



COVID-19 Highlights – WRHA Home Care Community Adult Rehabilitation Services	
Purpose	To establish guidelines for community-based rehabilitation staff when completing the following: <ul style="list-style-type: none"> • Prioritizing existing and new referrals; • Determining need for in-home services; • Communicating with community clients and /or their caregivers; and, • Providing client services in the home and community.
Definition	For purposes of this document, Community Based Adult Rehabilitation Services will focus on: Home Care Occupational Therapy, Physiotherapy, Speech Language Pathology, Clinical Social Work, Rehabilitation Assistants
CURRENT STATUS	
Active/Ongoing services	WRHA Home Care will continue to provide home-based rehabilitation including: <ul style="list-style-type: none"> • Home Care-Community Stroke Care Service • Home Care-Priority Home Services • Community Therapy Services (SPA with WRHA Home Care Program) Rehabilitation staff will contribute to promoting safety for community clients, reducing risk of hospitalization and/or recidivism and promoting compliance with all COVID-19 recommendations.
Suspended services	Refer to <u>Appendix A</u> for other programs who offer rehabilitation services that may be providing limited services in the community (table is subject to change)
MANAGING REFERRALS FOR OT, PT, SLP, CLINICAL SW SERVICES	
Visit Protocol	<ul style="list-style-type: none"> • Current Provincial direction requires the use of screening questions to be completed by phone prior to each home visit as the home environment may change over time (if phone contact not possible prior to visit, screening should be done at the door prior to initiating care). Screening tool: https://sharedhealthmb.ca/files/covid-19-guidance-and-screening-tool-for-management-of-home-visits.pdf • Where screening identifies no criteria that would indicate the home worker could be exposed to COVID-19, <u>home visits will be offered as routine</u>. • Where screening shows potential exposure to COVID-19, <u>home visits should be limited</u> to those where there is imminent risk for health, harm or deterioration unless a provider in-person visit is completed. • If there is someone in the home who is on self-isolation for COVID-19, even if they are not in the same room, the rehab staff must don droplet/contact PPE in addition to routine practices. • Document that screening has occurred and include: person(s) spoken to, details of the communication, assessment of symptoms and concerns, advice given, decision on plan of care (to proceed with home visit or not), and any possible communication with other team members.
Prioritization Criteria	<ul style="list-style-type: none"> • Each Rehab program/service will implement established prioritization criteria with an added objective to minimize the risk of contagion for the client/caregiver/rehab staff by limiting the number of in-home visits while ensuring in-person visits are available when required. • Visit priority level codes currently exist for Home Care Rehabilitation Services and will be applied as follows during COVID-19 management in response to Provincial direction (or as circumstances change): <ul style="list-style-type: none"> • Priority 1 will be addressed with in-home visits following a phone screen (when virtual visit is not available or applicable); • Priority 2 will be managed either by: virtual visit, phone contacts and <u>only</u> where it is deemed necessary with an in-person visit to the home; • Priority 3 will be addressed if capacity exists, and only through phone contact. <p>It is anticipated the volume of referrals and community rehabilitation needs will increase with the suspension of some site based outpatient services and as hospitals continue to expedite discharges. To address these volumes, rehab staff from facilities or other community based programs may be temporarily re-deployed to meet urgent demands in the community. Community programs will continue to monitor, gather information, assess risk and recommend evidence-based / best practice and safest approaches for any rehabilitation provider.</p>



<p>Assessment and Interventions</p>	<ul style="list-style-type: none"> • All community outings/re-integration activities <u>are suspended</u> until further notice. • Continued use of Routine Practices to be used at all home visits (this is not a change in practice). • If a Priority 1 visit is required and there is an identified risk, staff must use appropriate PPE, ensure Case Coordinator is aware, and limit length of visit to as short a time as possible while still ensuring safe care. • Rehab staff should minimize equipment /supplies/assessment material brought into client home. • Limited availability of medical equipment and supplies for assessment purposes (e.g. raised toilet seats, over-arm bars, walking aids) and installation of products (e.g. grab bars) through private equipment vendors may limit product selection/availability and/or vendor selection. • Following a home visit, rehab staff must ensure all re-usable equipment or material from their program equipment pool (excludes equipment from other sources such as private vendor or MDA) is cleaned and disinfected as per provincial infection prevention and control guidelines.
<p>Staff Protocols</p>	<ul style="list-style-type: none"> • All rehab staff have a responsibility to review and refer on an ongoing basis to all information and up-to-date recommendations and resources on the Shared Health Manitoba site https://sharedhealthmb.ca/covid19/providers/ and information that is provided by their program sites. • Rehab staff is encouraged to provide COVID-19 education to clients and link clients to appropriate COVID-19 resources. Resources for clients and families can be found on the Shared Health Manitoba site https://sharedhealthmb.ca/covid19/ as well as the Manitoba Health Senior's and Active Living's Coronavirus website: https://www.gov.mb.ca/health/coronavirus/index.html • Public Health Officials have directed all returning travelers, including those returning from travel within Canada, to self-isolate and self-monitor for symptoms for 14 days following their return to Manitoba. • All symptomatic healthcare workers returning from travel, including travel within Canada, must immediately self-identify to their employer's Occupational Health Services or designate. All healthcare workers who are asymptomatic are directed to contact their manager. See: https://sharedhealthmb.ca/files/covid-19-guidelines-for-screening-health-care-worker.pdf • All rehab staff must have access to personal protective equipment (PPE) and hand sanitizer; use of these supplies is required based on Home Care protocol for COVID-19. • Home Care Rehab staff can access PPE through their community office. • If Home Care Rehab staff requires PPE after hours, it can be picked up at Centralized Staffing Office (CSO) at 496 Hargrave. Call 204-940-3100 until 10:00pm, seven days a week and a staff member will meet at the front door to provide staff with a PPE Kit. • PPE requests are being triaged and responded to by Logistics within the Province's Incident Management Structure. Requests may be directed as follows: In Winnipeg 204-926-6050 or Toll Free 1-877-477-4773.
<p>Social Distancing</p>	<ul style="list-style-type: none"> • Minimize prolonged or close contact (less than 2 meters or 6 feet) • Avoid greetings that involve touching • Frequently clean and disinfect regularly used items, electronics and other personal belongings with a facility-approved disinfectant

