



**ACCREDITATION
CANADA**

COVID-19 Toolkit

Indigenous Health and Wellness V: 1.0



Contents of this toolkit is derived from:
CAN/HSO 83001:2018 Virtual Health Standard – National Standard of Canada

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Any suggestion aimed at improving the contents of this toolkit may be sent to communications@accreditation.ca

COVID-19 Toolkit

Indigenous Health and Wellness

Considerations for people providing and receiving care in Indigenous health organizations and communities

Purpose of this toolkit:

Communities, organizations, and clinical teams are working collaboratively to create new or adapt existing health services during the COVID-19 outbreak. Accreditation Canada (AC) and Health Standards Organization (HSO) have developed this guide to support First Nations and Indigenous Health Service organizations in urban, rural and remote areas across Canada in responding to COVID-19. It reflects actionable criteria found in HSO standards and acknowledges the importance of cultural support. **This information does not replace any jurisdictional legislation or regulatory requirements.**

How to use this toolkit:

The guide is intended for community members, clients, organizations' staff and leadership. It is separated into four sections:

For People and Communities: People receiving and health staff providing health care and social services.

For Health Organization Leaders: Health Directors and Health Managers responsible for Indigenous health and wellness and for social services organizations.

For Emergency Planners and Responders: People and/or teams that collaborate within a community for emergency or pandemic management for that community.

For People using Virtual Health (also known as Telehealth): for People receiving virtual care and for health and wellness staff providing virtual care through telephone calls, video conferencing or virtual monitoring.

Each section has a series of questions designed to guide the assessment of community outbreak preparedness and responsiveness in this changing pandemic context. The aim of this guide is to provide the reader with a list of suggested items to consider during a time of pandemic. We acknowledge priorities might change as this situation evolves, and we understand there may be limitations in some environments. We welcome feedback on this guide as well as information on additional resources that could be helpful. Feedback can be sent to: communications@healthstandards.org. If you are unable to access the links in the guide do not hesitate to contact us.

Visit [this link](#) to learn more about other COVID-19 resources.



FOR PEOPLE AND COMMUNITIES

Traditional Medicine, Cultural Support and Mental Wellness

- Do clients, families, and staff have safe access to traditional health, medicine and healing practices during the pandemic?
- Can knowledge keepers and Elders be safely accessed for support, healing and guidance?
- Do clients, families, and staff have access to mental wellness support or counselling? See:
 - [MHCC – COVID-19 Self-Care and Resilience Guide](#)
 - [PHAC: Taking care of your mental health \(COVID-19\)](#)
- Do staff have a process in place to debrief about situations during and after the pandemic?
- Is relevant information shared at clients' care transitions when clients are transferred from one organization to another with consent received?

Hand Hygiene

- Are clients, families, and staff familiar with hand washing practices? See:
 - [PHAC – Reduce the spread of COVID-19: Wash your hands](#)
 - [Hand Washing Steps Using the WHO Technique](#)
- Do clients, families, and staff have access to hand hygiene educational materials?
- Are there enough hand washing stations or alcohol-based hand sanitizers available?
- Do clients, families, and staff know where to access hand hygiene supplies?

Personal Protective Equipment (PPE)

- Are PPE accessible to staff? For example, surgical masks, N95 masks (if required), gloves, gowns and visors?
- Are teams following evidence-informed practices for the sequence of putting on and taking off PPE? See:
 - [AB Health Services – Putting on \(donning\) PPE](#)
 - [AB Health Services – Taking off \(doffing\) PPE](#)
 - [AB Health Services – Donning and Doffing video](#)
- Are staff who require the use of a N95 mask provided with a fit testing?
- Are staff wearing appropriate PPE when cleaning, disinfecting, or sterilizing medical devices and equipment?
For example, gloves appropriate to the task, fluid-resistant cover garment with sleeves, face mask to fully protect eyes, nose, and mouth.
- Are you providing information to clients and the community about wearing appropriate masks according to the latest guidelines? For example: non-surgical face masks.
 - [PHAC – Considerations in the use of homemade masks to protect against COVID-19](#)

