Indigenous Services Canada **Services aux Autochtones Canada**

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:

  o Unfamiliar faces will be present in the community and for how long,

  o To practice physical distancing with the delivery person and/or install team, and

  o 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/diseases-conditions/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.

Figure 1: Example of unidirectional flow
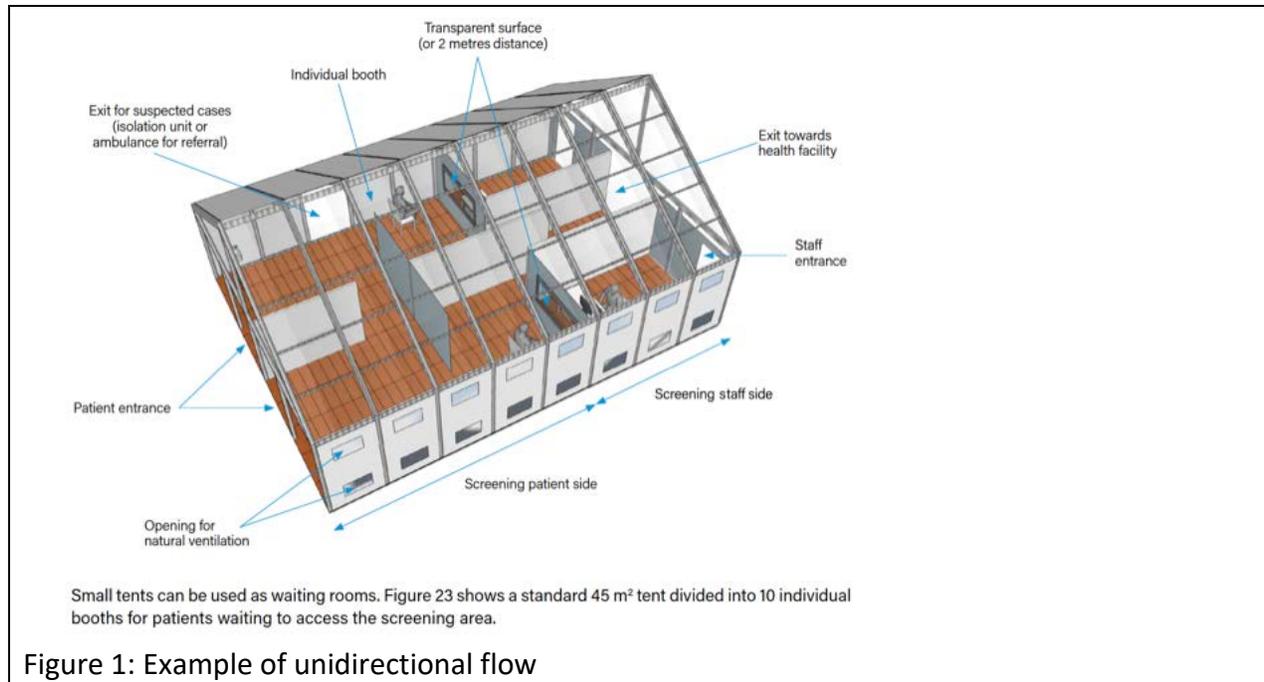
Facility Layout: Primary Assessment
- May be in same structure as triage/screening but with physical separation, OR separate temporary structure
- Primary assessment includes history taking, physical exam and testing
- Patient requiring management and treatment should be directed to , nursing station.

