



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

WINNIPEG REGIONAL HEALTH AUTHORITY

WRHA Weekend Services

Public Health Nurse Procedure Manual

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Introduction

The Winnipeg Regional Health Authority (WRHA) public health program provides necessary services to postpartum families, communicable disease clients, and public health emergencies occurring on weekends and statutory holidays.

A range of information has been included in this weekend manual as a reference for the public health staff. Public Health Nurse (PHN) weekend practice is guided by the College of Registered Nurses of Manitoba Standards of Practice, Canadian Nurses Association Code of Ethics, and a wide variety of organizational policies and procedures. In particular, the [Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood](#), will provide guidance to weekend PHN practice.

Purpose

The purpose of PHN weekend services is to respond to:

1. Hospital postpartum and infant referrals for **physician** attended births.
2. Transfers from community area public health nurses. Follow-up on weekends /statutory holidays is provided to postpartum families when the mother and /or infant may be at risk.
3. Referrals received during the course of the weekend or statutory holiday requiring follow-up, such as home phototherapy, communicable diseases, and other urgent public health services requiring follow-up during the weekend or statutory holiday.

Sources of Referrals for Weekend & Statutory Holiday Services

Referrals may be received from:

- Hospital postpartum and /or infant referrals
- Community area public health nurses
- Health Links / Info Santé
- Children's Emergency Department for home phototherapy follow-up
- Medical officers of health
- Team manager on-call
- After hours unit
- Midwifery

1. Management of Hospital Postpartum and/or Infant Referrals

Basic Assumptions & Principles:

- PHN practice is strength-based and builds client capacity.
- Clients are discharged safe and healthy, birth is a healthy life event.
- The postpartum referral form is accurate, including phone numbers.
- PHNs will endeavor to call all clients in recognition that the first few days after birth / arrival home is a period of rapidly changing events from which families can benefit from continued assessment, education, and as needed, intervention.
- PHNs practice within an integrated healthcare system, and work in collaboration with the client, as well as other providers and systems.
- PHN # 1 will provide weekend team leadership.
- The stand-by PHN is available if workload is unmanageable, however, every effort will be made to function within existing PHN resources.
- Weekend shifts are intended for weekend work.
- When scheduled to work a weekend, PHNs will come prepared to complete all weekend work, including home phototherapy referrals.
 - PHNs will take steps to insure they are up to date on weekend processes and work including registering for orientation to home phototherapy (if refresher required) prior to working the weekend.
- PHNs will practice according to the Provincial Public Health Nursing Standards: http://www.gov.mb.ca/health/publichealth/phnursingstandards/docs/nursing_standards.pdf

PHN Processes on Weekends / Stats:

1. All postpartum referrals will be equally divided among PHNs for review and assessment purposes (usually 5-7 referrals per PHN). Whenever possible, PHNs can triage referrals from their own community area, however, are also expected to equitably triage referrals from other community areas as distributed. If PHNs have completed triaging their own referrals, they are to aid team members who have not completed their referrals / take any additional referrals left to triage. Triage is to be completed in a timely manner, prior to convening as a group. Completion of documentation can continue after convening as required.
2. PHN #1 will determine the time for the weekend PHN group to convene for distribution of home visits, including establishing a time frame for client call backs, based on the number of referrals received for that day (usually by 1130).

