

## Guidance for Community Area Public Health Nurses

Public Health Nurses provide an essential service and practice in accordance to the [Provincial Public Health Nursing Standards for Prenatal, Postpartum, and Early Childhood](#). During the COVID-19 pandemic Public Health Nurses use their public health nursing assessment and clinical judgment when providing services. Guidance documents do not supersede such judgment.

Shared Health's [Personal Protective Equipment Supply Management and Stewardship Planning and Guidance Framework](#) is a working document intended to guide health care workers in determining the type of PPE required for those working in health care and other critical services at times during the COVID-19 pandemic when demand for PPE can be expected to overwhelm supply.

The document describes: "Public Health High Risk Visits, STBBI follow up, and childhood immunizations must continue during the COVID19 pandemic and cannot be conducted by virtual means" (p. 19). This information is intended to support WRHA Public Health Nurses (PHNs) in Community Areas implement the framework.

### **Childhood Immunizations**

Early childhood immunizations remain a priority for those 18 months and younger. In Winnipeg, primary care and pediatrics will continue to offer these services. PHNs can assist in facilitating the coordination of these services for families as required. It is not an expectation that PHNs provide these services in the home.

### **STBBI and Tuberculosis Follow Up**

Priorities regarding chlamydia and gonorrhea case and contact management has been adjusted during COVID-19 pandemic to focus efforts on: cases and contacts under the age of 18; pregnant cases and contacts; and ophthalmic infections. These referrals are forwarded to community area offices for follow up by phone or letter by PHNs. In-person care is not recommended.

Other STBBI (infectious syphilis, HIV and hepatitis C) and Tuberculosis remain prioritized for follow up in the centralized Healthy Sexuality and Harm Reduction and TB Services teams. Guidance for visits and practice priorities for these teams are described elsewhere.

### **Public Health high risk visits - Guidance for Prenatal, Postpartum and Early Childhood**

1. In keeping with the Provincial Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood, PHNs will continue to contact all referrals (clients / families) for assessment / screening (Families First).
2. Depending upon the assessment / screening outcome and client's / family's needs, the PHN will provide client-centred support and education over the phone\*, and prioritize for in-person follow up / home visitation where: red flags have been identified, when it is critical to the relationship-building process for an in-person contact to occur, or there is a possibility for deterioration of the client's health status, well-being and/ or risk for imminent harm that may be redressed by a home visit.
  - When a home visit or in person contact is indicated, PHNs will wear PPE as per Shared Health [Guidance and Screening Tool for Management of Home Visits](#) and [Provincial PPE Requirements for In Home Care](#).
3. The **PHN Process for Triaging Referrals and Service Delivery Planning Algorithm** (see Appendix A) is a tool that may be of assistance in determining when a home visit may be necessary. It is not intended to supersede clinical judgment. PHNs have a critical role to play in supporting the well-being of both clients /families and reducing their risk by staying connected, providing support, and assisting them to avoid unnecessary hospital visits.
4. The decision to provide or not provide an in-person home visit and the rationale in support of that decision should also be documented in the integrated progress notes (IPN).

April 23, 2020

WRHA Population Public Health

\*Guidelines regarding the use of virtual visits in Public Health are forthcoming. The guidelines will outline opportunities to provide care using virtual tools when there is the potential to effectively decrease the need for an in-person visit for clients or families.

We recognize this situation is unprecedented and constantly evolving, so please ensure that you continue to keep informed with the most current updates provided by [Shared Health](#).

