



Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg

## WINNIPEG REGIONAL HEALTH AUTHORITY

WRHA Weekend Services

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Public Health Nurse Procedure Manual

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### Introduction

The Winnipeg Regional Health Authority (WRHA) public health program provides necessary services to postpartum families, communicable disease clients, and public health emergencies occurring on weekends and statutory holidays.

A range of information has been included in this weekend manual as a reference for the public health staff. PHN weekend practice is guided by the College of Registered Nurses of Manitoba Standards of Practice, Canadian Nurses Association Code of Ethics, and a wide variety of organizational policies and procedures. In particular, the [Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood](#), will provide guidance to weekend PHN practice.

### Purpose

The purpose of PHN weekend services is to respond to:

1. Hospital postpartum and infant referrals for **physician** attended births.
2. Transfers from community area public health nurses. Follow-up on weekends/statutory holidays is provided to postpartum families when the mother and /or infant may be at risk.
3. Referrals received during the course of the weekend or statutory holiday requiring follow-up, such as home phototherapy, communicable diseases, and other urgent public health services requiring follow-up during the weekend or statutory holiday.

### Sources of Referrals for Weekend and Statutory Holiday Services

Referrals may be received from:

- Hospital postpartum and/or infant referrals
- Community area public health nurses
- Health Links/Info Santé
- Children's emergency department for home phototherapy follow-up
- Medical officers of health
- Team manager on-call
- After hours unit
- Midwifery

## 1. Management of Hospital Postpartum and/or Infant Referrals

### Basic Assumptions and Principles:

- PHN practice is strength based and builds client capacity
- Clients are discharged safe and healthy, birth is a healthy life event
- The postpartum referral form is accurate, including phone numbers
- PHNs will endeavor to call all clients
- PHNs practice within an integrated healthcare system, and work in collaboration with the client, as well as other providers and systems
- PHN # 1 will provide weekend team leadership. The stand-by PHN is available if workload is unmanageable however every effort will be made to function within existing PHN resources
- PHNs will practice according to the Provincial Public Health Nursing Standards

### PHN Processes on weekends/stats:

1. All postpartum referrals will be equally divided among PHNs for review and assessment purposes.
2. PHN #1 will determine the time for distribution of visits and client call backs, based on the number of referrals received for that day.
3. Endeavor to call **all** clients if capacity allows. \*Due to unpredictability of workload - community area teams should anticipate that not every client will receive a phone call and/or home visit (i.e. Sunday referrals without risk factors) and that low risk clients are not likely to receive a home visit unless risk factors are identified or workload allows.
4. If workload capacity does not allow, prioritize to call clients based on assessment of the postpartum referral form using clinical judgment, knowledge of the Families First Screen and the “Red Flags Tool: Indicators which require further assessment” tool (next page).
5. Referrals that are **not contacted** have a progress note written to identify no immediate concerns were identified on the postpartum referral form, and a plan of action clearly indicated.
6. Clients assessed as not requiring a home visit are transferred back to the community area for follow-up by community area staff.
7. Blue weekend transfer forms should continue to be completed.

8. Clients' deferred on Saturday, will require phone calls on Sunday, to meet the 48 hour standard. This process will need to continue through long weekends/stats.
9. Clients identified as requiring home visits are equally distributed among all PHNs.
10. Door step visits are required if unable to leave a message and there are red flags noted on the referral form. Messages can be left on an unidentified TAS provided the phone number can be confirmed on echart, panorama, etc. Door steps visits are also required when the client does not have a phone.
11. If the client is not home following a door step visit, the PHN will use critical thinking to determine a "reasonable/prudent" PHN plan that fits the situation. The PHN may consider attempting more than one home visit and/or connect with other agencies as needed. The "unable to contact letter" should also be left.
12. If the client can't be reached (E.g. voicemail full), and there are no red flags on the postpartum referral form, use nursing judgment and document the plan. Door steps are not required to meet the 48 hour standard when there are **no red flags and** reasonable attempts to contact have been made; rather the PHN can consider the assessment data and determine a "reasonable/prudent" PHN approach going forward.
13. Full completion of the Families First Screen and Parent Survey are not required on weekends, however PHNs will document pertinent information provided by the client on the Families First Screen and Parent Survey summary form.