Physical Environment

- Are best practices followed when disinfecting spaces as per the Public Health Agency of Canada?
 - PHAC List of Hard Surface Disinfectants and Hand Sanitizers.
- Are the appropriate products used to clean and disinfect medical equipment?
 - [IPAC Canada – Cleaning/Disinfection of Non-Critical Multi-Use Medical Devices and Equipment](#)
- Do people know who is assigned the role and responsibility for cleaning and disinfecting the physical environment?
- Is there regular monitoring of the quality of cleaning and disinfecting the physical environment?
- What advice are you providing when care is provided in the home for a person with COVID-19?
 - [PHAC – COVID-19: How to care for a person with COVID-19 at home – Advice for caregivers](#)



FOR HEALTH ORGANIZATION LEADERS

Traditional Medicine, Cultural Support and Mental Wellness

- Has leadership provided information and protocols on how to practice traditions, teachings and ceremonies in a way that supports safety for all? *For example, supporting birth and death protocols.*
- Do clients, families, and staff know who to go to for traditional medicine, cultural support, and healing during the pandemic?
- Has the organization developed ways to keep their Elders, seniors, and at-risk populations safe?
 - For example:* [ISC - -- COVID-19: Indigenous Awareness Resources](#)
- Are the leaders supporting staff to be aware of the historical impact of communicable diseases to Indigenous peoples?
- Have leaders and staff talked about how best to work with the potential distrust and anxiety some Indigenous peoples might have when transferring to other health care facilities?

Information and Training on Infection Prevention and Control

- Have clients, families, all staff and volunteers been provided:
 - Hand washing education and how important it is?
 - Information to respect respiratory hygiene/cough etiquette?
For example, sneeze and cough into a tissue or their elbow.
 - Information from reliable sources on physical/social distancing and self-isolation?
For example: [ISC - Physical Distancing: Stop the Spread of COVID-19 in Indigenous Communities](#)
 - Training on infection prevention and control?
For example, putting on and taking off personal protective equipment.
- Does the training include when to clean hands, based on the four moments of hand hygiene?
- For people who have responsibilities to clean and disinfect the physical environment, have they received updated training since the pandemic for these responsibilities?
- Is the information and training tools provided in a written format and language that is easy to understand?
- Is the information provided to clients, families, and staff or the public in easily accessible locations?

Mitigating High Risk Activities

- Are you following evidence-based guidelines for preventing COVID19 infection?
 - [FNMHA - Screening Tool for Member Returning to Communities](#)
 - [WHO – Recommended PPE during COVID-19](#)
- Have you identified what activities are high-risk for infection in your organization during the pandemic?
For example, encounters with Elders, seniors, and at-risk populations; interventions in close contact with clients; medical device contamination; environmental cleaning PHAC - [ISC – COVID-19 Prevention and Risks](#)
- Have you provided the information to staff on how to safely perform those high-risk activities?
For example, increasing phone check-ins with Elders, reviewing cleaning/disinfection procedures, making sure staff know how to proceed when in contact with someone with symptoms.
- Do staff know how to safely handle, store, and dispose of contaminated or infectious waste?
For example, test kits, garbage holding infectious materials.
- How does the organization promptly identify and respond to clients, community members, and staff with COVID-19 symptoms?
- How are staff ensuring client privacy and confidentiality in this pandemic situation?



FOR HEALTH ORGANIZATION LEADERS

Physical Space

- Has the space been re-organized to make sure people can respect physical distancing practices?
- How are optimal conditions kept in the physical space?
For example, cleaning and disinfecting, keeping the area uncluttered, using laminated posters to help with IPAC as they can be cleaned.
- Are areas of the physical environment categorized based on risk of infection to determine frequency of cleaning and level of disinfection?
For example, level of client/community traffic (waiting rooms, elevators, mobile equipment); type of activity performed (clinical or administrative); type of client served (those with an infectious disease or compromised immune system).
- Are you ensuring high-touch surfaces are being disinfected frequently?
For example, telephones, keyboards, doorknobs.



