 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Reduction and Suspension of Core Community Health Nursing Services		Administration	05-011-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
April 30, 2022	April 30, 2023	UPDATE 05-011-00	26
APPLIES TO:			
Community Health Centres			

1. BACKGROUND:

The Department of Health (Health) acknowledges that there are unique challenges and constraints to healthcare service delivery in Nunavut. Uncontrollable events such as public health crises, mass casualty events, staffing shortages, inclement weather, and air travel interruption can all adversely impact healthcare service delivery in a community.

The complement of community health nurses present in every community health centre is required for delivery of core community health nursing programs (CCHNP). A deficit of appropriately trained and available nurses and allied health care providers may result in a decreased capacity to deliver CCHNP. In order to support reductions and suspensions to CCHP in community health centres (CHC) a standardized approach is necessary to ensure Health maintains patient safety and access to care for Nunavummiut.

In honouring Qanuqtuurniq and Piliriqatigiinni Health may delegate roles and responsibilities of Health Care Providers in the community health centres. Supplemental resources to support health centres will be considered at each stage reduction of CCHNP.

2. POLICY:

- 2.1 The decision to reduce community health services requires consultation between the Supervisor of Community Health Services (SCHP), Community Health Nurses (CHNs), allied health care providers and the Director of Health Programs (Director).
- 2.2 The decision to suspend community health services requires consultation with the SCHP, Director, Health Programs, Executive Director (ED), the Assistant Deputy Minister, Operations (ADM, Ops) and, if appropriate, the Chief of Staff and Manager of Risk Management.
- 2.3 Other Health staff who provide services or clinics to the community in the same facility will respect and comply with the notice of Reduction or Suspension of Core Community Health Services and will be expected to continue to provide their services within the limitations (if any) created by the reduced or suspended nursing services.
- 2.4 In preparation to reduce or suspend community health services, the health centre will ensure the following program master lists are updated: Prenatal program flagging high risk pregnancies; pediatric chronic disease program flagging high risk pediatrics; adult chronic disease program flagging high risk patients; mental health program flagging long-acting antipsychotic injection patients, clozapine patients and high-risk patients.

3. PRINCIPLES:

- 3.1 Health must establish collaborative relationships with other programs and/or departments when creating policies, guidelines, and business contingency plans. These plans shall be

- consistent with risk management strategies and ensure the continued safety of the community and Health employees.
- 3.2 Health will maintain a standardised process with reasonable expectations for what core services can be safely delivered or deferred.
 - 3.3 Any reduction or suspension of services will be done in such a way as to minimise the impact on patient care as much as is reasonably possible given the circumstances of the reduction or suspension.
 - 3.4 A deficit in Community Health Nurses and allied Health Care Provider results in decreased capacity to deliver standardised programs.
 - 3.5 Health will take a collaborative and territorial approach through the Health Centre Closure Task Force to make decisions regarding the allocation of Human Resources to mitigate risk in relation to the reduction or suspension of community health services in communities across Nunavut.

4 DEFINITIONS:

Core Community Health Nursing Programs – Each community will offer comprehensive nursing services through the seven (7) core community health nursing programs:

- i. Maternal health
- ii. Infant and child health
- iii. School-age health
- iv. Adult health
- v. Chronic care
- vi. Communicable disease control
- vii. Treatment and emergency services

Reduction of Community Health Nursing Services – Any reduction in the service capacity of a health centre, regardless, if it is a reduction in the number of core community health nursing programs, number of appointments per day, or other.

Suspension of Core Community Health Nursing Services (CCHNPs) – Temporary discontinuation of ALL core community health nursing services.

Personal Safety - The prevention and mitigation of unsafe acts including risk of personal injury or danger to the individual (Canadian Council on Health Services Accreditation (CCHSA, 2006)

Adverse Community Event - A present or imminent event that is affecting or could affect the health, safety, or welfare of people, or is damaging or could damage property (CCHSA, 2006) Examples include: fire, floods, influenza outbreak, or support staff are assisting in a community event (i.e.: search and rescue).

Adverse Event – Adverse event can be defined in one of three ways:

- i. An unexpected and undesirable incident directly associated with the care and services provided to the client.
- ii. An incident that occurs during the process of providing health care and results in client injury or death.
- iii. An unfavorable outcome for a client, including an injury or complication. (CCHSA, 2006)

5 GUIDELINE REDUCTION OF CORE COMMUNITY HEALTH NURSING PROGRAMS:

5.1 The Decision to Reduce CCHNPs

- 5.1.1 The reduction of CCHNPs for any reason other than inclement weather is a joint consultation between the SCHP or designate and the Director of Health.
- 5.1.2 The SCHP and Director will refer to **Appendix A: Criteria for Decision-Making Tree to Minimize Disruption to Services** to determine the operational stage

for the CHC.

- 5.1.3 **Appendix A** will serve as a guide where both Primary Criteria and Secondary Criteria must be taken into consideration when making this decision.

5.2 Procedure for Reduction of Core Community Health Nursing Programs

- 5.2.1 In consultation with the Director, the SCHP and/or Community Health Nurse (CHN) will organise daily, and weekly clinics based on a safe and manageable workload. Refer to **Appendix B Core Community Health Programs – Minimum Standards During Reduced Nursing Services** for guidance on the reduction of services.
 - 5.2.1.1 **Appendix C “Respond” – Decision Making Tree for Minimizing Disruption to Service** provides guidance on the frequency of follow-up with the Director and CHC on delivered services and workload.
- 5.2.2 The SCHP is responsible for determining which appointments should be delayed, postponed, or retained using **Appendix B Core Community Health Programs- Minimum Standards During Reduced Nursing Services** as a guideline.
 - 5.2.2.1 Deferred appointments for high-risk clients need to be logged and prioritized when reduction of core community health nursing programs re-open.
- 5.2.3 Core services to be maintained by health centres during emergency situations are, in order of priority: Refer to **Appendix B Core Community Health Programs – Minimum Standards During Reduced Nursing Services** for list of core community services and order of priority.
- 5.2.4 At any point in time if the SCHP is uncertain of how to proceed they will contact the Director for support.
- 5.2.5 The SCHP, Director, ED and ADM ops will follow **Appendix B: “Respond” – Decision Making Tree for Minimizing Disruption to Service** to determine what additional supplemental resources can support the health centre.
- 5.2.6 The SCHP will additionally delegate responsibilities for HCP that are present in the community by using **Appendix D: Community Health Centre Role Delegation Table** as a guideline. If further direction on this is needed the SCHP may consult the Director.

5.3 Communication for Reduction of Core Community Health Nursing Programs

- 5.3.1 The Director must communicate all health centre reductions of service for any reason other than inclement weather to the ED, either directly or through email.
- 5.3.2 The Director must maintain a log of all reductions of service in the region including the reason and amount of time that the reduction is in place. Refer to **Appendix E: Health Centre Calendar Reductions Log**.
- 5.3.3 The ED or Director must report updates to the task force for any health centre reductions of service for any reason other than weather and lasting longer than 48 hours, along with the reason for reduction and the plan for resolution. These updates and the mitigation plans are documented on the closure tracker.
- 5.3.4 It may also be necessary to advise the Manager of Risk Management depending on the nature and potential risk involved in the reduction of service.
- 5.3.5 Notice of service reduction for any reason beyond 48 hours, must be communicated to the community leadership (Mayor and Senior Administrative Officer (SAO)) by the SCHP prior to notifying the community.
- 5.3.6 All Radio, social media, and other notices will be made using a pre-approved script

or template from Communications found in the Complete Closure in Microsoft Teams in the general channel.

- i. Announcement to be made on local community radio and local CHC telephone answering services.
- ii. Written notices/posters must also be displayed in the CHC and at prominent sites in the community.
- iii. All notices and announcements must include an alternate phone number for emergency services.
- iv. All written notices will also be printed in all official languages and to include an alternate phone number for emergencies if applicable.

6 GUIDELINE SUSPENSION OF CORE COMMUNITY HEALTH NURSING SERVICES:

6.1 The Decision to Suspend Core Community Health Nursing Programs

- 6.1.1 The SCHP, Director of Health Programs, ED and ADM of Operations will refer to ***Appendix A: Criteria for Decision Making-Tree to Minimize Disruption to Services*** to determine the operational stage for the CHC. This table will serve as a guide where both Primary Criteria and Secondary Criteria must be considered when making this decision.
- 6.1.2 The decision to suspend core community health nursing services is a joint consultation between the SCHP in the community, the Director, Health Programs, the ED, and the ADM, Operations.
- 6.1.3 Consultation with the Chief of Staff is necessary as part of the decision-making process, although they are not directly involved in making the decision to suspend services.
- 6.1.4 Consultation with the Manager of Risk Management is to be considered.
- 6.1.5 Refer to the Standard Operating Procedure found on the Complete Closure Microsoft Team in the general channel for guidance, communication tools and operational tools.