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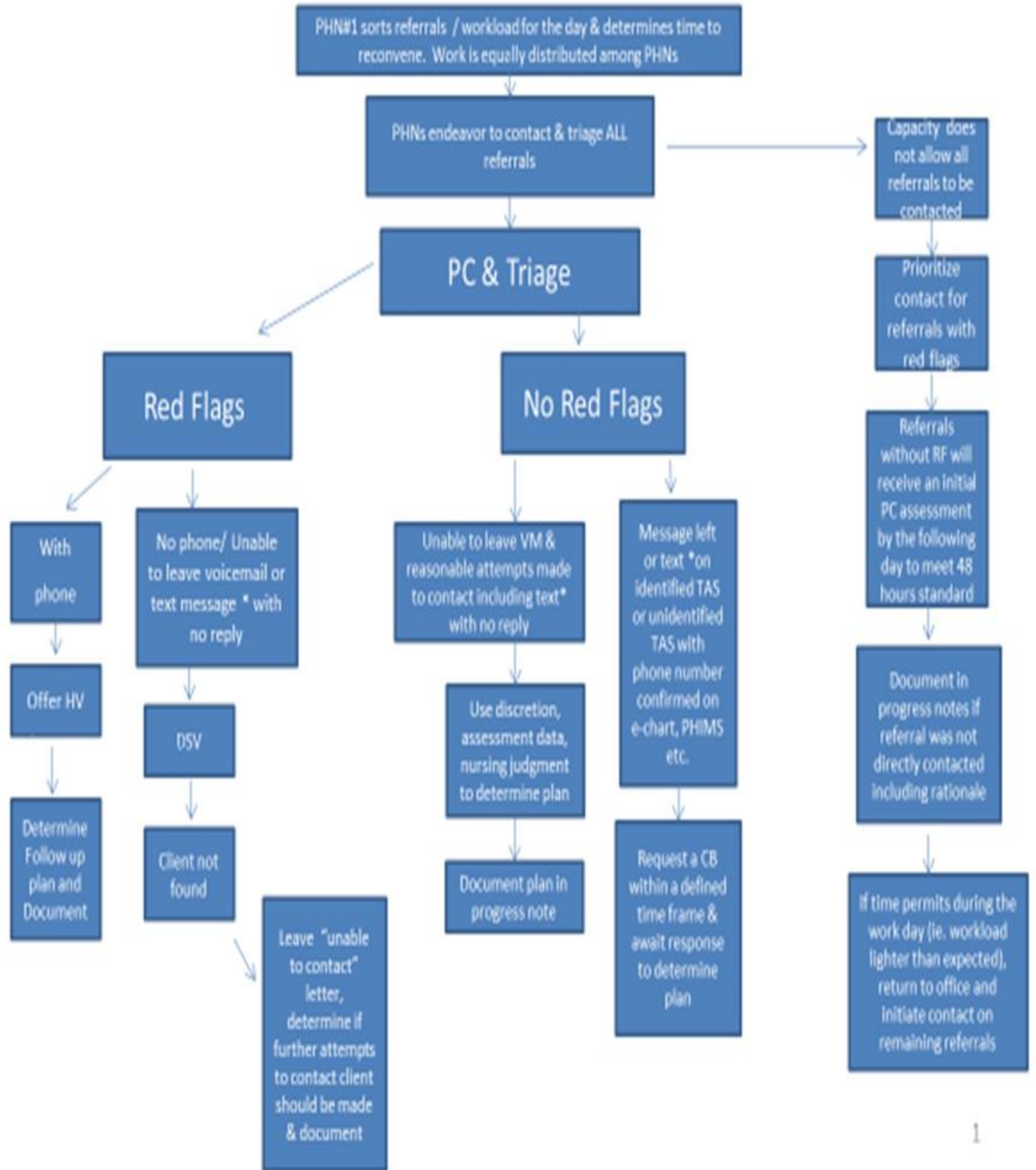
3. If clients have not called back (CB) within the designated time frame, CB's are not included in the workload / staff planning log, and the PHN who has triaged the referral will determine the follow up plan. For clients who call back after the designated time frame, the PHN receiving the call will triage and determine the need for / timing of a home visit and document the interaction / plan. If there are urgent red flags and capacity within the team to follow up on the same day, the PHN can contact PHN 1 to determine if the referral can be assigned that day, otherwise it should be flagged for next day follow up.
4. PHNs will endeavor to contact **all** clients for assessment as capacity allows.
 - *If workload is unusually heavy (e.g. 50+ referrals), community area teams should anticipate that not every client (**specifically those without red flags and within the 48-hour standard for contact on next regular work day*) will receive a phone call (e.g. Sunday referrals without risk factors) and that lower risk clients are not likely to receive a home visit unless red flags are identified or workload allows.
5. If workload capacity does not allow, prioritize to call clients based on assessment of the postpartum referral using clinical judgment, knowledge of the Families First Screen and the "Red Flags Tool: Indicators Requiring PHN Assessment" (next page) to assist with triaging.
6. **Referrals not contacted** will have a progress note written to identify that no immediate concerns were identified on the postpartum referral form, and a flexible plan for follow up clearly indicated in the progress notes.
7. Clients assessed as not requiring a home visit on the weekend are transferred back to the community area for follow-up by the community area PHN with a clear, but flexible plan for follow up documented.
8. Blue weekend transfer forms are to be completed on **all** referrals.
9. If clients are deferred from triage due to workload on a Saturday, they will require phone calls on Sunday, to meet the 48-hour standard. This process will need to continue throughout long weekends / stats. ***If time permits on the same day, whenever possible, PHNs who were unsuccessful connecting with an assigned door stop visit (DSV) for example, should return to 490 Hargrave to assist with triaging referrals that had not been completed that day. Weekend services are intended for weekend work.***
10. It is at a PHNs discretion to reassess for follow up during a weekend, particularly long weekends, as part of the plan for follow up even though a standard may have already been met.

11. Clients identified as requiring home visits are **equally distributed** among PHNs. Whenever possible, the Community Area (CA) PHN will be assigned visits in their own CA / pairing or quad, to minimize travel time between CA's, but it will always depend on the distribution of visits geographically for that day.
12. **Door stop visits are required if unable to leave a message, there is no response to a text or there is no phone and there are red flags noted on the referral form.** PHNs should *call all numbers noted on the referral and consider more than one phone call attempt, a home visit attempt on the following weekend day where reasonable (if not successful on first attempt), as well as connecting with the hospital, other agencies or service providers to facilitate reaching the client.*
13. Messages or texts can be left on an unidentified telephone answering system (TAS) provided the phone number can be confirmed on e-chart, PHIMs, etc.
<https://home.sharedhealthmb.ca/files/guideline-texting.pdf>
14. Upon door stop visit, if the client is not home, the PHN will use critical thinking to determine a “reasonable / prudent” PHN plan that fits the situation. The “unable to contact letter” should also be left. All contact attempts must be documented.
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/Unabletoreachyouletter.pdf>
15. If the client cannot be reached (e.g. voicemail full / or not responding to a text), and there are no red flags on the referral form, use nursing judgment and document attempts to contact / the plan (e.g. making additional contact attempts or a DSV) if approaching 48 hours after discharge. Door stops are generally not required when there are no red flags noted on the referral and reasonable attempts to contact have been made; rather the PHN can consider the assessment data and determine a “reasonable / prudent” PHN approach going forward.
16. Full completion of the Families First Screen and family assessment are not required on weekends, however, PHNs will document pertinent information provided by the client on the Families First Screen and in the IPN.