**Red Flags Tool - Indicators that may require additional PHN assessment**

<p><b><u>Infant Physical Assessment</u></b></p> <ul style="list-style-type: none"> <li>• Jaundice which impacts feeding</li> <li>• Sleepy baby / not waking on own</li> <li>• Not feeding adequately: no interest</li> </ul>
<p><b><u>Infant Hydration Indicators</u></b></p> <ul style="list-style-type: none"> <li>• See BC Newborn Care Pathway  <a href="http://www.perinatalservicesbc.ca/health-professionals/professional-resources/pathways-toolkits/newborn-nursing-care-pathway">http://www.perinatalservicesbc.ca/health-professionals/professional-resources/pathways-toolkits/newborn-nursing-care-pathway</a> </li> <li>• Evidence of dehydration</li> <li>• Inadequate output / intake</li> </ul>
<p><b><u>Breastfeeding</u></b></p> <ul style="list-style-type: none"> <li>• Nipple trauma/Breast pain</li> <li>• Inadequate feeds( shallow suck, breast refusal, no interest)</li> </ul>
<p><b><u>Post-Partum Physical</u></b></p> <ul style="list-style-type: none"> <li>• See BC Postpartum Care Pathway  <a href="http://www.perinatalservicesbc.ca/health-professionals/professional-resources/pathways-toolkits/postpartum-nursing-care-pathway">http://www.perinatalservicesbc.ca/health-professionals/professional-resources/pathways-toolkits/postpartum-nursing-care-pathway</a> </li> <li>• Mental health concerns</li> </ul>
<p><b><u>Support Systems / Parental Emotional Well Being</u></b></p> <ul style="list-style-type: none"> <li>• Suspicion of child abuse</li> <li>• Negative verbalizations regarding baby</li> <li>• Multiple social issues</li> <li>• No resources / supports</li> </ul>
<p><b><u>General Red Flags</u></b></p> <ul style="list-style-type: none"> <li>• Language barrier</li> <li>• Poor historian</li> <li>• No phone</li> <li>• Under 18 at birth of first baby</li> </ul>

**Note:** These are potential red flags to consider in your PHN assessment. It is not intended to be directive or all inclusive, only to provide guidance.

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## 2. Community Area Public Health Nurse Transfers

**Every attempt should be made to maintain continuity and build the client's capacity. The PHN should put a plan in place to minimize transfers to weekend services.** Transfers are based upon the assessment that the infant would be at risk if public health nursing services were deferred to the next regular workday.

### **21. Transfers between Community Areas and Weekend Services**

- 2.1.1. All attempts should be made by the CHA PHN to prepare the client with the information and resources, and for PHN follow-up the following week. **When transferring, advise client that the weekend PHN will contact them in the morning to determine the need for a HV**
- 2.1.2. Complete the postpartum/ infant documentation on the client record utilizing the variance transfer form. Fax the variance transfer form and selected client chart pages to the weekend services office site. **Communicable Disease follow-up:** Consult with CD coordinator regarding communicable disease referrals for a decision as to whether the referral should be forwarded to weekend.
- 2.1.3. All referrals will be transferred by courier from the weekend services site to the community area offices the following day after the weekend or statutory holiday. All charts must be returned to the weekend services site or home office prior to the end of weekend services working day. Documentation must be completed on the Weekend Services Tracking Log
- 2.1.4. Postpartum referrals and follow-ups received on the weekend/stat. will be contacted by the community area public health nurse as indicated on the weekend services transfer form.

## 3. Breastfeeding Hotline - Health Links -Info Santé.

- 31. The breastfeeding hotline (204-788-8667) is a complementary 24/7/365 service available across Manitoba.
- 32. Health Links - Info Santé Breastfeeding Hotline Service Information
  - 3.2.1. Health Links-Info Santé uses a computerized database that allows information from the client to be triaged, and to create a disposition based on standardized protocols. These protocols have been reviewed and revised by public health to be consistent with practice. Information is documented on a call summary report, and with the consent of the client, this report is faxed to public health.
- 33. Breastfeeding hotline referrals (Call summary reports) from Health Links - Info Santé
  - 3.3.1. Breastfeeding hotline referrals are sent with the consent of the caller by fax on **weekdays**, weekends and statutory holidays.