6.2 Procedure for Suspension of Core Community Health Nursing Programs

- 6.2.1 The SCHP, Director, ED and ADM ops may temporarily relocate remaining RNs or HCPs from the community following a complete suspension of CCHNPs. However, it may not be reasonable to relocate the nurse from the community due to personal obligations. In this situation, the ED and Director, in consultation with the ADM, Operations will put mechanisms in place to ensure the staff and clients adhere to the decision to suspend CCHNPs.
- 6.2.2 The SCHP, Director, ED, and ADM Ops will follow ***Appendix C: "Respond" – Decision Making Tree for Minimizing Disruption to Service*** to determine what additional supplemental resources can support the health centre.
- 6.2.3 The CHC will solely be operated within the boundaries of paramedic services and will only operate for time sensitive, urgent presentation, and emergency presentations.
- 6.2.4 Support staff within the health centre shall continue their regular duties. The doors to the health centre will not be open for service except in emergency situations and/or if a client does not have access to a phone and needs to call for help.
- 6.2.5 Other Health Care providers: HCN, PHN, or LPN that remain in the community

may be expected to continue to provide nursing services as per Stage 3: Emergency Services Only as outlined in **Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services** under the direction of the Director of Health, ED, and ADM ops if suspension of services extends beyond two weeks.

- 6.2.6 All clinics held by visiting health professionals such as specialty clinics, paraprofessional teams, dental or eye clinics will be deferred unless they provide their own support staff and can function without the support of community health nursing services.
- 6.2.7 The Director will hold teleconferences at least once daily during suspension of CCHNPs to review concerns with the support staff and allied health professionals working in the affected health centre.
- 6.2.8 A designated health centre employee shall keep the Director, fully apprised of any urgent matters or potential medevacs on a continuous basis.
- 6.2.9 The most responsible health centre delegate is as follows: SCHP>CHN>HCN/LPN/PHN > Paramedic > Support staff
- 6.2.10 The most responsible health centre delegate in collaboration with the regional Director will be responsible to develop a plan to monitor the generic SCHP email, correspondence received via fax or Meditech printer, and oversee administrative functions for the health centre.
- 6.2.11 The Director will make arrangements with the RCMP to patrol the health centre on a regular basis.
- 6.2.12 If there is not a Health employee working in the facility during the Suspension of CCHNPs, a process for securing the keys to the health centre shall be determined. Community Government Services must be notified. Doors and windows to the facility shall be kept locked.

6.3 Guideline on Pharmaceuticals During the Suspension of Core Community Health Nursing Programs

- 6.3.1 Suspension of CCHNP with paramedics only and no registered nurses:
 - 6.3.1.1 CHC stocked controlled substances are allowed to remain, paramedics will follow the controlled substances guidelines outlined in the formulary
- 6.3.2 Suspension of CCHNP with no registered nurses and no paramedics:
 - 6.3.2.1 CHC stocked controlled substances are to be counted, packaged, documented and sent to the regional pharmacist/pharmacy technician for safekeeping by the SCHP or CHN prior to community departure. The narcotic keys are to be sent to the local CGS department for safekeeping.
 - 6.3.2.2 The SCHP or designate will review clients who are due for upcoming injection medications (I.e. Depo-Provera, Methotrexate, etc.) and book appointments for administration prior to departure if medication scheduling permits.
 - 6.3.2.3 The Director will contract territorial pharmacy in advance in order to facilitate increased stocked over the counter medications at Northmart by the retail pharmacy division of The North West Company.

6.4 Communication of Suspension of CCHNP

- 6.4.1 The ED will submit a Briefing Note to the ADM, Operations as soon as possible outlining the details of the service suspension.

- 6.4.2 The ADM, Operations will be responsible for briefing the Deputy Minister
- 6.4.3 The ED and Director will consult with the ADM, Operations to determine how health services delivery will be affected and then:
 - i. Advise Health Centre staff of the situation.
 - ii. Prepare a formal notice to advise the Community leadership of the pending suspension.
- 6.4.4 The Director will advise in writing the decision to Suspend CCHNOs at minimum to:
 - i. Hamlet Health Committee Chairperson in communities with a health committee
 - ii. RCMP
 - iii. Regional Manager of Human Resources
 - iv. Community and Government Services
 - v. Regional Manager, Family Services
 - vi. Chief of Emergency at the regional referral hospital
 - vii. Boarding Home Manager
- 6.4.5 The Director must maintain a log of all reductions of service in the region including the reason and amount of time that the reduction is in place. Refer to ***Appendix E: Health Centre Calendar Reductions Log.***
- 6.4.6 All Radio, social media, and other notices will be made using a pre-approved script or template found in the Complete Closure in Microsoft Teams in the general channel.
 - i. Announcement to be made on local community radio and local CHC telephone answering services.
 - ii. Written notices/posters must also be displayed in the CHC and at prominent sites in the community.
 - iii. All notices and announcements must include an alternate phone number for emergency services.
 - iv. All written notices will also be printed in all official languages and to include an alternate phone number for emergencies.

7 RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 04-040-00	Primary Care and Advanced Care Paramedic Medical Directive
Policy 05-003-00	Risk management
Policy 05-008-00	Nursing Practice – Additional Nursing Functions
Policy 07-009-00	Unregulated Health Care Workers – Employer’s Responsibilities
Policy 07-010-00	Unregulated Health Care Workers – Nurse Responsibilities
Policy 07-044-00	Virtual Triage for Community Health Centres Experiencing emergency services or Suspension of Core Community Nursing Services.
Policy 08-017-00	Unregulated Healthcare Workers Performing Laboratory Routines

8 APPENDICES:


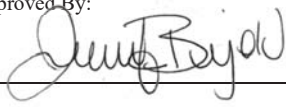
Appendix A: Criteria for Decision Making-Tree for Minimizing Disruption to Services

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

Appendix C: “Respond” - Decision Making Tree for Minimizing Disruption to Service

Appendix D: Community Health Centre Role Delegation Table

Appendix E: Health Centre Calendar Reductions Log

Approved By: 	Date: 05-May-2022
Jenifer Berry, Assistant Deputy Minister – Department of Health	
Approved By: 	Date: April 30, 2022
Jenifer Bujold, a/Chief Nursing Officer	
Approved By:	Date:
Francois De Wet, Medical Chief of Staff	

Appendix A: Criteria for Decision Making-Tree to Minimize Disruption to Services

Note: The following criteria, along with contextual information, should be used to determine which stage is most appropriate. Consider criteria in the order which they appear in the table.

Exception to the Criteria

- If the staffing complement is reduced to one nurse, **full closure is required** (i.e., consideration of secondary criteria is not necessary).