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Weekend Services Flow Chart: Based on WRHA Weekend Services Public Health Nurse Procedure Manual revised April 2017



Red Flags Tool: Indicators Requiring PHN Assessment:

Infant Physical Assessment:

- Jaundice which impacts feeding (including high-intermediate risk zone upon discharge)
- Sleepy baby / not waking on own / appears to be significantly or increasingly jaundiced
- Not feeding adequately / insufficient output for number of days postpartum

Infant Hydration Indicators:

- See MB Newborn Care Pathway:
https://professionals.wrha.mb.ca/old/extranet/publichealth/files/Newborn_Nursing_Care_Pathway.pdf
- Evidence of dehydration / inadequate intake
- Insufficient urine & stool output / color change for age in days
- Weight loss approaching 8-10+% < BW

Breastfeeding:

- Nipple trauma / breast pain / unable to latch effectively
- Inadequate feeds (shallow suck, few or no audible swallows, breast refusal, no interest)

Post-Partum Physical: See MB Postpartum Care Pathway:

https://professionals.wrha.mb.ca/old/extranet/publichealth/files/Postpartum_Nursing_Care_Pathway.pdf

- Mental health concerns / difficulty coping
- Physical red flags: symptoms of infection, PP hypertension, PPH, DVT / PE, increased pain or discomfort

Support Systems / Parental Emotional Well Being:

- Suspicion of child abuse or substance use
- Negative verbalizations regarding baby
- Multiple social issues / social or structural disadvantage
- Inadequate resources / supports / unstably housed

General Red Flags

- Language barrier
- Poor historian
- No phone
- <18 years at birth of first baby

**Note: These are potential red flags to consider in your PHN assessment. It is not intended to be directive or all inclusive, only to provide guidance.*

Working Group: Karen Popoff; Leanne O'Keefe; Lori Ann Laramee; Sylvia Camara Tavares; Zippy Shivachi. Edited by Maureen DeBrincat CNS / PHN # 1 group September 2024.

2. Community Area (CA) Public Health Nurse Transfers

Every attempt should be made to maintain continuity of care prior to a weekend and build on the client's capacity. The PHN should put a plan in place to minimize transfers to weekend services. Transfers are based upon the assessment that the infant or parent would be at risk if public health nursing services were deferred to the next regular workday.

2.1. Transfers between Community Areas & Weekend Services

- 2.1.1. All attempts should be made by the CA PHN to assess / prepare the client with information and resources (including the Breastfeeding Hotline) for the weekend, and the CA PHN should have a plan for follow up with the client immediately after the weekend / stat before considering sending a referral to weekend services.
- 2.1.2. **When sending a referral to weekend services, advise the client that the weekend PHN will contact them in the morning for assessment and determine the need for / timing of the home visit** (CA PHN can recommend a home visit in their plan but do not guarantee it or offer a specific time for a visit).
- 2.1.3. When referring to weekend services, complete the variance transfer form with a concise but thorough synopsis of the issues requiring follow up and include the postpartum / infant documentation from the client record.
- 2.1.4. Fax the variance transfer form and selected client chart pages (IPN, care map, client data sheet, SAFT) to the weekend services office site (central admin). *Remember to check for confirmation that the fax was successfully sent. (PHNs may also leave a message on PHN 1 phone or send an email to PHN 1 indicating that a CA referral was sent / with additional details as required).
- 2.1.5. **Communicable Disease follow-up:** Consult with CD coordinator regarding communicable disease referrals / required immunizations (e.g. rabies) to determine whether the referral will require weekend services follow up and if so, arrange for transfer. Determine what specifically needs to be done over the weekend given limited staffing resources and what can wait until regular weekday service.
- 2.1.6. At the conclusion of the weekend / stat, all referrals will be transferred by courier from the weekend services site to the community area offices on the following regular work day. All charts must be returned to the weekend services site or home office prior to the end of weekend services working day. **Chart tracking documentation must be completed on the Weekend Services Tracking Log.**
- 2.1.7. Postpartum referrals and follow-ups received on the weekend /stat will be contacted by the community area public health nurses as indicated on the weekend services transfer form. Weekends services PHNs should ensure the plan allows some flexibility for the CA PHN (i.e. "primary PHN to call & reassess / plan a visit if one needed on next

regular weekday”).