- 3.3.2. The call summary report is reviewed by a public health nurse to assess the need for client contact.
- 3.3.3. Completed triage documentation is forwarded to the community area, similar to other weekend services documentation. A transfer summary must be completed and attached to the front of referral documenting what action, if any, was taken.
- 3.3.4. Health Links - Info Santé may contact PHN #1 to discuss client concerns and recommendations for follow-up, which will be negotiated based on the assessed need for follow-up.
- 3.3.5. Issues from public health or the general public regarding the Breastfeeding Hotline service can be directed to the Health Links - Info Santé manager during regular work hours Monday-Friday. Immediate issues on weekends or statutory holidays can be discussed with the Health Link - Info Santé team leader/or charge nurse.
- 3.3.6. Public health nurses working weekend services should inform the team manager on-call if there is a concern, document on the weekend summary report, and if appropriate complete an occurrence report.

#### 4. Weekend Breastfeeding appointments

- 4.1. Calls for weekend breastfeeding appointments are received at 490 Hargrave Central Intake. These appointments are scheduled by admin for Saturday and Sunday at 11:30 am

#### 5. Medical Officer of Health (MOH)

- 5.1. Medical Officers of Health throughout the province take turns being on call.
- 5.2. The MOH receives calls through the After Hours system. If follow-up is required, they will contact the team manager on-call. The team manager will work with the MOH to determine what staffing resources are required to implement the required interventions

#### 6. Team Manager On-Call

- 6.1. A WRHA team manager is on-call 24 hours a day, seven days a week and has the following responsibilities.
  - 6.1.1. Reports on-call emergency situations to senior management
  - 6.1.2. Organizes the community response to public health emergencies or disasters, in collaboration with other providers of emergency services
  - 6.1.3. Responds to requests for public health services received after regular work hours
  - 6.1.4. Responds to the pager within 10 minutes, and is at work within one hour of the initial page
  - 6.1.5. Consults with PHN #1 regarding urgent or emergent calls and whether utilization of the weekend team is reasonable
  - 6.1.6. Consults with the MOH as required. May also contact the senior management administrator on call if considerable risk exists to client or public at large



- 6.1.7. Contacts the community team manager in the event of a communicable disease. The TM may call in staff that is familiar with the community area. If unable to contact the manager responsible for the community area, will attempt to contact the public health manager from the community pairing, and then the quad. If unsuccessful, attempts to contact any available public health manager within WRHA to book additional staff.
- 6.1.8. Schedules additional staff at overtime rates, as outlined in the public health Manitoba Nurses Union (MNU) collective agreement
- 6.1.9. Communicates any unusual issues to the community area and weekend managers
- 6.1.10. Reports clinical and service provision issues and recommendations to the weekend services management group.

### 7. Provincial Health Call Center (After Hours)

- 7.1. At times the PHCC or After Hours Unit may receive calls applicable for public health follow up.
- 7.2. After Hours staff are to contact PHN#1 directly to assist with problem solving.
- 7.3. In the event the nurse needs to contact the PHCC call: 788 8200

### 8. Midwifery

- 8.1.** Referrals on midwifery clients may be received 7 days per week. For additional information on the management of midwifery referrals, refer to the “**Operational Guideline for Collaborative Practice between Public Health Nurses and Midwives – Perinatal Services**”
- 8.1.1. On the weekend the PHN can accept the postpartum referral form from the midwife as advisement that the baby has been born (i.e. “for information only”), and forward the referral to the appropriate community area.

## Public Health Staffing, Roles, and Responsibilities on Weekends/ Statutory Holidays

### 9. Scheduling for Weekend/Statutory Holiday and Standby:

- 9.1. The public health nurse staffing schedule for weekend/statutory and standby services has been developed on an equitable basis among the community area offices and is posted in accordance with the union contract.
- 9.2. Each community area public health nursing team will ensure the scheduled shifts are filled.
- 9.3. Once assigned to work weekend/statutory holiday and standby, the PHN is responsible to work on those days. Public health nurses may “trade” weekends.
- 9.4. Changes to the names of assigned PHNs must be completed by the end of the last working day before the weekend or statutory holiday. Staffing schedule changes are communicated to the team manager on-call and to the weekend team.