	Primary Criteria	Community*	STAGE 0: Full Services	STAGE 1: At Risk of Reduced Services	STAGE 2: Reduced Services	STAGE 3: Emergency Services Only	STAGE 4: Complete Closure
1	Nursing Staff Complement <small>*Numbers reflect realistic complement, as opposed to actual complement, and include the SHP</small> <small>See Minimum Standards During Reduced Nursing Services</small>	6-Nurse Centre (Pangnirtung, Igloolik, Pond Inlet, Baker Lake, Arviat, Rankin Inlet, Cambridge Bay) 5-Nurse Centre (Kinngait, Gjoa Haven, Kugluktuk) 4-Nurse Centre (Sanirajak, Clyde River, Arctic Bay, Taloyoak, Kugaaruk, Coral Harbour, Nauyasat, Sanikiluaq) 3-Nurse Centre (Kimmirut, Qikiqtarjuaq, Chesterfield Inlet, Whale Cove) 2-Nurse Centre (Grise Fiord, Resolute Bay)	6 Nurses 5 Nurses 4 Nurses 3 Nurses 2 Nurses	5 Nurses 4 Nurses 3 Nurses N/A N/A	3-4 Nurses 3-4 Nurses 3 Nurses 2 Nurses N/A	2-3 Nurses 2-3 Nurses 2 Nurses 2 Nurses N/A	1 Nurse 1 Nurse 1 Nurse 1 Nurse 1 Nurse
	Secondary Criteria	Key Considerations Use the following criteria to determine which stage is most appropriate; move stage up or down based on the selected levels (i.e., High, Moderate, Low)					
2	Nursing Staff Experience (Community Health Nursing only)	<ul style="list-style-type: none"> Experience level of staff members Number of staff members that are new to CHC Length of time staff members have been in current roles 	HIGH Level of Experience (e.g., majority of staff have experience in CHC or relevant PHC experience)	MODERATE-HIGH Level of Experience (e.g., majority of staff have experience in CHC or relevant PHC experience)	MODERATE Level of Experience (e.g., some staff have experience in CHC or relevant PHC experience)	LOW Level of Experience (e.g., majority of staff have limited to no experience in CHC or relevant PHC experience)	N/A
3	Supervisor of Health (SHP) Program Experience	<ul style="list-style-type: none"> Experience level of SHP Ability of SHP to take first on-call Length of time staff has been in SHP role 	HIGH Level of Experience (e.g., highly experienced SHP; able to function as CHN)	MODERATE-HIGH Level of Experience (e.g., highly experienced SHP; able to function as CHN)	MODERATE Level of Experience (e.g., moderately experienced SHP; able to function as CHN)	LOW Level of Experience (e.g., new or minimally experienced SHP; unable to function as CHN)	N/A
4	Surge Capacity	<ul style="list-style-type: none"> Volume and acuity of visits to CHC Recent outbreak (e.g., RSV) 	LOW Volume/Acuity (e.g., low volume and acuity of visits; no recent outbreaks)	MODERATE-HIGH Volume/Acuity (e.g., normal volume and acuity of visits; no recent outbreaks)	MODERATE Volume/Acuity (e.g., above normal volume and acuity of visits; one recent outbreaks)	HIGH Volume/Acuity (e.g., high volume and acuity of visits; one or more recent outbreaks)	N/A
5	Nurse Practitioner (NP) Experience (Only consider if NP is available in community)	<ul style="list-style-type: none"> Experience level of NP Ability to perform CHN duties (including covering call) Comfort level with performing CHN duties Length of time staff has been NP in the GN 	HIGH Level of Experience (e.g., highly experienced NP; able to perform CHN duties if required)	MODERATE-HIGH Level of Experience (e.g., highly experienced NP; able to perform CHN duties if required)	MODERATE Level of Experience (e.g., moderately experienced NP; able to perform CHN duties if required)	LOW Level of Experience (e.g., new or minimally experienced NP; unable to perform CHN duties)	N/A
6	Additional Clinical Staff Availability and Experience (e.g., Licensed Practical Nurse, Public Health Nurse, Home Care Nurse, Mental Health Nurse, Midwife, Paramedic)	<ul style="list-style-type: none"> Number and type of staff members available Experience level of staff members Ability to perform CHN duties (including covering call); ability to independently manage programs Comfort level with performing CHN duties Length of time staff members have been in current roles 	HIGH Availability/Experience (e.g., additional clinical staff available and able to support clinical functions in CHC)	MODERATE-HIGH Availability/Experience (e.g., additional clinical staff available and able to support clinical functions in CHC)	MODERATE Availability/Experience (e.g., additional clinical staff available and able to support clinical functions in CHC)	LOW Availability/Experience (e.g., additional clinical staff unavailable or unable to support clinical functions in CHC)	N/A
7	Support Staff Availability and Experience (e.g., Clerk Interpreters, Housekeeping, Unit Clerk)	<ul style="list-style-type: none"> Number and type of staff members available Experience level of staff members Ability to perform additional responsibilities Length of time staff members have been in current roles 	HIGH Availability/Experience (e.g., stable and reliable support staff; support staff able to perform additional responsibilities)	MODERATE-HIGH Availability/Experience (e.g., stable and reliable support staff; support staff able to perform additional responsibilities)	MODERATE Availability/Experience (e.g., some support staff have experience; support staff able to perform additional responsibilities)	LOW Availability/Experience (e.g., limited support staff available; new or minimally experienced support staff)	N/A
8	Physician Availability and Experience (Only consider if physician is available in community)	<ul style="list-style-type: none"> Ability to independently perform clinical functions (i.e., without CHN support) Experience level and specialty of physician Length of time staff has been physician in the GN 	HIGH Availability/Experience (e.g., highly experienced physician; able to independently perform clinical functions in CHC)	MODERATE-HIGH Availability/Experience (e.g., highly experienced physician; able to independently perform clinical functions in CHC)	MODERATE Availability/Experience (e.g., moderately experienced physician; requires support to perform clinical functions in CHC)	LOW Availability/Experience (e.g., new or minimally experienced physician; unable to perform clinical functions in CHC or requires significant support)	N/A
9	Security Concerns	<ul style="list-style-type: none"> Security concerns that make it unsafe for staff to work alone Availability of Security Services 	LOW Security Concerns	MODERATE Security Concerns	MODE-HIGH Security Concerns	HIGH Security Concerns	N/A

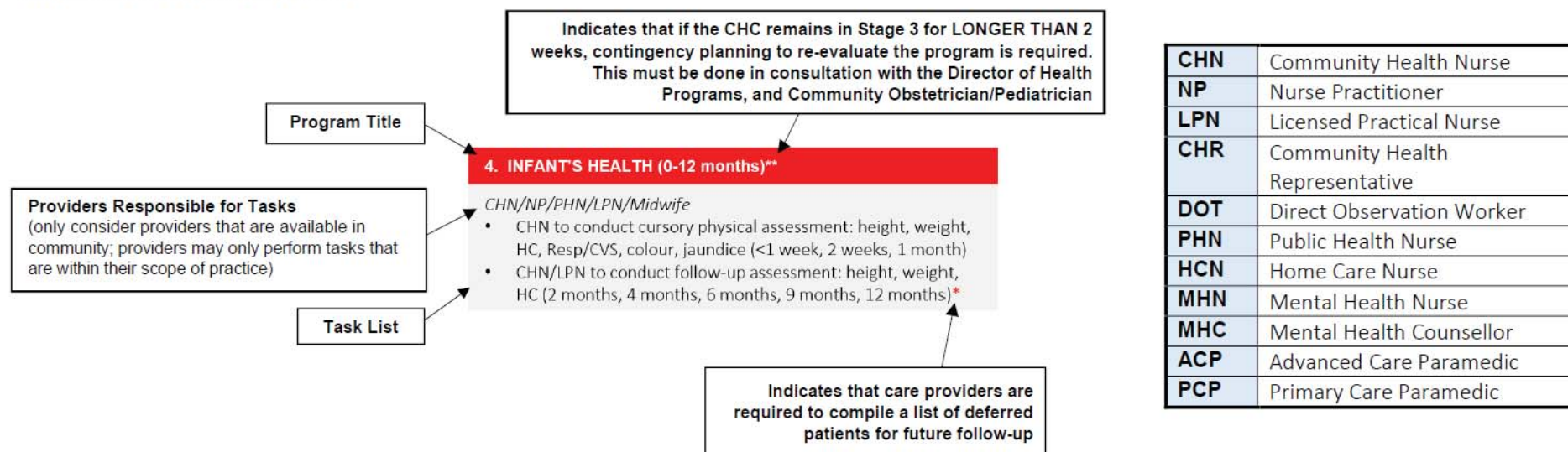
Appendix B: Core Community Health Programs-Minimum Standards During Reduced Nursing Services

The following charts should be used guides to assist the Supervisor of Health Programs (SHP) with organizing priority programs/services; they also indicate which programs/services can be safely deferred. For each stage, a minimum standard of care that the Community Health Centre (CHC) should strive to maintain is defined, including relevant tasks and the respective care providers responsible for task completion. If this standard is not achievable, additional supports should be considered – Refer to the **Decision-Making Tree for Minimizing Disruption to Health Services** (Appendix B).

