



**COVID-19 Response Planning: Home Care VISIT PRIORITY CODES and Nursing VISIT PRIORITY CODES**

**LEGEND**

- CCs: Case Coordinators** (Community, Specialty and Hospital-Based Case Coordinators)  
**DSNs: Direct Service Nurses**  
**DSS: Direct Service Staff** (HSW-Home Support Workers, HCA-Home Care Attendant and ISW-Integrated Support Workers)  
**NRCs: Nursing Resource Coordinators**  
**SCH: Safe Client Handling**

**DEFINITION**

**Visit Priority Code (VPC) and Nursing Visit Priority Code (NVPC)** – a level of priority assigned to DSS or DSN activities based on a comprehensive client assessment which considers both the type of service provided and the individual client health and social risk factors, in order to guide decision-making in the prioritization of scheduling services in the event of service interruption and/or service implementation.

**PURPOSE OF DOCUMENT**

To guide the prioritization of service delivery during COVID-19 wave 4 response planning. All CCs/NRCs/DSNs are reminded to ensure correct codes are assigned to all service visits and are updated as client situations change. If client/household member is screened as Orange zone or Red zone (as per screening tool) CC/NRC/DSN is to review overall care plan to determine if a temporary reduction in services is possible to reduce the number of people entering the home. Services should only be modified if it would not pose an immediate risk to, or deterioration in, the health status of client or caregiver.

**VISIT PRIORITY CODES**

VPC	Definition of Visit Priority Code Level	Services included at the identified priority level <sup>1</sup>
1	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to, or deterioration in, the health status of the client or caregiver AND the client doesn't have a reliable back up plan. Every attempt should be made to ensure client receives the service.	Peri-care, partial sponge bath Dressing assist Toileting/changing continent product/catheter care Transfers Meal Prep/Heat and Serve Delegated tasks related to SCH or other essential daily care Graduated Compression Stocking donning/doffing Assigned tasks
2	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to, or deterioration in, the health status of the client or caregiver BUT the client has a reliable back up plan. Discuss service continuity plan with Client/Family prior to canceling/rescheduling visit(s).	Peri-care, partial sponge bathing Dressing assist Toileting/changing continent product/catheter care Transfers Meal Prep/Heat and Serve Delegated tasks related to SCH or other essential daily care Graduated Compression Stocking donning/doffing Assigned tasks Work/Education Respite
3	Services that could be safely cancelled and would not pose a serious and immediate risk to, or deterioration in, the health status of the client or caregiver. Review in context of each client's unique situation. Client/caregiver should receive notice of service cancelation.	Household maintenance Laundry Tub bath/Shower or complete sponge bath Bulk Meal Prep Social Respite

## NURSING VIST PRIORITY CODES

NVPC	Definition of Priority Level	Services included at the identified priority level <sup>1</sup>
1	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to, or deterioration in, the health status of the client or caregiver AND the 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, or deterioration in, the health status of the client or caregiver BUT the client has a reliable back up plan. Discuss service continuity plan with Client/Family prior to canceling/rescheduling visit(s).	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, or deterioration in, the health status of the client or caregiver. Review in context of each client's unique situation. Client/caregiver should receive notice of service cancelation.	Assignment task monitoring Health teaching/supervision Stat Lock foley device change TSS reassessments ABPI assessments TENS Intermittent Pneumatic Compression and new requests Port-cath flushes

<sup>1</sup>Services identified at each priority level are not consistent across all Service Delivery Organizations (formerly known as Regional Health Authorities)