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
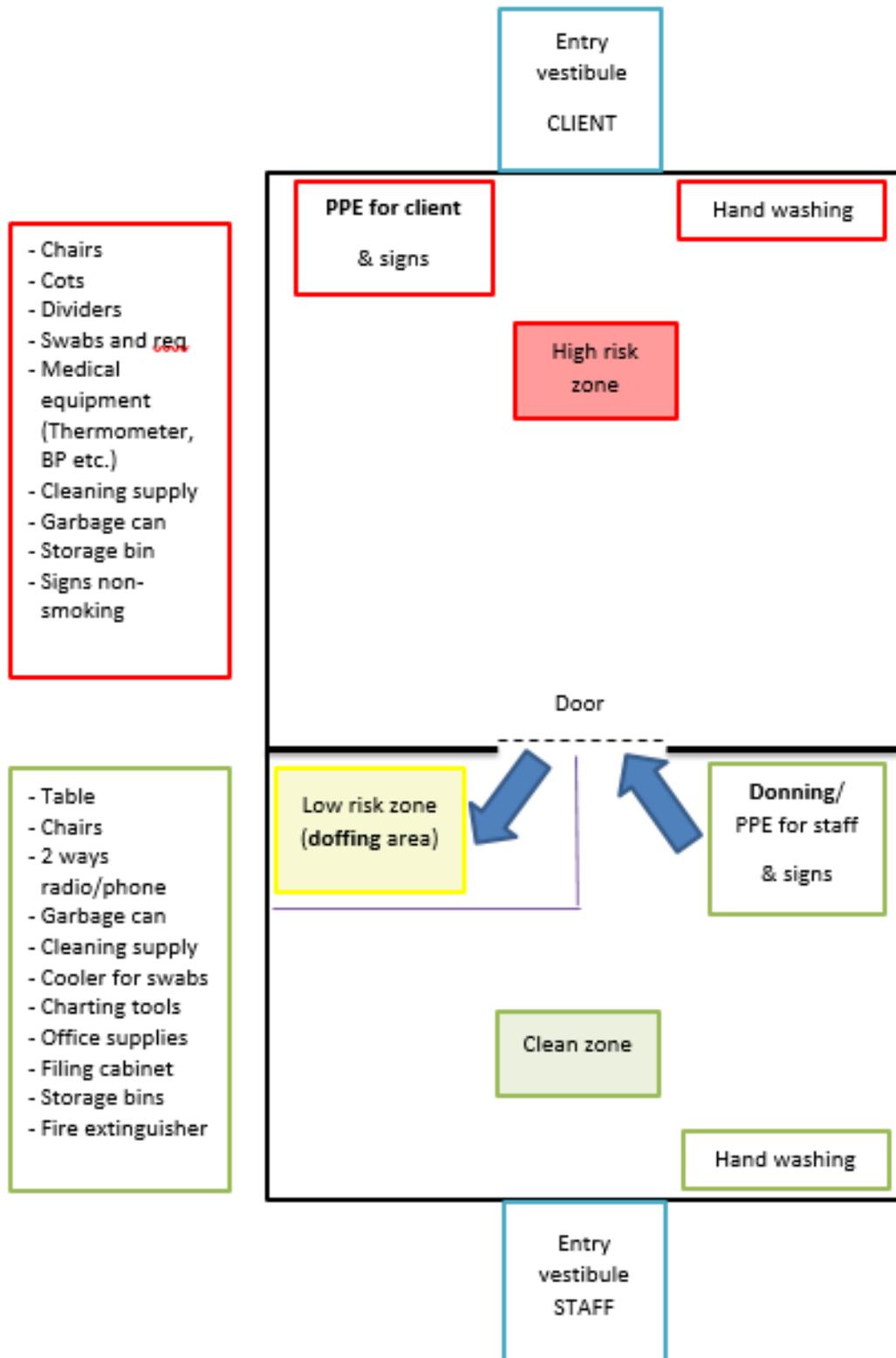- Space for storing clean supplies

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

Entry
vestibule

CLIENT

PPE for client

& signs

Hand washing

- Chairs
- Cots
- Dividers
- Swabs and req
- Medical
  equipment
  (Thermometer,
  BP etc.)
- Cleaning supply
- Garbage can
- Storage bin
- Signs non-
  smoking

High risk
zone

Door

- Table
- Chairs
- 2 ways
  radio/phone
- Garbage can
- Cleaning supply
- Cooler for swabs
- Charting tools
- Office supplies
- Filing cabinet
- Storage bins
- Fire extinguisher

Low risk zone
(doffing area)

**Donning/
PPE for staff**

& signs

Clean zone

Hand washing

Entry
vestibule

STAFF

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.

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

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

<u>Purpose:</u>

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.

<u>Audience:</u>

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
    o Self-isolation
    o Isolation
        ■ Home
        ■ Alternate site
    o Emergency management > direct to management site

Education material about isolation, self-isolation Quarantine/Self-isolate: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-no-symptoms.html Isolate: https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/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/covid-19-be-prepared-infographic.html
Education material on symptoms monitoring https://www.canada.ca/en/public-health/services/publications/diseases-conditions/help-reduce-spread-covid-19.html

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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/help-reduce-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
 o Self-isolation
 o Isolation
  ▪ Home
  ▪ Alternate site
 o Emergency management > direct to management site

Education material about isolation, self-isolation https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/know-difference-self-monitoring-isolation-covid-19/know-difference-self-monitoring-isolation-covid-19-eng.pdf https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/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/covid-19-be-prepared-infographic.html
Education material on symptoms monitoring https://www.canada.ca/en/public-health/services/publications/diseases-conditions/help-reduce-spread-covid-19.html

References:

Infection Prevention and Control for COVID-19, Second Interim Guidance for Acute Healthcare Settings. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html

COVID-19 Pandemic Guidance for the Health Care Sector. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-pandemic-guidance-health-care-sector.html#appa

Disinfectants for Use Against SARS-CoV-2 (COVID-19). https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#tbl1

WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected – Interim guidance. https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

Infection prevention and control of epidemic and pandemic prone acute respiratory infections in health care WHO Guidelines. https://apps.who.int/iris/bitstream/handle/10665/112656/9789241507134_eng.pdf?sequence=1

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities (2020) https://apps.who.int/iris/bitstream/handle/10665/331603/WHO-2019-nCoV-SARI_treatment_center-2020.1-eng.pdf?sequence=1&isAllowed=y

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings . https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Alternate Care Site Tool Kit – United States, Federal Health Care Resilience Task Force. https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf

Background G. Laundry and Bedding, Guidelines for Environmental Infection Control in Health-Care Facilities (2003). https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html