Priority healthcare delivery should always be based on resuscitation, emergent, then urgent presentations:

- 1) CTAS Level 1 (RESUSCITATION):** Conditions that are threats to life or limb (or imminent risk of deterioration) requiring aggressive intervention.
Examples – Cardio/Respiratory Arrest; Major Trauma; Shock States; Unconscious Patients; Severe Respiratory Distress
- 2) CTAS Level 2 (EMERGENT):** Conditions that are a potential threat to life, limb for function, requiring rapid medical intervention or delegated acts.
Examples – Altered Mental States; Head Injury; Severe Trauma; Neonates; MI; Overdose; CVA
- 3) CTAS Level 3 (URGENT):** Conditions that may deteriorate to Level 2 within three hours without intervention.
Examples – Moderate Trauma; Asthma; GI Bleed; Vaginal Bleeding in Pregnancy; Acute Psychosis and/or Suicidal Thoughts; Acute Pain

UNDERSTANDING THE CHARTS



Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 0: FULL SERVICES (FULLY STAFFED)

1. PRENATAL HEALTH CHN/NP/Midwife <ul style="list-style-type: none"> Initial prenatal appointments at 10-12 weeks during dedicated timeslot Routine prenatal appointments based on gestational age and risk factors during dedicated timeslot Initial- and trimester-specific screening labs & US ACP/PCP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, urinalysis, Hgb POCT. Assist with post-appointment labs. 	4. INFANT'S HEALTH (0-12 months) CHN/NP/PHN <p>Routine well infant appointments during dedicated timeslots (booked at <1 week, 2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months)</p> <ul style="list-style-type: none"> Immunize as per NU Immunization Schedule Follow pediatric patients enrolled in the CDC program (CHN/NP only) Complete routine labs based on the pediatric chronic disease recommendations Conduct risk assessments and flag pediatric CDCs (follow-up and monitor as per risk assessments) Follow-up on child welfare concerns with Family Services Home visit/ clinic visit within 48 hours of returning home (height, weight, head circumference, wellness check) Midwife <ul style="list-style-type: none"> Routine well infant appointments < 2 months old Home visit/ clinic visit within 48 hours of returning home (height, weight, head circumference, wellness check) PCP/ACP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, head circumference. Hgb POCT if needed. Immunize as per NU Immunization Schedule <ul style="list-style-type: none"> MD/NP order required for PCPs and ACPS, LPNs may follow NU immunization schedule 	6. SCHOOL HEALTH (5-15+ years) CHN/NP <ul style="list-style-type: none"> Follow pediatric patients enrolled in CDC program Complete routine labs based on the pediatric chronic disease recommendations Conduct risk assessments and flag pediatric CDCs (follow-up and monitor as per risk assessments) Routine physical assessment PHN/LPN/ACP/PCP <ul style="list-style-type: none"> Health education Vision screening Fluoride supplementation Routine physical assessment (PHN only) Immunize as per NU Immunization Schedule (Gardasil). <ul style="list-style-type: none"> MD/NP order required for ACP/PCP (May autonomously administer Influenza and COVID-19 vaccines without an order for eligible populations aged five years and older) LPN may follow NU Immunization Schedule CHR <ul style="list-style-type: none"> Health education
2. POSTPARTUM HEALTH CHN/NP/Midwife/PHN <ul style="list-style-type: none"> Home visit/ clinic visit within 1 week of returning postpartum (only PHN/CHN/NP) Phone call check-up 6 weeks postpartum, including inquiry regarding contraception ACP/PCP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight. Assist with post-appointment labs. 	5. CHILD HEALTH (1-5 years) CHN/NP/PHN <ul style="list-style-type: none"> Routine well child appointments during dedicated timeslots (booked at 15 months, 18 months, 2-3 years, preschool screening) – CHN/NP/PHN only Immunize as per NU Immunization Schedule Follow pediatric patients enrolled in the CDC program (CHN/NP only) Complete routine labs based on the pediatric chronic disease recommendations Conduct risk assessments and flag pediatric CDCs (follow-up and monitor as per risk assessments) Follow-up on child welfare concerns with Family Services ACP/PCP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, head circumference, vision screening, Hgb POCT if needed. Immunize as per NU Immunization Schedule <ul style="list-style-type: none"> MD/NP order required for PCPs, LPNs may follow NU immunization schedule Complete ordered labs for chronic disease patients CHR <ul style="list-style-type: none"> Health education 	7. ADULT HEALTH CHN/NP <ul style="list-style-type: none"> Immunizations – PEP Immunizations – Prophylaxis based on recommendations and risk (e.g., pneumovax-23, pneumococcal-13, COVID, Influenza) Maintain screening guidelines ACP/PCP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight. Post appointment labs. May autonomously administer COVID-19 vaccines without MD/NP order for eligible populations
3. WOMEN'S HEALTH CHN/NP/Midwife <ul style="list-style-type: none"> Routine well women program during dedicated timeslots Follow routine cervical cancer screening Follow-up on abnormal PAP results; refer to MD/NP, if required Family planning appointments re: contraception (e.g., birth control (Plan B), pregnancy test) ACP/PCP/LPN <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight. Assist with post-appointment labs 		8. COMMUNICABLE DISEASE CHN/NP/PHN/LPN/ACP/PCP <ul style="list-style-type: none"> COVID case management STI case management (CHN/PHN/NP only) TB case management (PHN only, CHN if no PHN) Report case findings Contact tracing and follow-up (Stage 0 continued on page 2) Disease prevention education DOT worker <ul style="list-style-type: none"> DOT TB meds

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 0: FULL SERVICES (FULLY STAFFED)

9. HEALTH PROMOTION <i>CHR/PHN</i> <ul style="list-style-type: none"> • Communication strategies • Public education strategies • Meetings with community leadership • Interagency meetings 	13. TREATMENT SERVICES <i>CHN/NP</i> <ul style="list-style-type: none"> • Sick clinic and walk-ins • Initiate diagnostic and monitoring bloodwork • All follow-ups • Prescription renewals (updated assessment and labs required for the prescription are completed) • Driver's medicals • Marine medicals • Baffinland and work screening medicals • Pre-op appointments (e.g., general anesthetic dental) • WSCC workplace injuries appointments • Sick notes <i>ACP</i> <ul style="list-style-type: none"> • Sick clinic and walk-ins • All follow-ups • Prescription renewals (updated assessment) • Pre-op appointments (e.g., general anesthetic dental) • In-clinic triage • Task-oriented assistance with CHN/NP (e.g., labs, PIV start) • Requires consult with NP/MD to close loop on new assessments <i>LPN/PCP</i> <ul style="list-style-type: none"> • Pre-op appointments (e.g., general anesthetic dental) • Pre appointment vital signs, height, weight • Task-oriented assistance with CHN/NP (e.g., labs, PIV start)
10. CHRONIC CARE <i>CHN/NP</i> <ul style="list-style-type: none"> • Follow routine adult CDC patients on dedicated weekly timeslot • Complete routine labs based on chronic disease recommendations • Conduct risk assessments and flag adult CDCs (follow-up and monitor as per risk assessments) • INR/Coumadin monitoring <i>LPN/ACP/PCP</i> <ul style="list-style-type: none"> • Assist with pre-appointment vital signs, height, weight, medication reconciliation, POCT • Assist with post-appointment tasks: phlebotomy and process labs, perform INR POCT for patients on Coumadin 	14. EMERGENCY CARE BY CHN/NP/ACP/PCP <i>Fully operational PCP/ACP</i> <ul style="list-style-type: none"> • Assist 1st nurse on call with emergencies (CTAS 1-2s) during regular operational hours • Support ad hoc tasks if a 3rd clinician is required after hours due to health centre volume and acuity • Take the role as MRP for emergencies (ACP only) • Cover 2nd nurse on call position (ACP only)
11. HOME CARE <i>HCN</i> <ul style="list-style-type: none"> • Provide routine care for home care patients • Support referral process of home care patients • Follow palliative patients in community 	
12. MENTAL HEALTH AND ADDICTIONS SERVICES <i>MHN/MHC</i> <ul style="list-style-type: none"> • Provide routine care for mental health patients being followed, including metabolic monitoring • Provide counselling support and psychoeducation for addictions, trauma, grief, loss, stress, poor coping, etc. • Administer long-acting antipsychotic injections (if no MHN available, CHN/NP is responsible for administering long-acting antipsychotics injections) • Track and dispense medications to patients on a weekly/bi-weekly/monthly plan; review medication profile and arrange for renewals • Support with patients presenting in acute mental health crisis during and after-hours as per the on-call schedule • Assess patients detained in cells requiring clearance • Support public education strategies and community outreach 	

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 1: AT RISK OF REDUCED SERVICES

In *Stage 1*, it is expected that full program and healthcare services will be offered. However, depending on the CHN complement and impact of the secondary criteria (See Table 1), there may be fewer appointments booked per day.