3. Breastfeeding Hotline / Health Links -Info Santé

31. The breastfeeding hotline (204-788-8667) is a complementary 24/7/365 service available across Manitoba.
32. Health Links - Info Santé Breastfeeding Hotline Service Information
 - 3.2.1. Health Links-Info Santé uses a computerized database that allows information from the client to be triaged, and to create a disposition based on standardized protocols. These protocols have been reviewed and revised by public health to be consistent with practice. Information is documented on a call summary report, and with the consent of the client, this report is faxed to public health.
33. Breastfeeding hotline referrals (call summary reports) from Health Links - Info Santé
 - 3.3.1. Breastfeeding hotline referrals are sent with the consent of the caller by fax on [weekdays](#), weekends and statutory holidays.
 - 3.3.2. The call summary report is reviewed by a public health nurse to assess the need for client contact.
 - 3.3.3. Completed triage documentation is forwarded to the community area, similar to other weekend services documentation. A blue transfer summary form must be completed and attached to the front of referral documenting interventions, if any, were implemented.
 - 3.3.4. Health Links - Info Santé may contact PHN #1 to discuss client concerns and recommendations for follow-up, which will be negotiated based on the assessed need for follow-up.
 - 3.3.5. Issues from public health or the general public regarding the Breastfeeding Hotline service can be directed to the Health Links - Info Santé manager during regular work hours Monday-Friday. Immediate issues on weekends or statutory holidays can be discussed with the Health Link - Info Santé team leader/or charge nurse.
 - 3.3.6. If there are concerns, PHNs working weekend services should inform the team manager on-call, document concerns on the weekend summary report, and if indicated, complete an occurrence report.

4. Weekend Breastfeeding & Immunization Appointments

41. Calls for weekend breastfeeding appointments (1 per day) are received at 490 Hargrave Central Intake. These appointments are scheduled by admin for Saturday, Sunday, or Stats at 11:30 am.
42. C/D coordinators in conjunction with CA PHNs may schedule time-sensitive

immunization appointments such as rabies post exposure prophylaxis on weekends as required.

43. Immunization appointments will be scheduled for 1130 am to allow weekend team enough time to triage incoming referrals & prepare for the appointment.
<https://professionals.wrha.mb.ca/old/extranet/publichealth/files/weekend-manual-cd-and-immunization.pdf>

5. Medical Officer of Health (MOH)

51. Medical Officers of Health throughout the province take turns being on call.
52. The MOH on call number is: (204) 788-8666.
53. The MOH receives calls through the After-Hours system and the emergency number is (204-788-8329).
54. If follow-up is required, they will contact the manager on-call (MOC): (204) 479-1042.
55. The MOC will work with the MOH to determine what staffing resources are required to implement the required interventions and the **MOC will contact PHN 1 or standby** to arrange as necessary, and determine specific requirements for follow up over the weekend / STAT.

6. Manager On-Call (MOC)

61. A WRHA manager is on-call 24 hours a day, seven days a week.
62. The MOC phone number is (204) 479-1042.
63. The MOC has the following responsibilities:
 - 6.3.1. Reports on-call emergency situations to senior management.
 - 6.3.2. Organizes the community response to public health emergencies or disasters, in collaboration with other providers of emergency services.
 - 6.3.3. Responds to requests for public health services received after regular work hours.
 - 6.3.4. Consults with PHN #1 regarding urgent or emergent calls and whether utilization of the weekend team is reasonable.
 - 6.3.5. Consults with the MOH as required. May also contact the senior management. Contacts the community team manager (TM) in the event of a communicable disease. The TM may call in staff who are familiar with the community area. If unable to contact the manager responsible for the community area, will attempt to contact the public health manager from the community pairing, and then the quad. If unsuccessful, attempts to contact any available public health manager within WRHA to book additional staff.
 - 6.3.6. Schedules additional staff at overtime rates, as outlined in the public health Manitoba Nurses Union (MNU) collective agreement.
 - 6.3.7. Communicates any unusual issues to the CA and weekend team managers.
 - 6.3.8. Reports clinical and service provision issues and recommendations to the weekend services management group / administrator on call if considerable risk exists to client or public at large.

7. Provincial Health Call Center (PHCC or “After Hours”)

71. At times, the PHCC or After-Hours Unit may receive calls applicable for public health follow up.
72. After Hours staff are to contact PHN#1 directly during regular weekend hours to assist with problem solving if required.
73. In the event the PHN needs to contact the PHCC, call: (204) 788- 8329.

8. Midwifery

81. Referrals on midwifery clients may be received 7 days per week. For additional information on the management of midwifery referrals, refer to the “**Operational Guideline for Collaborative Practice between Public Health Nurses and Midwives – Perinatal Services**” <https://professionals.wrha.mb.ca/old/extranet/publichealth/files/phn-and-midwives-working-together.pdf>
 - 8.1.1. On the weekend, the PHN can accept the postpartum referral form from the midwife as “advisement” that the baby has been born (i.e. “for information only”), and will complete a blue transfer summary form / forward the referral to the appropriate community area for follow up during regular weekday service. Documentation in the IPN should reflect this plan.

Public Health Staffing, Roles, and Responsibilities on Weekends / Statutory Holidays

9. Scheduling for Weekend / Statutory Holiday and Standby:

91. The public health nurse staffing schedule for weekend / statutory and standby services has been developed on an equitable basis among the community area offices and is posted in accordance with the union contract.
92. Each community area public health nursing team will ensure the scheduled shifts are filled.
93. Once assigned to work weekend / statutory holiday and standby, the PHN is responsible to work on those days. Public health nurses may “trade” weekends as required as long as these changes are shared with their team manager and communicated to central admin for an update of the weekend schedule *prior to the weekend*.
94. Changes to the names of assigned PHNs must be completed by the end of the last working day before the weekend or statutory holiday and communicated to central admin: mailto:WRHA_Weekend_Services_Schedule_PH@exchange.hsc.mb.ca, team manager and CNS for weekends so the schedule can be updated.

10. PHN Roles and Responsibilities:

101. The public health nurses will work as a team, during the hours of **0845-1700** daily, to provide services throughout the WRHA region.
102. PHNs begin their work day at 490 Hargrave.
103. Six nurses are assigned to work each weekend, long weekend and statutory holiday plus a standby PHN.

