

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIME GUIDELINE</p> <p>Pandemic Planning</p>	<p>Title: Suspension/Modified PRIME Onsite Services</p>	<p>Page 1 of 2</p>
	<p>March 17, 2020</p> <p>Last Updated April 4 2020</p>	

Management of Existing clients:

1. Sites should ensure that an up to date client list with contact information is available
2. Triage client list (High Risk, Moderate Risk and Low Risk):
Evaluation of risk includes the following criteria:
 - Risk for decompensation without intervention
 - Limited external supports
 - Risk of ED/UC presentation
3. Call clients to discuss suspension/modification of onsite service and discuss 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
4. Service delivery for High Risk clients
 - Programming will continue to be provided onsite for clients assessed as High Risk
 - Frequency of attendance will be assessed on a case by case basis
 - Programming will be limited to groups of 10 or less
 - Conduct screening questions by phone– If positive screen, refer to Health Links as above
 - Social distancing strategies will be implemented
5. Service delivery for Moderate Risk Clients
 - Client will be assessed to determine if they need to be onsite related to a specific issue
 - Conduct screening questions by phone– If positive screen, refer to Health Links as above
 - Appointments will be scheduled onsite as required identifying time of arrival and clients will leave the site following the appointment
 - Follow the usual procedure re: documentation – (Indicate if the client was followed over the phone due to COVID-19 pandemic)
6. Service delivery for clients (Low/Moderate Risk) where onsite programming is suspended
 - Telephone assessment, education and support
 - Frequency of telephone follow up should mirror pattern of attendance at outpatient programming

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
 - 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 questions prior to visit – If positive screen, refer to Health Links as above
- Travel expenses should be recorded as COVID-19 expenses if not a usual budget
- Ensure staff have appropriate PPE to conduct home visits

C) Documentation: Follow the usual procedure re: documentation – (Indicate if the client was followed over the phone due to COVID-19 pandemic)

Transportation

- Transportation will continue to be provided by the Contracted Service Provider
- Social Distancing strategies will be implemented
- Where possible, caregivers will be asked if they want to transport their family member to the program vs. transportation provider

Management of New referrals

- A letter advising referred clients of suspension of outpatient programming will be sent to each new referral and referral source
- Staff will conduct a paper triage of all new referrals and assign a high, moderate or low risk status to them

Evaluation of risk clients include the following criteria:

- Greatest risk for decompensation without intervention
- Limited external supports
- Risk of ED/UC presentation
- Clinicians will initiate telephone contact with referred people triaged as high/moderate risk to further elucidate issues and necessary supports
- Referrals triaged as low risk will be contacted as time permits