1. PRENATAL HEALTH	6. SCHOOL HEALTH (5-15+ years)	11. HOME CARE
<i>Fully operational</i>	<i>Fully operational</i>	<i>Fully operational</i>
2. POSTPARTUM HEALTH	7. ADULT HEALTH	12. MENTAL HEALTH AND ADDICTIONS SERVICES
<i>Fully operational</i>	<i>Fully operational</i>	<i>Fully operational</i>
3. WOMEN'S HEALTH	8. COMMUNICABLE DISEASE	13. TREATMENT SERVICES
<i>Fully operational</i>	<i>Fully operational</i>	<i>Fully operational</i>
4. INFANT'S HEALTH (0-12 months)	9. HEALTH PROMOTION	14. EMERGENCY CARE BY CHN/NP/ACP/PCP
<i>Fully operational</i>	<i>Fully operational</i>	<i>Fully operational</i>
5. CHILD HEALTH (1-5 years)	10. CHRONIC CARE	
<i>Fully operational</i>	<i>Fully operational</i>	

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 2: REDUCED SERVICES

<p>1. PRENATAL HEALTH If Midwife in community, program fully operational</p> <p>CHN/NP/Midwife</p> <ul style="list-style-type: none"> Initial prenatal appointments at 10-12 weeks during dedicated timeslot (spread throughout the week) <ul style="list-style-type: none"> Prenatal appointments to be prioritized Routine prenatal appointments based on gestational age and risk factors during dedicated timeslot Initial- and trimester-specific screening, bloodwork, labs, US <p>ACP/PCP/LPN</p> <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, urinalysis, Hgb POCT. Assist with post-appointment labs. 	<p>4. INFANT'S HEALTH (0-12 months) (continued)</p> <p>Midwife</p> <ul style="list-style-type: none"> Conduct cursory physical assessment: height, weight, head circumference, Resp/CVS, colour, jaundice (< 2 months) Home visit/ clinic visit within 48 hours of returning home (height, weight, head circumference, wellness check) <p>PCP/ACP/LPN</p> <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, head circumference. Hgb POCT if needed. Immunize as per NU Immunization Schedule <ul style="list-style-type: none"> MD/NP order required for ACP, PCP. LPN may follow the NU Immunization Schedule 	<p>7. ADULT HEALTH</p> <p>CHN/NP/LPN/ACP/PCP</p> <ul style="list-style-type: none"> Immunize as per NU Immunization Schedule (Gardasil) <ul style="list-style-type: none"> MD/NP order required for ACP/PCP (May autonomously administer COVID-19 vaccines without an order for eligible populations aged five years and older) LPN may follow the NU Immunization Schedule
<p>2. POSTPARTUM HEALTH If Midwife and/or PHN in community, program MAY be fully operational</p> <p>CHN/NP/Midwife/PHN</p> <ul style="list-style-type: none"> Home visit/ clinic visit within 1 week of returning postpartum Phone call check-up 6 weeks postpartum, including inquiry regarding contraception; defer in-person appointment if no concerns during call* <p>ACP/PCP/LPN</p> <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight. Assist with post-appointment labs 	<p>5. CHILD HEALTH (1-5 years)</p> <p>CHN/NP/PHN</p> <ul style="list-style-type: none"> Immunize as per NU Immunization Schedule Conduct follow-up assessment: height, weight (12 months, 15 months, 18 months, 2-3 years) Conduct physical assessments/G&D for high-risk patients; conduct preschool screening Follow medium-high risk CDC patients (CHN/NP only) Conduct risk assessments; flag pediatric CDCs (follow-up and monitor if medium-high risk) Follow-up on child welfare concerns with Family Services Defer routine physical assessments* Defer routine CDC patient follow ups* <p>PCP/ACP/LPN</p> <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight, head circumference. Hgb POCT if needed. Immunize as per NU Immunization Schedule <ul style="list-style-type: none"> MD/NP order required for ACP, PCP. LPN may follow the NU Immunization Schedule 	<p>8. COMMUNICABLE DISEASE</p> <p>CHN/NP/PHN/LPN/ACP/PCP</p> <ul style="list-style-type: none"> COVID case management STI case management (CHN/PHN/NP only) TB case management (PHN only, CHN if no PHN) Report case findings Contact tracing and follow-up Disease prevention education <p>DOT worker</p> <ul style="list-style-type: none"> DOT TB meds
<p>3. WOMEN'S HEALTH</p> <p>CHN/NP/Midwife</p> <ul style="list-style-type: none"> Follow-up on abnormal PAPs (i.e., LSIL - delegation email to community MD/NP referral)* Family planning appointments regarding contraception (e.g., birth control (Depo/Plan B), pregnancy test) Defer routine PAPs for cervical cancer screening* <p>ACP/PCP/LPN</p> <ul style="list-style-type: none"> Assist with pre-appointment vital signs, height, weight. Assist with post-appointment labs Assist with urine pregnancy test; MD/NP consultation required 	<p>6. SCHOOL HEALTH (5-15+ years)</p> <p>CHN/NP</p> <ul style="list-style-type: none"> Continue to follow medium-high risk CDC patients Conduct risk assessments; flag pediatric CDCs (follow-up and monitor if medium-high risk) Defer routine CDC patient follow-ups* <p>PHN/LPN/ACP/PCP (may defer the following (except Gardasil) if insufficient staff)*</p> <ul style="list-style-type: none"> Health education Vision screening Fluoride supplementation Cursory physical assessment (PHN only) Immunize as per NU Immunization Schedule (Gardasil). <ul style="list-style-type: none"> MD/NP order required for ACP/PCP (may autonomously administer COVID-19 vaccines without an order for eligible populations aged five years and older) LPN may follow the NU Immunization Schedule <p>CHR</p> <ul style="list-style-type: none"> Health education 	<p>9. HEALTH PROMOTION</p> <p><i>Program on hold</i></p> <p>(Stage 2 continued on page 5)</p>
<p>4. INFANT'S HEALTH (0-12 months)</p> <p>CHN/NP/PHN</p> <ul style="list-style-type: none"> Conduct cursory physical assessment: height, weight, head circumference, Resp/CVS, colour, jaundice (<1 week, 2 weeks, 1 month) Conduct follow-up assessment: height, weight, head circumference (2 months, 4 months, 6 months, 9 months, 12 months)* Immunize as per NU Immunization Schedule Continue to follow medium-high risk CDC patients (CHN/NP only) Conduct risk assessments; flag pediatric CDCs (follow-up and monitor if medium-high risk) Follow-up on child welfare concerns with Family Services Defer routine CDC patient follow-ups* 		

* Care providers are required to compile a list of deferred patients for future follow-up

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 2: REDUCED SERVICES

10. CHRONIC CARE

CHN/NP/HCN

- Provide care for and follow medium-high risk and fragile CDC patients
- Conduct risk assessments and flag adult CDCs (only monitor medium-high risk)
- INR/Coumadin monitoring
- Defer routine low-risk CDC appointments*

LPN/ACP/PCP

- Assist with pre-appointment vital signs, height, weight, medication reconciliation, POCT
- Assist with post-appointment tasks: phlebotomy & process labs, perform INR POCT for patients on Coumadin

11. HOME CARE

HCN (if no HCN, CHN/NP to follow high-risk and palliative patients)

- Provide routine care for home care patients
- Support referral process of home care patients
- Follow palliative patients in community

If no HCN in community, CHN/NP to:

- Follow high-risk and palliative patients

12. MENTAL HEALTH AND ADDICTIONS SERVICES

MHN/MHC (if no MHN in community, CHN/NP to consult on-call MHN for guidance on following high risk patients)

- Provide routine care for mental health patients being followed
- Provide addiction counselling support; refer to treatment centre, if required
- Provide Depo medications for all patients on injectable antipsychotics (CHN/NP/LPN/RN to administer if no MHN)
- Track and dispense medications to patients on a weekly/bi-weekly/monthly dispensing plan (CHN/NP/LPN/RN if no MHN)
- Support with patients presenting in acute mental health crisis
- Assess patients detained in cells requiring clearance

13. TREATMENT SERVICES

CHN/NP

- Non-deferrable/urgent walk-ins/sick clinic patients only
- Initiate diagnostic and essential monitoring bloodwork
- Triage essential follow-ups (e.g., post-surgical)
- Ensure medication renewals are communicated to community physician (short renewals only where thorough follow ups can be deferred at a later date; obtain longer renewal at that time)
- Pre-op appointments (e.g., general anesthetic dental)
- Continue WSCC workplace injury appointments
- Defer all medicals EXCEPT Driver's Medicals for essential community jobs (e.g., water truck delivery)*
- Defer non-urgent appointments and follow-ups*