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104. If a team member does not arrive to work within 15 minutes from the start of the workday and has not called PHN #1, PHN #1 is to call the team manager on-call to follow-up.
105. One public health nurse is assigned as PHN #1 on the weekend schedule. The PHN#1 position is a leadership role to assist in staffing resource allocation, clinical issues, and daily problem solving.
106. In addition to managing referrals as previously outlined, daily activities include:
 - 10.6.1. Reviewing and responding to all referrals received for weekend services.
 - 10.6.2. Providing home phototherapy services, as described in WRHA home phototherapy guideline: <https://professionals.wrha.mb.ca/old/extranet/publichealth/files/home-phototherapy-clinical-practice-guidelines.pdf>
 - 10.6.3. Ensuring strong linkages to community areas have been conveyed.
 - 10.6.4. Completing documentation by the end of the workday to facilitate effective communication: [HPECDUserGuides \(wrha.mb.ca\)](https://professionals.wrha.mb.ca/old/extranet/publichealth/files/home-phototherapy-clinical-practice-guidelines.pdf)
 - 10.6.5. After completing documentation, ensuring that client records are in the appropriate baskets.
 - 10.6.6. When no further service is anticipated during the weekend or stat, the client record is placed into the basket marked 'For Courier'. The courier picks up records at 0800 on the next regular day of work following the weekend or stat.
 - 10.6.7. If a **client needs follow-up within the weekend/stat time frame**, documents should be put in the **basket marked 'Follow Up'**, ideally prior to the subsequent day. It should **also be flagged to admin** so it is accounted for in number of referrals on that work day.
 - 10.6.8. Completing Monthly Reports of PHA Activity.
 - 10.6.9. Discussing workload prioritization, time management and need for overtime (where reasonable) with PHN#1
 - 10.6.9.1. Overtime must be pre-approved by PHN #1 if workload deemed to be excessive in collaboration with the Manager on Call (TMOC) by phone call (not text message) to the MOC *as early as possible in the day* (204) 479-1042.
 - 10.6.9.2. PHN#1 must initial the [paid hour adjustment forms \(PHA\)](#) and then it is forwarded to your own community area team manager for signature.
 - 10.6.10. Ensuring that all home visits are noted on the weekend staff planning log and there is a safety plan using a "buddy system" for end of shift check-in.

- 10.6.11. If no end of shift check-in occurs, and the “buddy PHN” is unable to reach their partner, the “buddy PHN” is to notify PHN #1 and / or the MOC if PHN #1 has already gone home.

11. PHN # 1 Roles and Responsibilities:

11.1. **Hours of work:** 08:30 to 1645.

11.2. **PHN #1 phone number:** (204) 795-1520

11.3. **Qualifications:** *2 years of recent general public health nursing practice.*

11.4. Responsibilities include: Staffing and workload:

- 11.4.1. Conduct a preliminary review of all community area referrals and other weekend work, including new visits, follow-ups, home phototherapy referrals, communicable disease referrals, immunization and breastfeeding appointments.
- 11.4.2. Determine the time for reconvening as a group for distribution of visits /client call backs, based on the number of referrals received for that day and communicate a time frame for call backs as well as when to reconvene for distribution of visits to the weekend team.
- 11.4.3. At 0845 am, meet with the weekend PHN team to discuss the referrals.
- 11.4.4. Distribute referrals equitably, considering PHNs’ community area / pairing / quad where possible and plan assignments to minimize travel time.
- 11.4.5. Check with the public health nurses throughout the morning to determine status of work / triaging, and arrange for PHNs to assist each other with telephone triaging of clients as needed or take additional referrals not yet assigned.
- 11.4.6. Set a prearranged time (usually between 11-1130), depending on number and complexity of referrals, to reconvene as a full team to distribute visits equitably, determine visit plan for the day and update the chart tracking log.
- 11.4.7. Assess each PHN’s workload / re-assign home visits where necessary, based on risk / travel time between visits / time likely required such as new postpartum, follow-up visit, major issues, continuity of client care.
- 11.4.8. If workload requires, assign increased staffing and/or overtime as necessary in consultation with MOC. If MOC approves, call standby/approve OT if deemed necessary.

11.5. Clinical:

- 11.5.1. Participate in client telephone triaging and home visits, though may have a lighter workload in terms triaging / home visits in order to balance other responsibilities.
- 11.5.2. In general, PHN #1 **should not** be responsible for completing home phototherapy referrals as their presence onsite in the morning is required to lead the weekend team / assist with problem solving.

- 11.5.3. PHN #1 may designate a PHN from the weekend team to complete the home phototherapy referral if there are no volunteers. Ideally, this would be a PHN from the community area or pairing where the home phototherapy referral is from.
- 11.5.4. Problem-solve with PHN and team regarding clinical / practice issues / time management.
- 11.5.5. Respond to calls from Health Links /Info Sante regarding breastfeeding concerns.

11.6. Consultation:

- 11.6.1. Provide immediate clinical consultation for nursing practice related to standards and clinical practice guidelines.
- 11.6.2. Provide consultation to the After-Hours Unit or Mobile Crisis staff regarding public health services during regular working hours.
- 11.6.3. Provide support and guidance for the weekend administrative staff.