### 10. PHN Roles and Responsibilities

101. The public health nurses will work as a team, during the hours of 9:00 am – 5:00 pm daily, to provide services throughout the WRHA jurisdiction.
102. PHNs begin work at 490 Hargrave
103. Six nurses are assigned to work each weekend, long weekend and statutory holiday; plus a standby PHN.
104. If a team member does not arrive to work by 15 minutes into the workday, one of the team members is to call the team manager on-call to follow-up.
105. One public health nurse is assigned as PHN #1 on the weekend schedule. The PHN#1 position is a leadership role to assist in staffing resource allocation, clinical issues, and day-to-day problem solving.
106. In addition to managing referrals as previously outlined, daily activities include:
  - 10.6.1. Reviewing and responding to all referrals received for weekend services.
  - 10.6.2. Providing home phototherapy services, as described in WRHA home phototherapy guideline at <http://www.wrha.mb.ca/extranet/publichealth/files/HomePhototherapyClinicalPracticeGuidelinesDEC2019final.pdf>
  - 10.6.3. Ensuring strong linkages to community areas has been conveyed
  - 10.6.4. Completing documentation by the end of the workday, to facilitate effective communication. Ideally the [HPECD database documentation](#) is up to date.
  - 10.6.5. After completing documentation, ensuring that client records are in the appropriate baskets.
  - 10.6.6. When no further service is anticipated during the weekend or stat, the client record is placed into the basket marked 'For Courier.' The courier picks up records at 8AM following the weekend or stat.
  - 10.6.7. If the client needs follow-up within the weekend /stat services time, documents should be put in the basket marked 'Follow Up.'
  - 10.6.8. Completing Monthly Reports of PHN Activity.
  - 10.6.9. Discussing workload prioritization and any need for overtime with PHN #1.
    - 10.6.9.1. **Overtime must be pre-approved by PHN #1.**
    - 10.6.9.2. PHN#1 must initial the [Paid Hour](#) Adjustment (PHA) form, and then it is forwarded to your own community area team manager for signature.
  - 10.6.10. Ensuring that all home visits are noted on the weekend staff planning log and there is a safety plan using a "buddy system".
  - 10.6.11. If no check –in occurs, then the "buddy PHN" advises the team manager on call. ("99" at end of page number indicates urgent page).
  - 10.6.12. After PHN#1 has gone home, inform buddy PHN and team manager on call they are the call in person.

### 11. PHN # 1 Roles and Responsibilities

11.1. **Hours of work:** 8:45am to 4:45pm.

11.2. **Qualifications:** 2 years of recent general public health nursing practice.

**11.3. Responsibilities include: Staffing and workload**

- 11.3.1. Conduct a preliminary review of all community area referrals, including new visits and follow-ups.
- 11.3.2. Determine the time for distribution of visits and client call backs, based on the number of referrals received for that day.
- 11.3.3. At 9:00 am, meet with the weekend PHN team to discuss the referrals.
- 11.3.4. Distribute referrals equitably, considering PHNs' home community area where possible. Plan assignments to minimize travel time and costs.
- 11.3.5. Check with the public health nurses throughout the morning to determine status of work, and arrange for staff to assist each other with telephone contacting of clients as needed.
- 11.3.6. At a prearranged time, depending on number and complexity of referrals, regroup as a full team to redistribute work where needed and update the chart tracking log. Assess each PHN's workload and re-assign home visits where necessary, based on risk/time criteria such as new postpartum, follow-up visit, major issues, continuity of client care.
- 11.3.7. Assign increased staffing and/or overtime as necessary. Call standby if deemed necessary.

### 11.4. Clinical

- 11.4.1. Participate in client telephone triaging and home visits. The number of telephone calls and home visits may be less based on other PHN#1 responsibilities.
- 11.4.2. Problem-solve with PHN and team regarding clinical/practice issues.
- 11.4.3. Respond to calls from Health Links/Info Sante regarding breast-feeding concerns.

### 11.5. Consultation

- 11.5.1. Provide immediate clinical consultation for nursing practice related to standards and clinical practice guidelines
- 11.5.2. Provide consultation to the After Hours Unit or Mobile Crisis staff regarding public health services.
- 11.5.3. Provide support and guidance for the weekend administrative staff.

### 11.6. Leadership/ Supervisory

- 11.6.1. Orient self and PHN team to office, staff, and resources.
- 11.6.2. Oversee weekend operational issues. This includes ensuring
  - 11.6.2.1. All charts and referrals are assigned and logged on [tracking sheet](#).
  - 11.6.2.2. [Safety assessments](#) and plans are created and followed when issues are identified
  - 11.6.2.3. Overall facility issues such as door security and site cleanliness are addressed directly with the weekend team as they occur.