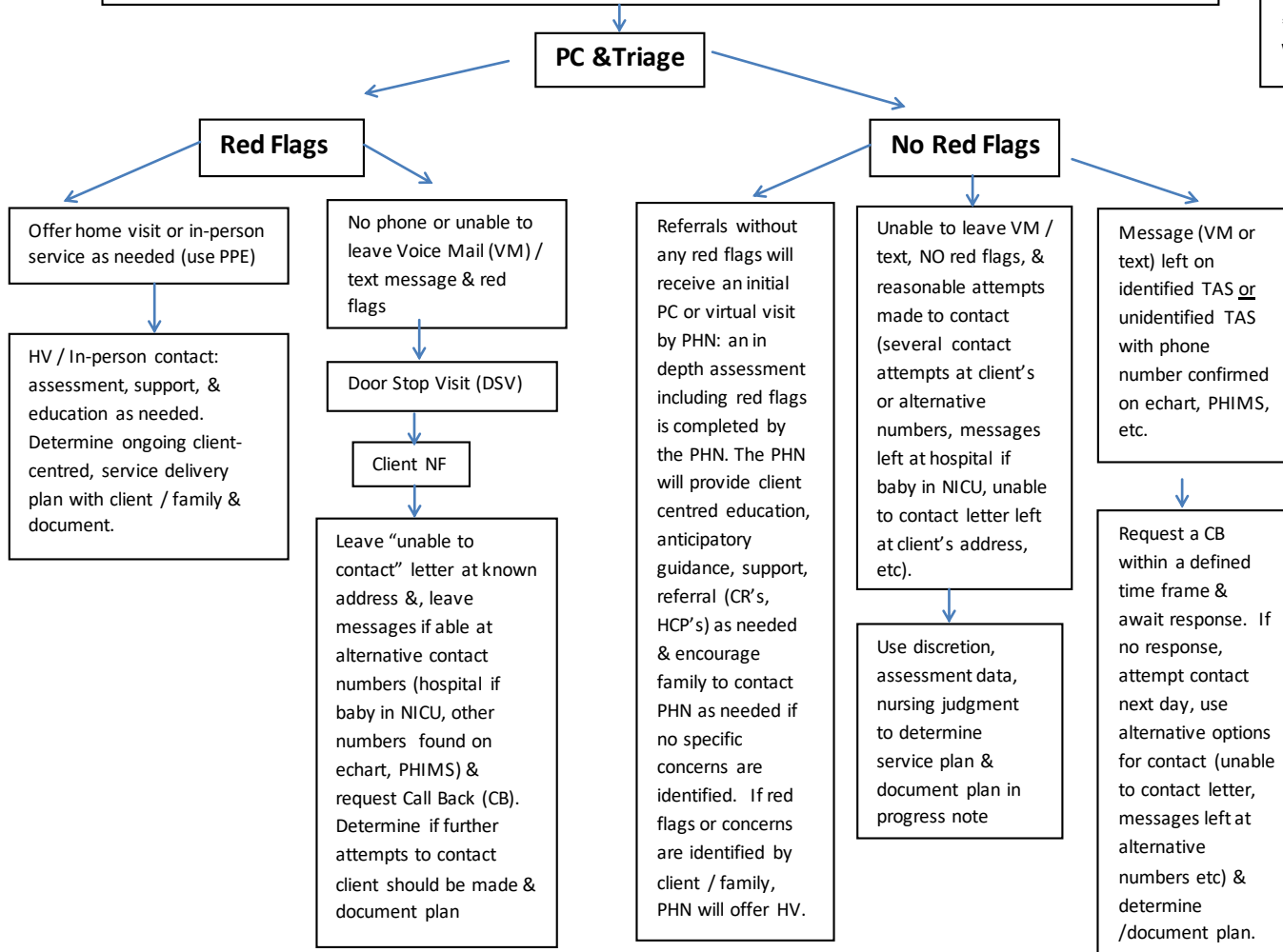
We all have an important role to play in protecting and preserving the health of our population. If you require additional support or guidance, please don't hesitate to contact your WRHA PPH Clinical Nurse Specialists (CNS): [Maureen DeBrincat](#), [Lea Mutch](#), [Deanne Noseworthy](#), [Judy Saltel-Olson](#), or [Shelley Marshall](#).

## Appendix A: PHN Process for Triage Referrals & Service Delivery Planning:

Referrals & workload are received for the day & equally distributed among CAPHNs. In accordance with PHN practice standards, PHNs will endeavor to contact & triage all referrals. COVID-19 screening is completed & PPE is worn based on Point of Care Risk Assessment / current guidance around PPE from Shared Health for any in-home service delivery.

**Priorities for In-Person Service Delivery:**

- \*Referrals or follow ups for clients or families with red flags (see below), including limited or no access to other services
- \*Home phototherapy referrals & metabolic screens
- \*Communicable disease investigations or follow-ups for clients with no phone (consult with CD coordinators as required)



**Red Flags:**

**Infant Health/ Hydration:** Extremely irritable or sleepy baby, moderate to severe jaundice, inadequate feeding / output, excessive weight loss, evidence of dehydration, symptoms of infection or toxicity, difficulty breathing, changes in color, medical illness / risk (congenital anomaly, surgery, prematurity, etc.)

**Breastfeeding:** Poor latch / poor positioning, nipple trauma, breast pain or discomfort, inadequate feeds (shallow suck, breast refusal, no interest), fever, chills, signs & symptoms of mastitis or thrush.

**Postpartum Health:** Severe pain, large clots, sudden bright red / heavy bleeding, symptoms of infection, fever, chills, body aches, increased pain, swelling, redness, discharge, foul smelling lochia, symptoms of hypertension, DVT or pulmonary embolus, COVID + (or suspect/pending result), maternal chronic or pregnancy--related illnesses that may increase risk of complications.

**Support Systems / Parental Emotional Well Being:** Symptoms of depression/anxiety, exhaustion, minimal or no supports or lifelines, limited or lack of resources (formula, supplies), food insecurity, structural disadvantage, multiple social issues, negative verbalizations re baby, suspicion of child abuse.

**General Red Flags:** Socially isolated, language barrier, poor historian, young, single parent, limited or no prenatal care, history of addiction.