11.7. Leadership / Supervisory:

- 11.7.1. Orient self and PHN team to office, staff, and resources.
- 11.7.2. Oversee weekend operational issues. This includes ensuring:
 - 11.7.2.1. All charts and referrals are assigned and logged on [tracking sheet](#).
 - 11.7.2.2. [Safety assessments](#) and plans are created and followed when issues are identified.
 - 11.7.2.3. Overall facility issues such as door security and site cleanliness are addressed directly with the weekend team as they occur.
 - 11.7.2.4. Concerns such as desk assignment, equipment, and office issues are resolved in the short term and communicated to the weekend services team manager and CNS.
 - 11.7.2.5. Foster team building and sharing of knowledge and experience.
 - 11.7.2.6. Encourage team communication throughout the weekend.
 - 11.7.2.7. Problem-solve and assist with workload / time management so PHNs take rest and lunch breaks.
 - 11.7.2.8. Communicate performance and practice issues to team manager and CNS responsible for weekend services.
 - 11.7.2.9. Advise manager on call of any significant events or occurrences, including if PHN #1 / team members will require overtime.
 - 11.7.2.10. Ensure any workload reports, occurrences (including initial investigation forms), and [near misses/injury reports](#) are documented and forwarded to the team manager responsible for weekend services.
 - 11.7.2.11. In the event public health staff require post exposure interventions, ensure that the post exposure protocol is implemented: [HEALTH SCIENCES CENTRE \(wrha.mb.ca\)](#)
 - 11.7.2.12. If the administrative support person is absent, assume [administrative tasks](#).

related to weekend services support.

<R:\Postpartum\P.H.-WE SERVICES ADMIN\Procedures & Guidelines\Contingency Plan if no Admin-Final.docx>

- 11.7.2.13. Initial [paid hour adjustment forms \(PHA\)](#) for pre-approved over time.
- 11.7.2.14. PHAs can be forwarded to the community area for team manager signature and processing.
- 11.7.2.15. Complete the “daily comments” weekend summary form for the senior operating secretary for weekend services, and place in “For Courier” basket.

11.8. Administrative

- 11.8.2. The weekday administrative staff can ensure sufficient supplies available through communication obtained on the weekend comments log.
- 11.8.3. Work hours for weekend admin are: 0730-1115.
- 11.8.4. The team manager for weekend admin will endeavor to staff weekends / stats with 2 admin per day.
- 11.8.5. In the event of an unforeseen absence, the assigned weekend admin will attempt to secure an alternative admin to cover their shift as well as leave a message for PHN #1, advising that they are unable to attend their shift: [weekend service admin sick calls-Jan2](#)
- 11.8.6. If there are no weekend admin staff on a weekend / stat, the PHN team will refer to the “contingency plan if no admin on a weekend” document in the R Drive <R:\Postpartum\P.H.-WE SERVICES ADMIN\Procedures & Guidelines\Contingency Plan if no Admin-Final.docx> to manage referrals.

12. Standby Public Health Nurse

- 12.1. **One PHN will be on standby for urgent / emergent public health situations.**
These situations may include response to public health referrals, urgent communicable disease referrals, and disaster or emergency response situations.

12.2. Standby hours:

Monday to Friday (regular hours): 1630 to 0030

Saturday, Sunday & Statutory Holidays: 0845- 0045

12.3. Dedicated Standby PHN phone number: (431) 371-5529

- 12.4. **The standby phone is to be couriered to the next standby PHN on Friday / day before weekend / stat *in the morning*, to ensure seamless standby coverage.** [R:\Weekend Services\PHN and PHN Stand-by Information\Standby PHN\WRHA PHN Standby Phone and Standby Process final 2024 \(2\)MD.docx](R:\Weekend Services\PHN and PHN Stand-by Information\Standby PHN\WRHA PHN Standby Phone and Standby Process final 2024 (2)MD.docx)

- 12.5. The dedicated standby phone number will appear in the weekend master schedule / staff planning log and is the number that the manager on call or MOH on call will use to reach

standby.

- 12.6. The stand-by PHN is expected to monitor / respond to the dedicated standby phone when assigned to a standby shift and call back within 10 minutes / report to work within 1 hour of the call as required.

12.7. Key Roles and Responsibilities include:

- 12.4.1. Support the delivery of public health services to clients on weekends, statutory holidays, and after regular work hours.
- 12.4.2. Have a pass key for 490 Hargrave signed out from their community area office.
- 12.4.3. Complete a [paid hour adjustment forms \(PHA\)](#) for hours worked.
- 12.4.4. On weekends and stats, the PHA should be signed by PHN #1 and submitted to your community area team manager.
- 12.4.5. **Paid hours of work commence upon arrival to the designated office, facility, or community location, unless otherwise indicated.**
- 12.4.6. It is the expectation that the PHN on stand-by have their PHN nursing bag, supplies, access to weekend and standby policies & procedures, communicable disease protocols, home phototherapy clinical practice guidelines and a swipe card for their CA office and 490 Hargrave: [R:\Weekend Services\PHN and PHN Stand-by Information\Standby PHN\WRHA PHN Standby Phone and Standby Process final 2024 \(2\)MD.docx](#)

13. Community Area Team Manager

- 13.1. At the beginning of each year, **the 12-month weekend schedule** for the fiscal year (**beginning April to the end of March**) is prepared based on a mathematical formula to distribute weekend / standby shifts equitably among community area teams. The number of shifts is not negotiable.
- 13.2. **If a weekend shift becomes vacant for any reason, it is a priority for the CA to fill the shift as soon as possible to ensure smooth weekend public health services.**
- 13.3. The manager is responsible for ensuring weekend shifts are distributed equitably among PHNs within the office. Shifts are scheduled per position. For example, if an office is assigned 20 weekend shifts for 4 PHN positions – each position would be scheduled 5 shifts for the year. If two of the positions were part-time, part-time PHNs are still scheduled to have 5 weekend shifts per year.