ACP

- Sick clinic and walk-ins
 - All follow-ups
 - Prescription renewals (updated assessment)
 - Pre-op appointments (e.g., general anesthetic dental)
 - In clinic triage
 - Task orientated assistance with CHN/NP (e.g., labs, PIV start)
- *Requires consult with NP/MD to close loop on new assessments

LPN/PCP

- Pre-op appointments (e.g., general anesthetic dental)
- Pre appointment vital signs, height, weight
- Task-oriented assistance with CHN/NP (e.g., labs, preparing medications, PIV start)

14. EMERGENCY CARE BY CHN/NP/ACP/PCP

Fully operational

PCP/ACP

- Assist 1st nurse on call with emergencies (CTAS 1-2s) during regular operational hours
- Support ad hoc tasks if a 3rd clinician is required after hours due to health centre volume and acuity
- Take the role as MRP for emergencies (ACP only)
- Cover 2nd nurse on call position (ACP only)
- Cover 1st nurse on call position (ACP only)
 - If supported by virtual triage program

* Care providers are required to compile a list of deferred patients for future follow-up

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 3: EMERGENCY SERVICES ONLY (1)

The following guidelines should be used if operating in *Stage 3* for LESS THAN 2 weeks. Care for non-urgent patients can be deferred for up to 2 weeks until contingencies can be made. If the health centre remains in Stage 3 for longer than 2 weeks, previously deferred patients must be re-prioritized.

<div>1. PRENATAL HEALTH**</div> <div>If Midwife in community, program fully operational</div> <div><div>CHN/NP/Midwife</div><ul style="list-style-type: none">Follow high-risk prenatal patients only (communicate with community obstetrician/midwife to determine which patients must be followed)Initial- and trimester-specific screening, bloodwork, labs, US for high-risk patients only<div>LPN/PCP/ACP</div><ul style="list-style-type: none">Assist with pre-appointment vital signs, urine analysis POCTAssist with post-appointment phlebotomy, lab processingObtain history and physical assessment; review findings with MD/NP on any concerns/issues along with POC (ACP only)</div>	<div>4. INFANT'S HEALTH (0-12 months)**</div> <div><div>CHN/NP/PHN</div><ul style="list-style-type: none">Conduct cursory physical assessment: height, weight, head circumference, Resp/CVS, colour, jaundice (<1 week, 2 weeks, 1 month)Conduct follow-up assessment: height, weight, head circumference (2 months, 4 months, 6 months, 9 months, 12 months)*Immunize as per NU Immunization ScheduleContinue to follow high risk CDC patients (CHN/NP only)Conduct risk assessments; flag pediatric CDCs (follow-up and monitor if high risk)Follow-up on child welfare concerns with Family ServicesDefer routine CDC patient follow-ups*<div>Midwife</div><ul style="list-style-type: none">Routine well infant appointments <2 months oldHome visit/ clinic visit within 48 hours of returning home (height, weight, head circumference, wellness check)<div>PCP/ACP/LPN</div><ul style="list-style-type: none">Assist with pre-appointment vital signs, height, weight, head circumference. Hgb POCT if needed.Immunize as per NU Immunization Schedule<ul style="list-style-type: none">MD/NP order required for ACP/PCPLPNs may follow the NU Immunization ScheduleComplete cursory physical assessments (respiratory/CVS, colour, jaundice); review abnormal findings with MD/NP/Midwife (ACP only)</div>	<div>6. SCHOOL HEALTH (5-15+)</div> <div><div>PHN/LPN/ACP/PCP</div><ul style="list-style-type: none">Immunize per NU Immunization Schedule (Gardasil)<ul style="list-style-type: none">MD/NP order required for ACP/PCP</div>
<div>2. POSTPARTUM HEALTH</div> <div>If Midwife in community, program MAY be fully operational</div> <div><div>CHN/NP/Midwife/PHN</div><ul style="list-style-type: none">Phone call check-up within 1 week of returning postpartum (PHN/CHN/NP/LPN)Phone call check-up 6 weeks postpartum, including inquiry regarding contraception; defer in-person appointment if no concerns during call*<div>ACP</div><ul style="list-style-type: none">Assist with follow-up prenatal phone check-ups; address concerns or issues with MD/NP/Midwife and determine need to assess patient in the health centreForward birth control inquiries to CHN/MD/NP/Midwife</div>	<div>5. CHILD HEALTH (1-5 years)**</div> <div><div>CHN/NP/PHN</div><ul style="list-style-type: none">Conduct physical assessments/G&D for high-risk patients; conduct preschool screeningImmunize as per NU Immunization ScheduleCHN/LPN to conduct follow-up assessment: height, weight (12 months, 15 month, 18 month, 2-3 years)Continue to follow high-risk CDC patients (CHN/NP only)Conduct risk assessments; flag pediatric CDCs (follow-up and monitor if medium-high risk)Follow-up on child welfare concerns with Family ServicesDefer routine physical assessments*Defer routine CDC patient follow ups*<div>PCP/ACP/LPN</div><ul style="list-style-type: none">Assist with pre-appointment vital signs, height, weight, head circumference. Hgb POCT if needed.Immunize as per NU Immunization Schedule<ul style="list-style-type: none">MD/NP order requiredLPNs may follow the NU Immunization ScheduleComplete cursory physical assessments (respiratory/CVS, colour, jaundice); review abnormal findings with MD/NP/Midwife (ACP only)</div>	<div>7. ADULT HEALTH</div> <div><div>CHN/NP/LPN/ACP/PCP</div><ul style="list-style-type: none">Immunizations – Influenza, PEP<ul style="list-style-type: none">MD/NP order required for ACP/PCP for PEPImmunizations – COVID</div>
<div>3. WOMEN'S HEALTH</div> <div><div>CHN/NP/Midwife</div><ul style="list-style-type: none">Follow-up on abnormal PAPs (i.e., LSIL - delegation email to community MD/NP referral)Family planning appointments regarding contraception (e.g., birth control (Depo/Plan B), pregnancy test)Defer routine PAPs for cervical cancer screening*<div>LPN/PCP/ACP</div><ul style="list-style-type: none">Assist with urine pregnancy test; MD/NP consultation required</div>	<div>9. HEALTH PROMOTION</div> <div>(Stage 3 continued on page 7)</div> <div>Program on hold</div>	
		<div>8. COMMUNICABLE DISEASE</div> <div><div>CHN/NP/PHN/LPN/ACP/PCP</div><ul style="list-style-type: none">COVID case managementSTI case management (CHN/PHN/NP only)TB case management (PHN only, CHN if no PHN)Report case findingsContact tracing and follow-upDisease prevention education<div>DOT Worker</div><ul style="list-style-type: none">DOT TB meds<div>Unregulated Health Care Worker</div><ul style="list-style-type: none">Abbott ID Now POCT (with training)</div>

* Care providers are required to compile a list of deferred patients for future follow-up

** If the CHC remains in Stage 3 for LONGER THAN 2 weeks, contingency planning to re-evaluate the program is required. This must be done in consultation with the Director of Health Programs, and Community Obstetrician/Pediatrician

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 3: EMERGENCY SERVICES ONLY (2)

The following guidelines should be used if operating in *Stage 3* for LESS THAN 2 weeks. Care for non-urgent patients can be deferred for up to 2 weeks until contingencies can be made. If the health centre remains in Stage 3 for longer than 2 weeks, previously deferred patients must be re-prioritized.

