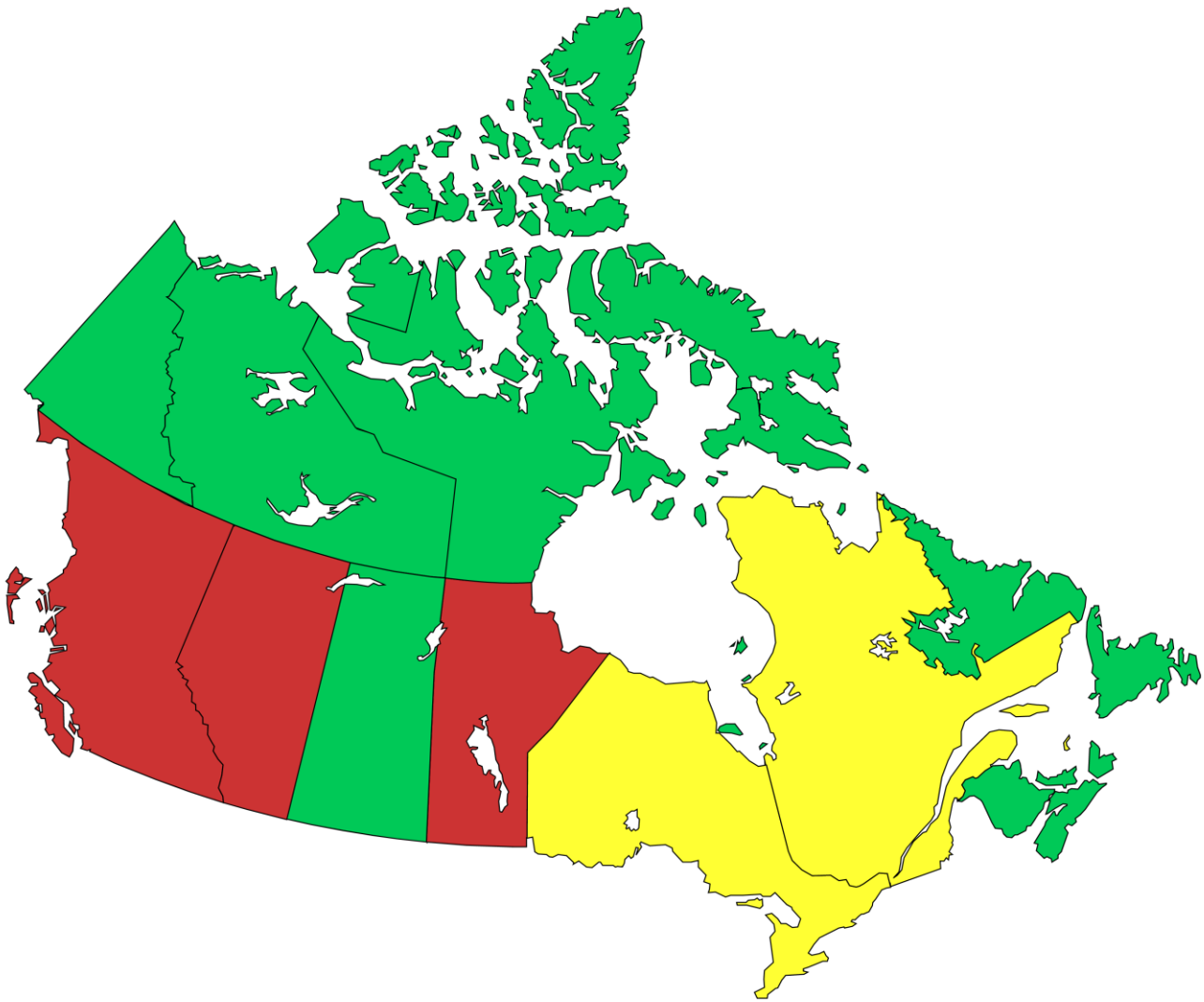
³ As applicable, your region will advise you if your assigned community has pre-travel self-isolation requirements.

⁴ When a Region's standard scheduling practice does not permit 14 calendar days between FN community assignments and with the permission of the Region, a nurse who is unable to meet red or yellow risk level pre-travel self-isolation requirements must:

1. Self-isolate for the entire duration of the time between assignments; and,
2. Upon arrival in an FN community, wear gloves a mask and gown (prescribed PPE) while working and self-isolate when not working for the balance of the 14-day self-isolation period.

Ex. A nurse with ten (10) calendar days between assignments must: 1) self-isolate for the ten (10) days between assignments; and, 2) Wear the prescribed PPE while working and self-isolate when not working for four (4) days.

Annex A: COVID-19 surveillance data



Province or Territory*	Active Cases per 100,000	Classification
Alberta	38.70	Red
British Columbia	27.60	Red
Manitoba	28.70	Red
New Brunswick	0.30	Green
Newfoundland	0.40	Green
Northwest Territories	0.00	Green
Nova Scotia	0.30	Green
Nunavut	0.00	Green
Ontario	10.50	Yellow
Prince Edward Island	5.70	Green
Quebec	22.90	Yellow
Saskatchewan	4.90	Green
Yukon	0.00	Green

Notes

- * At the discretion of the FNIHB Region, provincial public health data may be applied to identify active case rates for a health region or geographic area within a province to identify a more localized risk level.
- Data presented is current as at 1000 EDT on 9 September 2020
- Data source: [Public Health Agency of Canada Situational Awareness Dashboard](#)
- Active case rates are calculated using the following formula:

$$(\text{Total Cases} - \text{Recovered Cases} - \text{Deaths}) / \text{Provincial Population} \times 100,000$$

Annex B: Signs/symptoms of COVID-19

- Fever > 38°C or feeling feverish or shakes or chills
- Cough
- Shortness of breath
- Other symptoms such as fatigue, sore throat, headache, runny nose, muscle aches, decreased appetite, abdominal pain, diarrhea, nausea and loss of smell or taste

Source: *First Nations and Inuit Health Branch Directive – Healthcare Professional Self-Screening for COVID-19*