Congregate programing, congregate transportation and groups will not continue during pandemic service delivery.

Management of Existing clients:

1. Sites should ensure that an up to date client list with contact information for client and primary caregiver is available. We recommend having multiple contact points for the caregiver- e.g. home phone number and cell number.
2. Triage client list:
   High risk clients include those with greatest risk for decompensation without intervention, limited external supports and risk of ED/UC presentation, such as:
   - psychiatric decompensation
   - frequent falls not previously assessed
   - weight loss not previously assessed
   - functional decline
   - dementia with safety issues/ caregiver burnout/ BPSD, elder abuse
3. Call all clients to discuss suspension of service and alternatives
   - Clients with questions about COVID-19 should be directed to https://www.gov.mb.ca/covid19/ or Health Links at 204-788-8200 or 1-888-315-9257
   - Follow the usual procedure re: documentation – Indicate that the client was followed over the phone due to COVID-19 pandemic
4. Service delivery upon suspension of program:
   - Telephone assessment, education and support is the preferred method of service delivery
   - Frequency of telephone follow up should mirror pattern of attendance at outpatient programing

   If the telephone contact reveals that the client needs to be seen in person, two options are available:

   A) 1:1 appointment with appropriate team member
   - Conduct screening questions here – If positive screen, refer to Health Links as above, if screen negative, proceed with appropriate PPE for Outpatient settings
   - Appointments should be staggered to minimize contact in waiting areas
   - Programs should work with site housekeeping to ensure environmental sanitation

   B) Home Visit
   - If client unable to attend for 1:1, or for whom a home visit would be most effective, a home visit may be considered

- Consider whether connection with an existing outreach service could meet this client's needs at this time: Rapid Response Nursing, My Health Team, Home Care Case Coordinator, Community Therapy Services, Geriatric Outreach Teams
- If a home visit will be conducted by your team, conduct screening questions as outlined in the Provincial Guidance and Screening Tool for management of Home Visits prior to visit – If positive screen, refer to Health Links as above, if screen negative, proceed with Appropriate PPE for In Home care
- Travel expenses should be recorded as COVID-19 expenses if not a usual budget
- Ensure staff have appropriate PPE to conduct home visits

5. Teams should continue to meet on a regular basis to review client lists and establish management plans

Management of New referrals

- All clients will be contacted by telephone to notify of programming cancellation
- A letter advising referral source/GP of suspension of outpatient programming and outcome of referral will be sent to each new referral and referral source
- Staff will conduct a paper triage of all new referrals and assign a high or low risk status to them
- Referral information alone may not allow for determination of this and there may need to be telephone triage

  High risk clients include those with greatest risk for decompensation without intervention, limited external supports and risk of ED/UC presentation, such as:
  - psychiatric decompensation
  - frequent falls not previously assessed
  - weight loss not previously assessed
  - functional decline
  - dementia with safety issues/ caregiver burnout/ BPSD, elder abuse
- Clinicians will initiate telephone contact with referred people triaged as high risk to further elucidate issues and necessary supports
- Team physicians should participate in the decision making process
- Referrals triaged as low risk will be contacted as time permits

If the telephone contact reveals that the client needs to be seen in person, two options are available:

A) 1:1 appointment with appropriate team member

- Conduct screening questions– If positive screen, refer to Health Links as above, if screen negative, proceed with appropriate PPE for Outpatient settings
- Appointments should be staggered to minimize contact in waiting areas
- Programs should work with site housekeeping to ensure environmental sanitation

B) Home Visit

- If client unable to attend for 1:1, or for whom a home visit would be most effective, a home visit may be considered
- If a home visit will be conducted by your team, conduct screening as outlined in the Provincial Guidance and Screening Tool for management of Home Visits prior to visit – If positive screen, refer to Health Links as above, if screen negative, proceed with Appropriate PPE for In Home care
- Travel expenses should be recorded as COVID-19 expenses if not a usual budget

Management of follow ups

- A letter advising referred clients of suspension of outpatient programming will be sent to each client scheduled for follow up
- Staff will conduct a paper triage of all follow up patients and assign a high or low risk status to them

  High risk clients include those with greatest risk for decompensation without intervention, limited external supports and risk of ED/UC presentation, such as:
  - psychiatric decompensation
  - frequent falls not previously assessed
  - weight loss not previously assessed
  - functional decline
  - dementia with safety issues/ caregiver burnout/ BPSD, elder abuse
- Team physicians should participate in the decision making process
- Arrangements will be made for telephone follow up- either by the MD or another team member. If the phone follow up reveals that the client needs to be seen in person, two options are available:

  A) 1:1 appointment with appropriate team member
  - Conduct screening questions– If positive screen, refer to Health Links as above, if screen negative, proceed with appropriate PPE for Outpatient settings
  - Appointments should be staggered to minimize contact in waiting areas
  - Programs should work with site housekeeping to ensure environmental sanitation

  B) Home Visit
  - If client unable to attend for 1:1, or for whom a home visit would be most effective, a home visit may be considered
  - If a home visit will be conducted by your team, conduct screening as outlined in the Provincial Guidance and Screening Tool for management of Home Visits prior to visit – If positive screen, refer to Health Links as above, if screen negative, proceed with Appropriate PPE for In Home care
  - Travel expenses should be recorded as COVID-19 expenses if not a usual budget
  - Ensure staff have appropriate PPE to conduct home visits