<p>10. CHRONIC CARE</p> <p><i>CHN/NP</i></p> <ul style="list-style-type: none"> • Provide care and follow only high-risk and fragile CDC patients • Conduct risk assessments and flag adult CDCs (only monitor high-risk) • Continue INR/Coumadin monitoring • Defer routine low-medium risk CDC appointments* <p><i>LPN/ACP/PCP</i></p> <ul style="list-style-type: none"> • Assist with pre-appointment vital signs, height, weight, medication reconciliation, POCT • Assist with post-appointment tasks: phlebotomy & process labs, perform INR POCT for patients on Coumadin • Assist with CDC history, physical exam; review findings with MD/NP on assessment sequela/complications) along with plan of care (ACP only) 	<p>13. TREATMENT SERVICES</p> <p><i>CHN/NP/LPN</i></p> <ul style="list-style-type: none"> • Non-deferrable/urgent walk-ins/sick clinic patients only • Initiate diagnostic and essential monitoring bloodwork • Triage essential follow ups (e.g., post-surgical) • Ensure medication renewals are communicated to community physician (short renewals only where thorough follow ups can be deferred at a later date; obtain longer renewal at that time) • Pre-op appointments (e.g., general anesthetic dental) • Continue WSCC workplace injury appointments • Defer all medicals EXCEPT Driver's Medicals for essential community jobs (e.g., water truck delivery)* • Defer non-urgent appointments and follow-ups* <p><i>ACP</i></p> <ul style="list-style-type: none"> • Sick clinic and walk-ins • All follow-ups • Prescription renewals (updated assessment) • Pre-op appointments (e.g., general anesthetic dental) • In-clinic triage • Task-oriented assistance with CHN/NP (e.g., labs, PIV start) • Requires consult with NP/MD to close loop on new assessments <p><i>LPN/PCP</i></p> <ul style="list-style-type: none"> • Pre-op appointments (e.g., general anesthetic dental) • Pre appointment vital signs, height, weight • Task orientated assistance with CHN/NP (e.g., labs, preparing medications, PIV start) • Communicate prescription renewals to the community NP/MD
<p>11. HOME CARE</p> <p><i>HCN</i></p> <ul style="list-style-type: none"> • Provide care to high-risk home care patients • Continue to follow palliative patients in community <p><i>If no HCN in community, CHN/NP to:</i></p> <ul style="list-style-type: none"> • Follow high-risk and palliative patients <p><i>LPN/ACP/PCP</i></p> <ul style="list-style-type: none"> • Assist with pre-appointment vital signs • Assist with post-appointment tasks: phlebotomy & process labs • Assist with routine home care needs/medical needs (e.g., dressing changes) 	
<p>12. MENTAL HEALTH AND ADDICTIONS SERVICES</p> <p>If MHN/MHC in community, no changes to program delivery</p> <p><i>If no MHN/MHC in community, CHN/NP/RN/LPN to:</i></p> <ul style="list-style-type: none"> • Administer long-acting antipsychotic injections • Dispense PO medications to patients on a weekly/bi-weekly/monthly dispensing plan • Continue with clozapine lab monitoring <p><i>If no MHN in community, CHN/NP to:</i></p> <ul style="list-style-type: none"> • Consult on-call MHN for guidance on following high risk patients; refer to client list 	<p>14. EMERGENCY CARE BY CHN/NP/ACP/PCP</p> <p><i>Fully operational</i></p> <p><i>ACP/PCP</i></p> <ul style="list-style-type: none"> • Assist 1st nurse on call with emergencies (CTAS 1-2s) during regular operational hours • Support ad hoc tasks if a 3rd clinician is required after hours due to health centre volume and acuity • Take the role as MRP for emergencies (ACP only) • Cover 2nd nurse on call position (ACP only) • Cover 1st nurse on call position (ACP only) <ul style="list-style-type: none"> • If supported by virtual triage program

* Care providers are required to compile a list of deferred patients for future follow-up

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 4: Suspension of Core Community Nursing Services

In *Stage 4*, the CHC will solely be operated within the boundaries of the paramedics. The clinic will only operate for time sensitive and urgent presentations, along with emergencies. The following guidelines should be used if operating in *Stage 4* for LESS THAN 2 weeks. Care for non-urgent patients can be deferred for up to 2 weeks until contingencies can be made. If the health centre remains in Stage 4 for longer than 2 weeks, previously deferred patients must be re-prioritized. All routine programs and follow-ups for high-risk patients will be put on hold. In circumstances where there are forecasted suspension of core nursing services for an extended period of time and there are other health care providers such as LPN, MHN, PHN, and HCN in the community, services will be provided within the limitations outlined in Stage 3: Emergency Services only within their respective scope.

1. PRENATAL HEALTH <i>Program on hold</i> EXCEPTION: Routine prenatal appointments for clients >32 weeks identified as high risk	6. SCHOOL HEALTH (5-15+ years) <i>Program on hold</i>	11. HOME CARE <i>Program on hold</i> EXCEPTION: Palliative Care
2. POSTPARTUM HEALTH <i>Program on hold</i>	7. ADULT HEALTH <i>Program on hold</i> EXCEPTION: Immunization – PEP only	12. MENTAL HEALTH AND ADDICTIONS SERVICES If MHN/MHC in community, no changes to program delivery <i>If no MHN/MHC in community, ACP to:</i> <ul style="list-style-type: none"> Administer long-acting antipsychotic injections if an active prescription is present Dispense oral prescription medications to patients on a weekly/bi-weekly/monthly dispensing plan Continue with clozapine lab monitoring
3. WOMEN'S HEALTH <i>Program on hold</i>	8. COMMUNICABLE DISEASE <i>Program on hold</i>	(Stage 4 continued on page 9)
4. INFANT'S HEALTH (0-12 months) <i>Program on hold</i> EXCEPTION: <2 months - Complete cursory physical assessments (respiratory/CVS, colour, jaundice) with height, weight, HC; review abnormal findings with MD (ACP/PCP only)	9. HEALTH PROMOTION <i>Program on hold</i>	13. TREATMENT SERVICES <i>Program on hold</i>
5. CHILD HEALTH (1-5 years) <i>Program on hold</i>	10. CHRONIC CARE <i>Program on hold</i> EXCEPTION: INR/Coumadin monitoring	

Appendix B: Core Community Health Programs – Minimum Standards During Reduced Nursing Services

STAGE 4: Suspension of Core Community Nursing Services

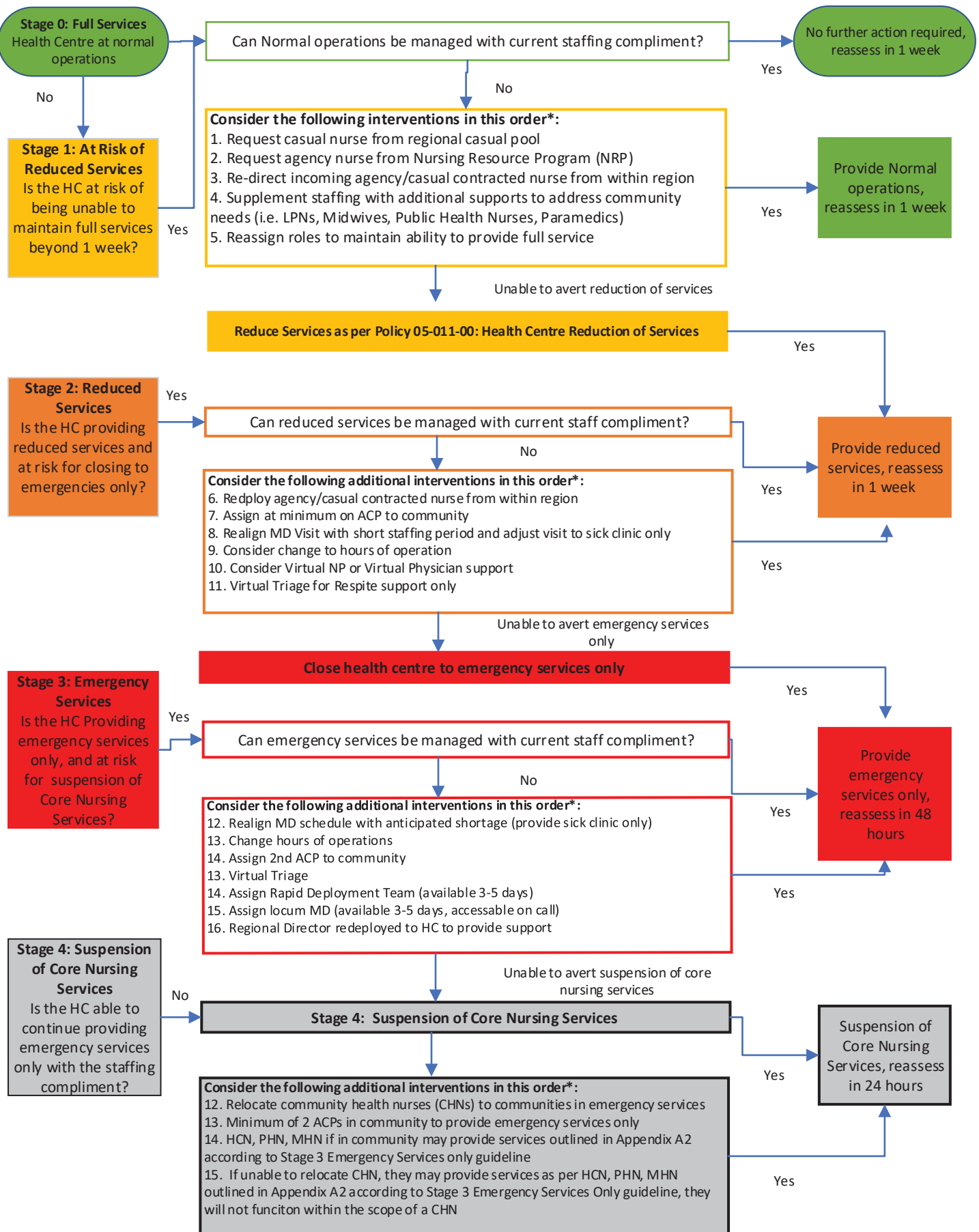
In *Stage 4*, the CHC will solely be operated within the boundaries of the paramedics. The clinic will only operate for time sensitive and urgent presentations, along with emergencies.

