

Key Messages: COVID-19

Business Continuity Community Support & Personal Care Home & Community Care Home Programs

March 24, 2020

The Community Support Program provides an array of health care services to support residents of Newfoundland and Labrador to stay at home and in their communities. The Personal Care Home (PCH) Program provides care and accommodations to seniors and other adults who require assistance with activities of daily living and instrumental activities of daily living. The Community Care Home (CCH) Program provides care and accommodation to adults with persistent mental illness who require support.

Programs and services in scope include acute care services and post-acute care follow up, chronic disease prevention and management, Community Adult Chemotherapy Program, Community IV Antibiotic Program Palliative and end of life care (including assistance with MAID) and wound management services.

During this COVID-19 pandemic, the continued provision of urgent, emergent, and essential services is necessary to support the continued health of residents and ensure basic needs are being met. Staff in the regional health authorities working in the Community Support Program are expected to provide services in accordance with the following provisions.

Clinical Assessments

- Clinicians in the Community Support Program who conduct clinical assessments of clients/residents will adhere to the following guidelines:
 - suspend completion of routine face-to face clinical reassessments;
 - the case manager will initiate phone contact (in accordance with contact standards) with their clients/residents to assess how they are doing and determine if there is a need for a clinical assessment;
 - the case manager will contact other relevant service providers who have knowledge of the client/resident and their functioning;
 - assess if there is any change in the client/resident's health status that may require an intervention;
 - assess how the client/resident is coping with restrictions and processes in place related to the COVID-19 outbreak; and provide reassurance and support as needed; and,
 - document a clinical note of the intervention.

- If clients/residents are finding it difficult to cope or feel anxious, they should be supported to speak with a trained mental health peer supporter by calling the Provincial Warm Line (1-855-753-2560), open 9 a.m. to 12 midnight. If clients/residents are experiencing a mental health crisis, call the Mental Health Crisis Line available 24/7 (1-888-737-4668) or use the Crisis Text

service by texting 686868. Additional information about the many options to support staff and client/resident well-being can be found at bridge the gapp www.bridgethegapp.ca.

- New clients presenting for supportive services, will continue to be screened for priority of service through established intake processes. For example, the Contact Assessment will continue to be utilized for individuals presenting with a physical disability and seniors. Only those individuals who are assessed with urgent, emergent or essential support needs will receive services. This may include but is not limited to the following:
 - imminent risk of placement breakdown;
 - caregiver stress;
 - absence of a caregiver;
 - enhanced care in PCH;
 - acute care discharges;
 - client at imminent risk in the community; and,
 - adult protection referrals.

- Admission to residential care option for respite care may continue where the identified need is urgent or emergent.

Home Visits

- Home visits may be required to complete a clinical assessment in urgent cases, for example, if placement is required or home support needs are urgent and cannot be met without implementation for formal service, or for monitoring care of clients with complex needs.

- Prior to visiting clients/residents, the clinician should ask the client/resident if they wish for a face to face visit to take place. If the client/resident declines, the clinician shall outline the potential consequences or risks associated with refusal of a face to face visit or service delivery.

- Prior to visiting clients/residents the clinician shall complete screening as per their regionally approved screening tool. If there is a potential risk related to COVID-19, the client/resident will be advised to complete the on-line self-assessment available at <https://www.811healthline.ca>. If the client/resident cannot complete the self-assessment independently, the RHA shall notify next of kin. If this is not an option or there is significant concern, the RHA shall ensure appropriate follow-up is completed, which may include notification to the local public health program.

- If the service provider is accepting the client/resident for service, they should implement a plan to protect their staff prior to accepting the client/resident for service.

- If a clinician must complete a home visit and there is no identified risk of COVID-19, the visit can proceed as usual. If there is an identified risk of COVID-19, the visit can continue with the clinician wearing appropriate personal protective equipment.

- To respond effectively and appropriately to adult protection referrals, each RHA must identify a core group of social workers that will be prepared to complete home visits.

- In some extenuating circumstances, an unannounced visit may be essential and a pre-screen for risk of COVID-19 may not be possible. In such cases, the home visit should continue with the clinician wearing appropriate personal protective equipment.

Monitoring Community Clients

- In the event of a positive COVID-19 infection, the RHA shall assess the need for on-going provision of home support services with consideration of the complexity of client need and the ability of the client to access informal supports.
- The RHA shall advise clients/residents to make contact with their assigned case manager if they have any significant changes in their support/care needs that require attention.
- RHA case managers should contact their clients/residents by phone in accordance with contact guidelines established for the individual client. Priority is given to clients/residents with complex care needs who have a complex support plan, and residents in personal care homes with enhanced care needs and Level III care needs.
- Progress reports from home support service providers are only required for clients who have complex care needs.
- Review of support plan is suspended. If there is a significant change in a client's support plan, the clinician will document a clinical note of the intervention.
- Clients/residents who are being supported at end-of-life care at home or in residential care, must continue to be supported by RHA staff and other required service providers.
- Regional health authority staff will visit residents with enhanced care needs or Level III care needs at a frequency determined based on complexity of each client. Home operators will be advised to immediately notify the case manager with any concerns or change in health status of the resident. The case manager can follow up with the operator and manager by phone as well. RHA case managers with responsibility for the PCH and CCH Programs will ensure home operators have appropriate contact information for the RHA. Home operators shall consult with the resident's physician and RHA staff prior to sending to the Emergency Department (ED). If a resident is transferred to the ED or is admitted, the case manager is notified.

