

$PH/HC\ Fax\ Referral\ Tool\ for\ Mobile\ Testing\ and\ Assessment\ for\ COVID-19\ patients$

Name (Last/First):	Date of Birth (DD:IMM:YY):	
PHIN: Address:	Contact Number (*ensure accuracy): Postal Code:	
□ Client is a Health Care Worker (HCW)	Postar Code.	
Primary Issue for COVID-19 In-Clinic Assessment		
Trinary issue for covid-15 in-clinic Assessment	•	
□ COVID Positive patient with respiratory symptoms that needs in-person assessment but is not needing Urgent Care or Emergency Department Visit (*is able to wait 24-48 hrs for appointment)		
 COVID Positive with other primary care needs t assessed by their PCP 	hat require an in-person assessment and can't be	
□ Patient that is not known to be COVID-19 positi influenza-like illness or other respiratory sympt	•	
Primary Issue for COVID-19 Mobile Testing:		
□ Bedbound		
 Homebound and unable to go to community testing or assessment site (see guide for rationale) Individuals residing within Alternative Isolation Accommodations (AIA) and/or Supportive Housing Lives alone or has limited supports and: Is immune compromised Has impaired mobility (i.e. unable to transfer themselves) 		
 Does not have the ability to adhere to public h 	nealth safety measures (e.g. wearing a mask)	
Primary Issue for COVID-19 Home Visit Assessment Patient meets eligibility criteria for mobile te (check all criteria above that apply) Reason for referral:	: esting & in-clinic assessment and requires home visit	
Appointment Request: □Same day □Next day		
Central Intake Phone to Make Appointment O Appointment Date: Appointment Time:		
Referral source to Fax Applicable documentation to: 204-940-1978		
	Consent received for referral:	
PHN/CC/NRC/RRN's Printed Name and Signature		
Phone number:	Date:	

Referral Tool Guide: COVID-19 Assessment Clinics and Mobile Testing

WRHA has set up a central number that designated referral sources can use to refer patients to a **COVID-19 Assessment Clinic, COVID-19 Home visit Assessment** or **COVID-19 Mobile Testing**.

Patients must meet the criteria for each of the service models.

Designated Referral Sources:	
Primary Care Providers	Health Links-Info Santé
Public Health Nurses	Occupational & Environmental Safety & Health
Urgent Care/Emergency Department	Crisis Response Services
Alternate Isolation Accommodation Staff	Clinical Leads with COVID-19 Testing
Home Care Case Coordinators	Nursing Resource Coordinators
Virtual COVID-19 Outpatient Program	Rapid Response Nurses

COVID-19 In- Clinic Assessment Eligibility Criteria:

- COVID-19 positive patient with respiratory symptoms for in-person assessment but not needing UC/ED
- COVID-19 positive patient with primary care needs (not respiratory) that requires an inperson assessment
- Patient that is not known to be COVID-19 positive but requires an in-person assessment due to influenza-like illness or other respiratory symptoms

<u>Note:</u> Primary Care Clinics with a co-located Assessment Clinic should book those patients belonging to that Home Clinic with their regular provider using standard workflows rather than redirecting through the COVID-19 Response Unit for Assessment Clinic bookings.

Access to assessment and treatment planning for COVID-19 positive patients is available seven 7 days/week **by appointment only** within:

- Access Winnipeg West (280 Booth Drive)
- Access Fort Garry (135 Plaza Drive)
- Access River East (975 Henderson Highway)
- Access Transcona (845 Regent Avenue West)
- Centre de Santé Saint-Boniface (2nd floor-170 Goulet Street; within Access Saint-Boniface)
- NorWest Co-op Community Health Centre (785 Keewatin Street; within Access NorWest)
- Klinic Community Health Centre (167 Sherbrook Street)

<u>Note:</u> Walk-in presentations may be seen (same day) for assessment when a patient presents inperson to Thunderbird House (715 Main Street) based on reasons related to social determinants of health or exceptional circumstances.

COVID-19 Mobile Testing Eligibility Criteria:

- Bedbound
- Homebound Individuals who are <u>unable</u> to go to a Community Testing Site. A trip of an hour or more outside the home would be detrimental to client and/or caregiver.
- Individuals residing within Alternative Isolation Accommodations (AIA) and/or Supportive Housing
- Lives alone or has limited social supports and:
 - Is immunocompromised (excluding people who can drive through a Testing Site);
 - o Has impaired mobility unable to transfer on their own
 - Does not have the ability to adhere to public health safety measures (e.g. unable to wear a mask).
- A patient must have a phone or contact person in order to be referred for a COVID-19
 Mobile Test
- <u>Note:</u> If transport to a testing/assessment site is not possible, Mobile COVID-19 Testing or Assessment could be an option to an individual who is homeless

COVID-19 Home Visit Assessment Eligibility Criteria:

• To be eligible for a COVID-19 Home Visit Assessment Appointment, the patient must meet the eligibility criteria for the In-Clinic Assessment and the Mobile Testing Eligibility Criteria.

Booking an Appointment through the COVID-19 Response Unit:

The referring source is to contact the COVID-19 Response Unit with any requests for an Assessment Appointment or Mobile Testing, noting this is to book appointments only and not clinical triage.

Appointment requests involve:

- A phone call to the COVID-19 Response Unit at 204-926-7071
 - Information required includes:
 - Patient demographics
 - Referral source contact name/phone number
 - Clinical question/reason for referral
 - Date of symptoms/change in symptoms
 - Same day or next day appointment
 - In-clinic, home visit, or virtual appointment (for Alternate Isolation Accommodation only)
 - Patient's pharmacy of choice (if known)
 - Transportation if required (COVID-19 Response Unit to coordinate)
 - If the patient does not have a phone, referring source is to keep them on the phone while contacting the COVID-19 Response Unit in order to relay appointment information



- A follow-up fax to the COVID-19 Response Unit at 204-940-1978
 - o Information required includes:
 - Applicable documentation to support the patient in their primary care journey including any supporting documentation (reason for episodic care, concern, what is vital to transfer, SAFT, etc)

Referrers <u>MUST</u> Ensure that patients know if they get worse over the next 24-48 hours they should call their Primary Care Provider back for advice or go to the nearest Urgent Care/Emergency Department.

Current COVID-19 information can be found via the Shared Health website at

https://sharedhealthmb.ca/covid19/providers/

Questions should be directed to the COVID-19 Response Unit at 204-926-7071 or via email covidresponseunit@wrha.mb.ca