- 11.6.2.4. Concerns such as desk assignment, equipment, and office issues are resolved in the short term and communicated to the weekend services team manager.
- 11.6.2.5. Foster team building and sharing of knowledge and experience.
- 11.6.2.6. Encourage team communication throughout the weekend.
- 11.6.2.7. Problem-solve and assist with workload so PHN's take rest and lunch breaks.
- 11.6.2.8. Communicate performance and practice issues to team manager and/ or CNS responsible for weekend services.
- 11.6.2.9. Advise team manager on call of any significant events or occurrences, including if PHN #1 will require overtime.
- 11.6.2.10. Ensure any workload reports, occurrences (including initial investigation forms), and [near misses/injury reports](#) are documented and forwarded to the team manager responsible for weekend services.
- 11.6.2.11. In the event [public health staff require post exposure interventions](#), ensure that the post exposure protocol is implemented  
<\\Ad.wrha.mb.ca\wrha\REGION\Shared\Weekend Services\PHN Stand-by Information\Communicable Disease\PEPProcedureNov2013.pdf>
- 11.6.2.12. If the administrative support person is absent, assume [administrative tasks](#) related to weekend services support.  
<\\Ad.wrha.mb.ca\wrha\REGION\Shared\Weekend Services\Administration Processes\Weekend Services Admin sick calls.doc>
- 11.6.2.13. Initial [paid hour adjustment forms \(PHA\)](#) for pre-approved over time. PHAs can be forwarded to the community area for team manager signature and processing.
- 11.6.2.14. Complete the “daily comments” weekend summary form for the senior operating secretary for weekend services, and place in “For Courier” basket.

### **11.7. Administrative**

- 11.7.1. The weekday administrative staff can ensure sufficient supplies available through communication obtained on the weekend comments log. In the unlikely event a supply shortage occurs due to unanticipated demand, HSC nursing supervisors are available 24 hours per day seven days a week.
- 11.7.2. Contact HSC Paging. Ask for the Adult Medicine Nursing Supervisor and request the necessary supplies.
- 11.7.3. Communicate with the on-call team manager, if they are not aware.
- 11.7.4. Arrangements will need to be made for transportation of supplies from HSC.
- 11.7.5. Advise HSC to send the bill the Manager of Facility Supports and Services for Centralized Services at 2-490 Hargrave Ave.
- 11.7.6. Document the need for supplies on the weekend communication log so that the appropriate Managers can be aware of the order and expect the invoice.

## 12. Standby Public Health Nurse

121. One public health nurse will be on standby **for urgent/emergent** public health situations. These situations may include response to public health referrals, communicable disease control, and disaster or emergency situations.
122. Hours:  
  
**Monday through Friday from 1630 to 0030;**  
  
**Saturday, Sunday and Statutory Holidays from 0900- 1700 hrs**
123. Standby PHN will **use their assigned WRHA cell phone (instead of the pager)** to be reached – the nurse’s name and contact number is located on the weekend schedule in the Standby block. The stand-by PHN is expected to call back within 10 minutes and report to work within 1 hour of the initial page if required.
124. Key Roles and Responsibilities include:
  - 12.4.1. Support the delivery of public health services to clients on weekends, statutory holidays, and after regular work hours.
  - 12.4.2. Have a pass key for 490 Hargrave. Obtain 490 pass from your home office.
  - 12.4.3. Complete a [paid hour adjustment \(PHA\)](#) form for hours worked. On weekends and stats the PHA should be initialed by PHN #1 and submitted to your community area team manager. **Paid hours of work commence upon arrival to the designated office, facility, or community location, unless otherwise indicated.****
  - 12.4.4. It is the expectation that the PHN on stand-by have their PHN nursing bag, Weekend policies and procedures (USB stick) and an access card to their CA office and 490 Hargrave.
  - 12.4.5. The [Standby Weekend Folder/USB stick](#) will have the following information:
    1. Stand-by PHN Roles and Responsibility update – 25March2017
    2. Quick Reference Guide for PHN stand-by/on-call regarding CD f/u-November 24, 2010
    3. Home Phototherapy Guidelines-updated version
    4. Weekend tracking log and phone numbers
    5. PHN weekend services language access information
    6. Phone numbers-TM on call, etc...
    7. PHA, car allowance forms
    8. Progress notes, Variance forms, Statistics forms
    9. Security Information for 490 Hargrave and mobile patrol