Monitoring Service Providers (home care agencies, personal care homes, community care homes)

- Routine monitoring visits can be suspended.
- Service NL has advised that they will suspend routine inspection visits and will determine the need for follow-up based on a risk assessment of the complaint at time of inquiry.

- Where a service provider (agency owner or operator) is currently in non-compliance with provincial operational standards or has a corrective action plan in place, the RHA can validate compliance virtually by telephone consult, or the service provider can demonstrate through sharing of images or documentation. Where the RHA has concern regarding the non-compliance or where the health and safety of clients/residents are at risk, the RHA may complete a monitoring visit.
- Monitoring visits can be completed in response to urgent issues or serious incidents or complaints that have the potential to threaten the life and safety of clients/residents or staff.
- Personal Care Home and Community Care Home license renewals will be suspended. Where a license is due for review, the RHA shall issue an interim license and complete license renewal activities when normal operations resume.

Issuance of new approvals or licenses

- Routine work related to the approval of new home support applications and personal care home applications are suspended until normal operations resume.

Minimum hiring requirements for new employees

- First Aid re-certifications can be postponed and will not be considered as non-compliance. Once regular operations resume, re-certifications will be required as soon as possible, and within 3 months.
- First Aid training for new employees may not be available in light of restrictions in place due to COVID-19 outbreak. Where possible PCH/CCHs should adjust staff schedules such that at least one staff with first aid training is present in the home. For Home Care Agencies, if a home support worker does not have First Aid training, they are not to be assigned to work with complex care clients. Clients/residents should be made aware by the service provider when the worker does not have First Aid certification.
- Clinic based tuberculosis testing for all new employees can be postponed, however new staff must complete self-assessment and declaration for active tuberculosis (see Appendix 1).
- Pre-employment medical assessment for new staff can be postponed but must be provided when regular operations resume. New employees should be screened for risk of COVID-19 infection, <https://www.811healthline.ca/covid-19-self-assessment/>.
- Due to reduced services, new staff will not be able to obtain a certificate of conduct prior to starting work. New staff will be asked to sign an affidavit (Appendix 2) affirming that the person has not been charged or convicted with an offence. If they were convicted of an offense, they should disclose the details to the service provider who is responsible to determine if the person is appropriate for hire.

Service Provider - Payment for Services

- RHAs must ensure timely processing of timesheets by service providers to prevent any disruption in delivery of services.
- Home support workers are required to submit client invoices for services based on hours worked. Home support workers are expected to get timesheets signed by the client and maintain them for auditing purposes.
- Financial staff at the RHAs are to continue processing Home Care Agency invoices as submitted, requirements for signed timesheets may have to be relaxed during this period. The financial services staff of the RHAs are working through this issue to identify options to ensure agencies are paid on a timely basis to ensure continuity of services.

Medical Equipment and Supplies

- RHA will continue to ensure any required medical equipment or supplies is available for the client/resident. If there are any concerns with availability or delivery, the RHA case manager should be notified.

Appendix 1
Pre-employment Tuberculin Screening Tool

Employee self-declaration

I understand it is my duty to report any tuberculosis exposure or symptoms to the physician responsible for the Pre-Employment Medical Assessment.

Signature: _____ Date: _____

It is preferred the Pre-Employment Medical Assessment be completed before starting work. Pre-Employment Medical Assessment must be completed within 30 days of starting work.

In the absence of a completed Pre-Employment Medical Assessment, I understand if I have had exposure to tuberculosis and/ or of the following potential signs and symptoms of tuberculosis since my last employment as a Home/Personal Support Worker that I must not report for work until a Pre-Employment Medical Assessment is completed.

Signature: _____ Date: _____

Potential Signs and symptoms of tuberculosis:

- Chronic cough (2-3 weeks duration with no identified of cause)
- Fever
- Night sweats
- Coughing up blood
- Weight loss

**Appendix 2
Affidavit**

I, _____ of _____
Full Name of Applicant City/Town

In _____
Province/country

MAKE OATH (OR AFFIRM) AND SAY AS FOLLOWS:

1. **THAT** I am unable to obtain a criminal record check due to the services not being available through the local policing agency due to COVID-19.
2. **THAT** I do not have a criminal record.
3. **THAT** I will obtain a Certificate of Conduct once service delivery has returned to normal.
4. **THAT** I understand that if I am unable to provide a satisfactory Certificate of Conduct once the service has resumed, that I may be liable for any damages accrued to a regional health authority or Her Majesty in right of Newfoundland and Labrador, as a result of providing false information in this Affidavit.

SWORN TO (OR AFFIRMED)

At _____, in the _____, this
____ day of _____, 20____

Before me:

Commissioner of Oaths (Signature)

Applicant (Signature)

Stamp/Seal Affirmed here:

Print Name of Commissioner here