14. Team Manager Roles and Responsibilities:

- 14.1. Upon completion of a newer PHN's probationary period (~6 months), the TM / PHN will facilitate arranging a weekend orientation shadowing process with a senior member of their team, prior to the staff member working their first assigned weekend

independently.

- 14.2. Provides on-going evaluation and performance management of public health nurses.
- 14.3. Follows up on weekend operational issues and occurrence reports
- 14.4. Informs weekend services management team of issues related to weekend services identified by public health nurses.
- 14.5. Ensures all community area assigned shifts (including PHN #1) are filled at the time of the new schedule and with vacancies or illness. These changes are communicated to central admin by the TM prior to the weekend:
[WRHA Weekend Services Schedule PH@exchange.hsc.mb.ca](mailto:WRHA_Weekend_Services_Schedule_PH@exchange.hsc.mb.ca).
- 14.6. With vacancies, the TM can negotiate with other PHNs to fill the shift if it is imminent, allowing for more time to fill other vacant shifts later in the year with new staff members.
- 14.7. Reviews the [weekend assignment](#) prior to the posting of the 4-week schedule to confirm his / her assigned shifts are filled and reassigns shifts from within the team as needed if vacancies have occurred related to staffing changes.
- 14.8. Ensures vacant shifts are filled prior to a weekend by approaching team members to pick up the shift, then communicates these changes to central admin:
[WRHA Weekend Services Schedule PH@exchange.hsc.mb.ca](mailto:WRHA_Weekend_Services_Schedule_PH@exchange.hsc.mb.ca). Arranges for alternate days of rest (ADRs) as per collective agreement.
- 14.9. Assigns shifts in accordance with the [collective agreement](#) (Article 1501 of the MNU public health collective agreement).
- 14.10. If the manager is unable to fill the vacant shift within their own team or pairing, an email or phone call should be made to the [weekend team manager & CNS responsible for weekend services](#) to discuss the need for extra shifts or other creative solutions to fill the vacancy. This should occur at least one week in advance of the shift.

15. Team Manager for Weekend Services:

- 15.1. The team manager for weekend services is responsible for overseeing general operations and problem-solving issues. This includes:
 - 15.1.1.1. Overseeing completion of the weekend services staffing schedule.
 - 15.1.1.2. Developing and communicating operational guidelines for weekend services.
 - 15.1.1.3. Providing support to community area team managers for problem-solving and collaborative strategies to resolve staffing issues.

16. Clinical Nurse Specialist (CNS):

- 16.1. The CNS for weekend services is responsible for clinical practice / problem solving

and support. This includes:

- 16.1.1.1. Providing clinical support and consultation regarding clinical practice issues with public health staff as needed.
- 16.1.1.2. Following up on clinical practice issues arising related to weekend services.
- 16.1.1.3. Participating in the planning, education, evaluation and the development of orientation, guidelines, and recommendations related to weekend services.

17. Pediatrician On-Call

- 17.1. The HSC Children's hospital ambulatory care pediatricians (SNAP: Social and Northern Ambulatory Pediatrics) has agreed to be paged for consultation regarding infant health concerns when the client's pediatrician or family physician is not available on weekends and holidays.
- 17.2. The number is (204) 787-2071 and is also on the back of the staff planning log.

Procedures:

18. Staff Illness and Replacement

18.1. Public Health Nurse Illness Prior to the Weekend:

- 18.1.1. If the PHN (regular or standby) assigned to work an upcoming weekend is ill and anticipates being unable to work, they must advise their community area team manager.
- 18.1.2. The community area team manager will advise the weekend management group (CNS & weekend TM) / admin support of the replacement plan.
- 18.1.3. If unable to obtain a replacement public health nurse, the team manager and CNS for weekend services are notified.
- 18.1.4. The TM for weekend services will advise PHN#1 and the admin person of the vacancy.

18.2. Illness during the Weekend / Stat:

- 18.2.1. **Public Health Nurse:** Contact PHN #1 (204-795-1520) and inform them by 0830 or throughout that day when the illness becomes evident. Prior to 0830 a message can be left on PHN#1's voice mail.
- 18.2.2. **Administrative assistant:** Contact PHN#1 when the illness becomes evident, message can be left on voice mail.
- 18.2.3. **Standby PHN:** If illness occurs during weekend or statutory holiday, the assigned standby PHN is to contact PHN#1 who can problem solve with the team manager on-call as needed.
- 18.2.4. **PHN#1:** If PHN #1 becomes ill, the PHN is to notify the manager on-call (204-479-

1042). Another experienced PHN working must assume PHN #1 responsibilities.

