



Home Care Home Visit COVID-19 Response Planning: VISIT PRIORITY CODES AND NURSING EMERGENCY CODES

PURPOSE OF DOCUMENT

To outline current Home Care visit priority codes/nursing emergency codes in light of COVID-19, some visit codes have been updated /amended in an effort to prioritize service delivery. CCs/NRCs are responsible to review codes for all service calls and update as needed. All Home Care clients will be assigned a disaster planning risk level and each visit that the client receives will be assigned a priority level code by their Community Case Coordinator or Nursing Resource Coordinator for Nursing only clients.

Although priority codes will be assigned to each task, day-to-day prioritization of client services delivery should continue to occur as per regular processes while utilizing provincial guidance information on COVID-19, e.g.: <https://sharedhealthmb.ca/files/covid-19-guidance-and-screening-tool-for-management-of-home-visits.pdf>

Where the screening shows potential exposure to COVID-19, home visits should be limited to those where there is imminent risk for health, harm or deterioration unless a provider in-person visit is completed.

Note: Codes are to be based on the tasks required to complete during each visit, not a specific call time
 Examples are not inclusive to all Service Delivery Organizations formerly known as Regional Health Authorities

DIRECT SERVICE STAFF VISIT PRIORITY CODES

Direct Service Staff (HCA-HSW-ISW)		Examples (not inclusive and will be dependent on RISK to client)
Level 1	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver AND client doesn't have a reliable back up plan. Every attempt should be made to ensure client receives the service	Peri care/partial sponge bathing Dressing assist* Toileting /change continent product/catheter care Transfers Meal Preparation/heat and serve meals Graduated Compression Stocking donning/doffing Assigned tasks
Level 2	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver BUT client has a reliable back up plan. Discuss service continuity plan with Client/Family Prior to Canceling/rescheduling visit	Peri care/partial sponge bathing Dressing assist* Toileting /change continent product/catheter care Transfers Meal Preparation/heat and serve meals Delegated tasks In- Home Respite- employment/education Graduated Compression Stocking donning/doffing Assigned tasks
Level 3	Services that could be safely cancelled and would not pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver. Review in context of each client's unique situation and notify the client of service cancellation.	House Hold Maintenance & Laundry Tub Bath/Complete Sponge Bath/Shower In-home Respite –social Stat Lock for Foley device change

***Dressing assist should be considered on a case by case basis. If client receives a service call for dressing assist only and will not be leaving their home the service call may be cancelled.**

NURSING EMERGENCY CODES

Direct Service Nursing		Examples (not an inclusive list and will be dependent on RISK to client)
1	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver AND client doesn't have a reliable back up plan. Every attempt should be made to ensure client receives the service	Medication administration (including IV) Intermittent catheterization Enteral feeding Bowel disimpaction Wound care – filling Suctioning – tracheal IV bloodwork IV line flushing and CVAD dressing changes
2	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver BUT client has a reliable back up plan. Discuss service continuity plan with Client/Family Prior to Canceling/rescheduling visit	Wound care Indwelling catheterization* Medication administration (including IV)** Ostomy care Enteral feedings Nephrostomy tube care Suctioning – oral Tracheostomy change *** *Contact client to assess if catheter is patent and if there are no issues, reschedule within 7 days. **If weekly injection, consider rescheduling to next available day if resources are unavailable and adjust schedule accordingly. Topical analgesics may be considered non-essential depending on situation. ***Contact client and assess if visit can be rescheduled within 7 days.
3	Services that could be safely cancelled and would not pose a serious and immediate risk to and/or deterioration in a client's health status or caregiver. Review in context of each client's unique situation and notify the client of service cancellation.	Assignment task monitoring Health teaching /supervision Stat Lock Foley device change TSS re-assessments ABPI assessments TENS Intermittent Pneumatic Compression & new requests Port-cath flushes