FOR EMERGENCY PLANNERS AND RESPONDERS

Pandemic and Emergency Response

- Is the organization using its pandemic plan and are staff familiar with it?
- Is the organization deploying the emergency response plan?
For example, [FNHA COVID-19 Emergency Response Plan Operations Checklist](#)
- Has the organization prepared for how it will receive, identify, and triage affected community members?
- How are you maintaining critical operations?
- Do staff know their role and the organization's role during an outbreak in your community?
- Does the organization have a way to replenishing medications, medical and non-medical supplies, and personal protective equipment?
 - [PHAC – COVID-19: First Nations Community Guide on Accessing Additional Supports](#)

Working with Community Partners

- Does the organization know where to access information from provincial or regional public health agencies during an outbreak?
 - [PHAC – Provincial and Territorial Resources for COVID-19](#)
- Is the organization working with other local service organizations such as fire, police, emergency medical services, and other first response organizations to coordinate activities and prepare for a community-wide response?
- Is the organization partnering with other organizations in the community to implement infection prevention and control activities?
- Is the organization monitoring and sharing information about the spread of infection?

Communication

- Does the organization have an emergency communication plan?
- Does the emergency communication plan include 24-hour contact information for key internal and external staff?
- Are there regular briefings to keep everyone informed?
- How does the organization inform staff that an emergency plan has been activated?
- Have specific people been identified in the organization who are responsible for receiving and responding to information on infections?
- How will the organization deal with a high volume of client inquiries?
- How is the organization communicating with clients, community, and staff about an outbreak?



FOR PEOPLE USING VIRTUAL HEALTH

When possible some health care teams are offering appointments online, by phone or email to help minimize the risk of spreading COVID-19. The health care team may be reaching out to clients to set up a virtual care encounter. Here are some tips and considerations to perform the virtual care encounter in a safe and reliable way.

For People Receiving Care

- Have you been informed of the technology you will need to participate in a virtual care encounter with your health professional? Have you been shown how to set it up?
- In preparation for your virtual care encounter, have you been provided with information on how your privacy and confidentiality will be respected?
- Are you in a quiet spot so you can easily hear and be heard?
- Do you have all your materials ready before the meeting, including:
 - A pen and paper to write down information and instructions;
 - A list of medications you are taking, whether prescribed or over the counter, including vitamins, herbal remedies, and supplements;
 - Notes of your medical history, symptoms you may be having; and
 - Any questions you have.
- At the beginning of the virtual care encounter:
 - Have you been asked to provide two types of information to identify yourself (example: name, date of birth, address, health card number)?
 - Have you provided consent for a virtual care encounter?
- During the virtual care encounter, do you have the opportunity to express your needs, your goals, and ask any questions you may have?
- At the end of the virtual care encounter, do you have all the information needed to follow up on treatment recommendations and to make another appointment if required?



FOR PEOPLE USING VIRTUAL HEALTH

For People Providing Care

- Have you received appropriate training to facilitate the orientation of clients and yourself to the virtual care encounter?
- How will this virtual encounter be communicated to others in the circle of care?
- Is your digital technology appropriate to providing safe and reliable virtual care encounters?
For example: screen size, video and audio components, security access, general safety rules, antivirus software.
- Have you considered what problems can be safely assessed and treated (scope of practice) through a virtual client encounter?
- Does the virtual care system ensure that confidentiality and privacy requirements regarding Personal Health Information are respected?
- Do you have access to the appropriate clinical information needed for assessment and treatment during the virtual care encounter?
- Are you obtaining and documenting the client's informed consent at the initiation of each virtual care encounter?
- Are you providing clients and families information on their rights and responsibilities regarding a virtual care encounter?
- Are at least two person-specific identifiers used to confirm that clients receive the service or procedure intended for them?
- If you are using remote clinical monitoring, photography, or any other digital information, is it being documented in a secure way?
- Are you adopting virtual etiquette in your services?
For example, include camera at eye level, confidential environments, badges visible to patient, removing visual distractions behind clinicians, and being punctual for appointments with clients.
- During the virtual care encounter, are the appropriate resources and information provided to clients to promote and enable self-management?
- Are you answering final questions and clarifying instructions before closing the session?

For a more complete Virtual Health Services COVID19 Guide - consult this [Toolkit](#)

This document is based on the following accreditation standards:

- HSO: Infection Prevention and Control for Community Based Organizations;
- HSO 2002: Leadership for Aboriginal Health Services;
- HSO 5012: Information Transfer at Care Transition;
- HSO 9002: Emergency and Disaster Management;
- HSO 83001: Virtual Health.

The full HSO standards can also be accessed at no additional cost. [Click here](#) for more information. Accreditation Canada is also exploring new solutions to further guide organizations in POST COVID-19 and will keep you updated.

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