19. Weekend Services Staff Planning Log

19.1 The log is a tool to facilitate communication and ensure safety for public health nurses working on a weekend or statutory holiday: <R:\Weekend Services\Staff Planning Log - revised July2024.doc>

19.2 The staff planning log provides the following information:

- 19.2.1 Location of home visits (no names)
- 19.2.2 PHN names and phone numbers
- 19.2.3 Brief description of work assignment for each PHN
- 19.2.4 Frequently used telephone numbers
- 19.2.5 Safety buddy pairs for the day

19.3 Guidelines for use of the staff planning log:

- 19.3.1 A 'master' planning log is completed after home visits and work assignments for the day have been initially distributed and planned.
- 19.3.2 The master log is photocopied and provided to each PHN, with PHN #1 retaining the master log.
- 19.3.3 PHNs contact PHN #1 with revisions to their home visiting schedule.
- 19.3.4 PHNs contact their 'buddy nurse' with changes to their visiting schedule.
- 19.3.5 PHN #1 maintains a current log, updating it as changes occur in the assignment of home visits and utilizes the information to equitably re-distribute work.
- 19.3.6 The log is submitted with the daily comments forms. All other copies are put in confidential shredding after the weekend or stat day.

20. Student Observational Experience on Weekends:

- 20.1. The overall role of practicum nursing students on weekends and statutory holidays is one of observation.
- 20.2. On weekends and statutory holidays, a nursing student may observe and co-visit with their preceptor.
- 20.3. Student nurses are not to initiate contact with clients or provide unsupervised interactions. The public health nurse mentoring the student must obtain permission from the family for the student to co-visit / participate in the assessment prior to the visit.

21. Orientation to Weekend Services for New PHNs:

- 21.1. Orientation to Weekend Services should match PHN learning needs and must take place prior to being assigned to working a weekend independently.
- 21.2. This usually coincides with when the new PHN has completed the majority of their public health orientation (~ 6 months), has successfully completed their probationary period, and is independent with most aspects of PHN practice.

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- 21.3. Prior to being assigned to work independently on a weekend, newer PHNs must shadow a weekend shift with their community area mentor (or another team member) for one full day to become familiar with weekend processes including triaging, documentation, visitation, balancing a heavy workload, and weekends safety plan.
- 21.4. PHNs who are orientating to weekends are not considered part of the 6 PHN staffing complement on weekends, and cannot be used to replace one of the 6 assigned weekend PHNs. The orientation shift is intended to allow adequate time for learning, observation, co-practice and guidance prior to working independently.

Equipment and Supplies:

22. PHNs are expected to bring their own standard equipment (visiting bag, scale, slings) and supplies when working weekends, statutory holidays, and stand-by.
23. This may include, but is not limited to:
 - 23.1. Swipe card for 490 Hargrave & own community area office
 - 23.2. Scale and enough slings for 2 visits per day
 - 23.3. Personal Protective Equipment (PPE)
 - 23.4. Sphygmomanometer with regular and large BP cuffs
 - 23.5. Stethoscope
 - 23.6. Thermometers and probe covers
 - 23.7. Penlight
 - 23.8. Calculator
 - 23.9. Non-latex examination gloves
 - 23.10. Lactation supplies: feeding cups, feeding tubes, non-allergenic tape, syringes, nipple shields
 - 23.11. Cellular phone
 - 23.12. Hand sanitizer
 - 23.13. Frequently used educational handouts (i.e. breast feeding, safe sleep, etc)
 - 23.14. **Headsets:** if you prefer to use one, bring your own
24. **Computers:** PHNs will have access to computers at [assigned workstations](#).
25. At the conclusion of the weekend shift, please remember to log off and leave work station tidy / exactly as it was found at the beginning of shift.

Documentation:

26. A supply of documentation forms (e.g. care maps, integrated progress notes, etc.) are available in the weekend services supply room (off room 119). These are the same forms used during the regular weekday practice.
27. **Chart sign out sheets:** [R:\Postpartum\Central Intake \(490 Hargrave\)\Forms & Handouts\Chart Tracking for Weekend Services.xls](R:\Postpartum\Central Intake (490 Hargrave)\Forms & Handouts\Chart Tracking for Weekend Services.xls)
28. **Staff planning log:** <R:\Weekend Services\Staff Planning Log - revised July2024.doc>

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29. The expectations for documentation, format, and content are unchanged between regular work days and weekend / stats and should be in accordance with guidelines outlined by the CRNM for R.N.s: <https://www.crnmb.ca/wp-content/uploads/2022/02/Documentation-Checklist.pdf>
 - 29.1.1. Each set of documents for a client will be inserted into a client file folder.
 - 29.1.2. Documentation in client files is to include client identifiers on all forms, including the SAFT, and the SAFT is to be completed for all clients who are receiving a home visit.
 - 29.1.3. A transfer summary form is to be attached with each client file folder for communication between the public health nurse working weekend services and the community area public health nurse.
 - 29.1.4. **Standard no contact letters** are used on weekends. The hours 9:00 am to 4:00 pm are used in the letter to provide PHNs opportunity to respond to client needs and document within the work day
 - 29.1.5. Documentation and statistical collection for clients who attend the weekend breastfeeding support clinic is the same as for breastfeeding clinics during the weekday.

30. Weekend Cellular Phone

- 30.1. The PHN #1 position will be assigned a cell phone with voice mail to facilitate communication between weekdays and the weekend: (204)795-1520.