## 13. Community Area Team Manager

- 13.1. At the beginning of each year, the 12 month weekend schedule (beginning May and ending April) is prepared based on a mathematical formula to distribute weekend shifts among community areas. The number of shifts is not negotiable.
- 13.2. If a weekend shift becomes vacant for any reason, it is a priority to fill the shift to ensure smooth weekend public health services. The manager is responsible for

ensuring weekend shifts are distributed equitably among PHNs within the office. Shifts are scheduled per position. For example, if an office is assigned 20 weekend shifts for 4 PHN positions – each position would be scheduled 5 shifts for the year. If two of the positions were part time those PHNs would still be scheduled for 5 shifts in the year.

### 14. Team Manager Roles and Responsibilities:

141. Facilitates the weekend orientation process in conjunction with the community area CNS, prior to the staff member working their first assigned weekend.
142. Provides on-going evaluation and performance management of public health nurses.
143. Follows up on weekend operational issues and occurrence reports.
144. Informs weekend services management team of issues related to weekend services identified by public health nurses.
145. Ensures all community area assigned shifts, including PHN #1 shifts, are filled at time of the new schedule and with vacancies/illness.
146. Reviews the [weekend assignment](#) prior to the posting of the 4-week schedule to confirm his/her assigned shifts are filled.
147. Fills vacancies by approaching remaining staff to pick up the shift and arranges for alternate days of rest (ADRs) as per collective agreement. (It may be helpful to negotiate for another PHN to fill the weekend shift, thereby allowing some time to fill the vacancy and schedule the new staff member to later weekend vacancies).
148. Assigns shifts in accordance with the [collective agreement](#) (Article 1501 of the MNU public health collective agreement). If the manager believes there are additional circumstances to consider in filling the vacancy, a call should be made to the team manager responsible for weekend services to discuss the need for overtime or other creative measures to meet this demand. This should occur at least one week in advance of the shift.

### 15. Team Manager for Weekend Services

- 15.1. The team manager for weekend services is responsible for overseeing general operations and problem solving issues. This includes:
  - 15.1.1.1. Overseeing completion of the weekend services staffing schedule
  - 15.1.1.2. Developing and communicating operational guidelines for weekend services
  - 15.1.1.3. Providing support to community area team managers for problem-solving and collaborative strategies to resolve staffing issues

### 16. Clinical Nurse Specialist (CNS):

- 16.1. The CNS for weekend services is responsible for clinical, practice, and problem-solving issues. This includes:
  - 16.1.1.1. Providing clinical support and consultation regarding clinical practice issues with public health staff as needed.

- 16.1.1.2. Following- up on clinical practice issues arising related to weekend services.
- 16.1.1.3. Participating in the planning, education, evaluation and development of guidelines and recommendations related to weekend services.

### 17. Paediatrician On-Call

- 17.1. The HSC Children's hospital ambulatory care paediatricians has agreed to be paged for consultation regarding infant health concerns when the client's paediatrician or family physician is not available on weekends and holidays. The number is (204) 787-2306 and is also on the back of the staff planning log.

## Procedures

### 18. Staff Illness and Replacement

#### 18.1. Public Health Nurse Illness Prior to the Weekend

- 18.1.1. If the PHN assigned (regularly scheduled or standby) to work an upcoming weekend is ill and anticipates being unable to work they must advise their community area team manager
- 18.1.2. The community area team manager will advise the weekend management group admin support of the replacement
- 18.1.3. If unable to obtain a replacement public health nurse, the team manager for weekend services is notified
- 18.1.4. The TM for weekend services will advise PHN#1 and the admin person of the vacancy

#### 18.2. Illness during the Weekend/Stat

- 18.2.1. *Public Health Nurse:* Contact PHN #1 and inform them at 8:45 or throughout that day when the illness becomes evident. Prior to 8:45am a message can be left on PHN#1's voice mail
- 18.2.2. *Administrative assistant:* Contact PHN#1 when the illness becomes evident, message can be left on voice mail. *Standby PHN:* If illness occurs during weekend or statutory holiday, the assigned standby PHN is to contact PHN#1 who can problem solve with the team manager on-call as needed.
- 18.2.3. *PHN#1:* If PHN #1 becomes ill, the PHN is to notify the team manager on-call. Another PHN working must assume PHN #1 responsibilities.