Appendix A: Outpatient and Community Based Programs/Services providing Adult Rehabilitation Services

Definition: For purposes of this document *outpatient services* are located at a facility/clinic setting and clients attend the site. *Home-based rehab services* are defined as services where the rehabilitation service provider goes to a client home or community environment to provide services. Some services may be a combination.

* The following list may not be complete and the information is subject to change as the pandemic response plans change *

NAME/PROGRAM	SERVICES OFFERED	NORMAL LOCATION	STATUS
Home Care - Community Stroke Care Service (CSCS)	OT, PT, SLP, SW	Home Based only	Operating
Home Care - Priority Home Services (PHS)	OT, PT, SLP, SW	Home Based only	Operating
Community Therapy Services (CTS)	OT, PT	Home Based only	Operating
Misericordia Easy Street	OT, PT, SW, RD	Primarily site-based; OT community assessments for power mobility	All visits are currently suspended for March.
Deer Lodge Centre - Movement Disorder Clinic	OT, PT, SLP	Primarily clinic-based; some home visits by OT	Partially operating; some phone contacts with clients
Access Winnipeg West – 280 Booth	OT, PT, SLP	Primarily site-based; some home visits by OT	Currently providing services by phone only; will do in-person visit for urgent need. Other services suspended until the end of March.
My Health Team - St. James/Assiniboia	OT	Primarily clinic-based	Currently providing services by phone only
My Health Team - Access Seven Oaks/Inkster	OT, PT	Primarily clinic-based; some home visits by OT>PT	Currently providing services by phone only; few clients coming into the clinic for a short visit; not doing in-home visits
My Health Team - Nor`West	OT, PT – shared resource with Seven Oaks/Inkster	Primarily clinic-based; some home visits by OT>PT	Modified services; primarily phone contact with clients
My Health Team - Access St. Vital and St. Boniface	OT	Combination of clinic-based; and home-based depending on the need	Currently providing services by phone only; in-person visit only if urgent need
My Health Team - Access Fort Garry /River Heights	OT	Combination of clinic-based; and home-based depending on the need	Currently providing services by phone or skype; in-person visit only if urgent need
My Health Team - Access River East/Transcona Chronic Disease Management Clinician (CDMC) and Co-Occurring Disorders Outreach (CODI)	OT - CODI & CDMC PT – Rehab clinician	Primarily clinic-based and home visits	Currently providing services by phone only
WRHA Community Outreach Program - Health Outreach and Community Support (HOCS)	OT	Combination of seeing clients in their home, in shelters and at the Downtown Access Centre in “Step-In Room”	Continuing to see clients in same locations but trying to limit contacts to essential visits
My Health Team - Access Downtown 640 Main; CDMC	OT - CDMC	Combination of home visits and seeing clients at the access centre	Currently providing services by phone home visits when required
Northern Connections Medical Centre (NCMC)	OT, PT	Primarily site-based; OT will occasionally complete home visits	Currently suspended other than phone contacts with clients
Health Services on Elgin	OT, PT	Combination of clinic program > home visits	Program currently suspended; doing phone wellness checks, able to do home visit if need arises.

DLC- Prime Program			
WRHA Day Hospitals	OT, PT, SW, SLP	Primarily site-based; OT may do home visit as needed for environment assessment	Partially operating; triaging and seeing priority clients only
Nine Circles Community Health Clinic	OT		
HSC – Neurosciences	OT, PT	Site-based only	Currently suspended
HSC – MS Clinic	OT, PT	Primarily site-based > community visits	Currently suspended; addressing priority situations by phone
HSC – Seating Clinic	OT	Site-based only	Currently suspended
HSC – Hands & Plastics	OT, PT	Site-based only	Priority clients only
HSC – Musculoskeletal	OT, PT	Site-based only	Currently suspended
HSC – Driving Assessment and Management Program	OT	Site-based and On-road assessment	Currently suspended
Private Practice – OT	Refer to MSOT private practice directory to determine which provider provides home based services http://www.msot.mb.ca/finding-ot-services/		
Private Practice – PT	Refer to CPA private practice directory to determine which provider provides home based services https://mbphysio.org/find-a-physiotherapist		
Private Practice – SLP	Refer to CASLPM private practice directory to determine which provider provides home based services https://caslpm.ca/forthepublic/seeking-a-private-practitioner/		
Society for Manitobans with Disabilities – Manitoba Wheelchair Program	OT, Equipment provision and repair (manual and power wheelchairs)	Site based, facilities and/or client homes	Partially operating; priority given to hospital discharges or high-priority community clients; telephone consultation and troubleshooting offered

Legend: Occupational Therapy: OT, Physiotherapy: PT, Speech Language Pathology: SLP, Social Work: SW