### 19. Weekend Services Staff Planning Log

- 19.1. The log is a tool to facilitate communication and ensure safety for public health nurses working on a weekend or statutory holiday.
- 19.2. The log provides the following information:
  - 19.2.1. location of home visits (no names)
  - 19.2.2. brief description of the work assignment for each PHN
  - 19.2.3. frequently used telephone numbers
  - 19.2.4. safety buddy pairs for the day

- 19.2.5. Guidelines for use:
- 19.2.5.1. A ‘master’ planning log is completed after the home visits and work assignments for the day have been initially planned.
  - 19.2.5.2. The master log is photocopied and distributed to each PHN, with the PHN#1 retaining the master log.
  - 19.2.5.3. PHNs contact PHN#1 with revisions to their home visiting schedule.
  - 19.2.5.4. PHNs contact their ‘buddy nurse’ with changes to their schedule.
  - 19.2.5.5. PHN#1 maintains a current log, updating the log as changes occur in the assignment of home visits and utilizes the information to equitably re-distribute work.
  - 19.2.5.6. The log is submitted with the daily comments forms. All other copies are put in confidential shredding after the weekend or stat day.

### 20. Student Experiences on Weekends

- 20.1. The following is based on the WRHA Public Health Practicum Student Orientation Manual section “Weekend Services Limitations to Nursing Students Experiences”. Please refer to the Practicum Student Orientation Manual for the full text and rationale.
- 20.2. The overall role of students on weekends and statutory holidays is one of observation. On weekends and statutory holidays, a nursing student may observe and co-visit with their preceptor.
- 20.3. Student nurses are not to initiate contact with clients nor provide unsupervised interactions. The public health nurse prior to co-visiting must obtain permission from the family for student involvement.

### 21. Orientation to Weekend Services

- 21.1. Orientation to Weekend Services should match PHN learning needs. Prior to being independently scheduled, it is recommended that PHN work with their preceptor or another team member during Weekend Services.
- 21.2. Staff orienting to weekends are in addition to scheduled positions, to provide adequate time for learning and guidance. The role of the PHN orientee is intended to be observation and co-practice.



## Equipment and Supplies

22. PHNs are expected to bring their own equipment and supplies when working on weekends, statutory holidays, and stand-by. This may include, but is not limited to:
- 22.1. Scale
  - 22.2. Sphygmomanometer with regular and large BP cuffs
  - 22.3. Stethoscope
  - 22.4. Thermometers and probe covers
  - 22.5. Penlight
  - 22.6. Calculator
  - 22.7. Latex/non-latex examination gloves
  - 22.8. Alcohol swabs; Virox/Percept wipes
  - 22.9. Disposable paper measuring tapes
  - 22.10. Lactation supplies: feeding cups, feeding tubes, non-allergenic tape, syringes
  - 22.11. Map
  - 22.12. Cellular phone
  - 22.13. Hand cleanser
  - 22.14. **Headsets:** If staff has a headset they should bring it to use on weekends.
  - 22.15. **Computers:** Nurses will have access to computers at [assigned workstations](#). Once finished, please log off.
  - 22.16. **Documentation:** A supply of documentation forms is available in the Weekend Services supply cabinet. These are the same as used during the regular work week.
    - 22.16.1. The expectations for documentation style and appropriate content are unchanged between regular work days and weekend/stats. Each set of documents for a client will be inserted into a client file folder.
    - 22.16.2. A transfer summary form is to be attached with each client file folder for communication between the public health nurse working Weekend Services and the community area public health nurse.
    - 22.16.3. **Standard no contact letters** are used on weekends. The hours 9:00 am to 4:00 pm are used in the letter to provide PHNs opportunity to respond to client needs and document within the work day
    - 22.16.4. Documentation and statistical collection for clients who attend the weekend breastfeeding support clinic is the same as for breastfeeding clinics during the week.
23. **Weekend Cellular Phone**
- 23.1. The PHN #1 position will be assigned a cell phone with voice mail to facilitate communication between weekdays and the weekend.