The following guidelines should be used if operating in *Stage 4* for LESS THAN 2 weeks. Care for non-urgent patients can be deferred for up to 2 weeks until contingencies can be made. If the health centre remains in *Stage 4* for longer than 2 weeks, previously deferred patients must be re-prioritized.

All routine programs and follow-ups for high-risk patients will be put on hold. In circumstances where there are forecasted suspension of core nursing services for an extended period of time and there are other health care providers such as LPN, MHN, PHN, and HCN in the community, services will be provided within the limitations outlined in *Stage 4: Emergency Services* only within their respective scope.

14. EMERGENCY CARE BY ACP/PCP	16. MANDATORY PATIENT POPULATIONS THAT MUST BE SEEN AS PER TELEPHONE TRIAGE POLICY After review of this list, refer to CTAS Table below for guidance on triaging*	*CTAS Level	Priority	Action
<p><i>Fully operational</i></p> <p><u>Inclusive of, but not limited to:</u></p> <ul style="list-style-type: none"> CV/Resp arrest Trauma Altered level of consciousness Acute confusion/delirium Extreme/unilateral weakness/CVA symptoms Sudden severe headache Seizure Chest pain Syncope Symptomatic Arrhythmia SOB moderate-severe or WOB Apnea in infants Hemoptysis either gross or accompany CP/SOB Infant <3 months with fever Vaginal bleeding in pregnancy SEPSIS (or SIRS criteria >3) Angioedema or Anaphylaxis Suicidal ideation/attempt Hallucinations/psychosis Overdose (intentional/accidental) DKA/HHS 	<ul style="list-style-type: none"> All patients whose condition is determined to: require resuscitation; be emergent; be urgent Infants under 1 years of age All patients aged 65 years and older All pregnant patients All patients who are up to 2 weeks postpartum All patients who have been discharged from a hospital or care facility within the last 48 hours All patients who have had a surgical procedure that required the use of general anesthetic in the previous 10 days All patients that have had an endoscopic procedure within the previous 3 days All patients with complex medical conditions All patients who have had multiple calls or visits to the health centre in the previous 72 hours with the same presenting complaint(s) All patients in the custody of the RCMP when an officer contacts the health centre regarding a health concern of a detainee 	1	Resuscitation	To Be Seen Immediately
		2	Emergent	To Be Seen Immediately
		May vary	'Must See' Criteria as per Telephone Triage Policy	To Be Seen Immediately or Within 4 Hours Depending on Priority/ Urgency of Presenting Complaint
		3	Urgent	To Be Seen Within 4 Hours
		4	Less Urgent	Advice Given; Appointment To Be Booked Within 24-48 Hours
		5	Non-Urgent	Advice Given; Appointment To Be Booked Within 7 Days
		5	Non-Urgent	Advice Given; No Follow-Up Required
15. URGENT CARE				
<p><i>Only operational for time sensitive and urgent presentations</i></p> <p><u>Inclusive of, but not limited to:</u></p> <ul style="list-style-type: none"> Ocular foreign body Ocular pain Acute vision changes Peri-orbital swelling Dysphagia Uncontrolled epistaxis Mild SOB – no WOB Abdo pain moderate-severe Moderate-severe lower GI bleed Laceration requiring sutures Animal/human bites Cellulitis Fishhook LUTS or discharge with either LBP or pelvic pain Emergency contraception Sexual assault 				

Appendix C: "Respond" - Decision Tree for Minimizing Disruption to Health Centre Nursing Services




* Order subject to change based on territorial and community needs, staffing skill mix, available resources, and length of expected staffing shortage

Appendix D: Community Health Centre Role Delegation Table

Table 1: Regulated Health Care Worker

During times of emergencies and when surges in Community Health Centre (CHC) services exceed capacity, additional health care professionals (HCP) may be mobilized to support patient care. Upon arrival to the CHC, the HCP will report directly to the Supervisor of Community Health Programs (SCHP) for their specific assignment of duties. All requests for assistance from the HCP while in the CHC must be triaged through the SCHP.

 Inpatient Care Nurses, Public Health Nurses, Home Care Nurses, Licensed Practical Nurses, Registered Psychiatric Nurses DO NOT work within an expanded scope. To perform any task outside of the HCP’s scope of practice (as determined by their licensing body), a **direct order from a qualified practitioner or a medical directive is required**.

Program	Services & Duties	Virtual Nurse Practitioner with LPN Assist	Licensed Practical Nurse	Public Health Nurse	Home Care Nurse	Inpatient Nurse	Midwife <small>Limited to providing care to women of reproductive age and infants up to one year of age</small>	Mental Health Nurse (RN/RPN)	Advanced Care Paramedic	Primary Care Paramedic
All programs/ services in CHC and community										
Treatment & Urgent Services (e.g. Sick Clinic, After-Hours Care)	Comprehensive Patient Assessment in Sick Clinic	Restrictions around certain presentations and patient populations	Vitals, medication reconciliation, height, weight, visual acuity, ECG with order		No delegation to diagnosis, initiate drug therapy	No delegation to dx, initiate drug therapy	(Pre / Postnatal Women / Newborn & Women of childbearing years (i.e. Family planning)	Limited to mental health presentations (e.g., SI, anxiety, depression, psychosis); assist with vitals, medication reconciliation, height, weight)	May do preliminary assessment, including POCT testing as per directive	*During suspension only May do preliminary assessment, including POCT testing as per directive
	Telephone Triage/ On-Call Support	Virtual Triage	Support for emergencies; medivacs; monitor stable short-term admissions		2 nd on call support for emergencies; medivacs	2 nd on call support for emergencies; medivacs	Pre- and postnatal, women, women of childbearing age (i.e. family planning)	Limited to psychiatric support		
	Advanced Skills (e.g., Suture, Back Slab)				With training; long-term cross-training goal	With training; long-term cross-training goal	Limited to maternal & perineum		With training	
	IV Therapy (Including Initiation, Infusions, Medication Administration)			With training					With order from NP or MD	With order from NP or MD
	Wound Care		Within scope; no suturing	Within scope; no suturing	Within scope; no suturing	Within scope; no suturing			Within scope; suturing if trained by AMS	Within scope; no suturing
	Collect & Package Lab Specimens (Including Blood Work & POCT)			With training				Case-by-case basis; would need to posses knowledge, judgement, skills and competency		

Permitted to fully perform service/duty


Limitations on performing service/duty; described in table


Not permitted to perform service/duty

Program	Services & Duties	Virtual Nurse Practitioner with LPN Assist	Licensed Practical Nurse	Public Health Nurse	Home Care Nurse	Inpatient Nurse	Midwife <small>Limited to providing care to women of reproductive age and infants up to one year of age</small>	Mental Health Nurse (RN/RPN)	Advanced Care Paramedic	Primary Care Paramedic
	Monitor Patients (e.g., IV/ Inhalation Therapy, Awaiting Medivac, Monitoring Drug Effects)			Assess individual competencies			Prenatal	Limited to patient on continuous observation		
Public Health	General Patient Assessment		With training		With training	With training	Women of childbearing years STI only			
	Immunization (With Certification)		May immunize according to schedule, no well child assessment				Women of childbearing years and infants under 2 months	COVID Only	COVID Only Requires order from NP or MD for other immunizations	COVID Only Requires order from NP or MD for other immunizations
	Communicable Disease Screening/ Testing (STI & TB)	TB testing with training	Administration of program, treat only lab confirmed positive with consult to MD or NP		With training	With training	Women of childbearing years STI only		Treat only if lab confirmed positive and order from MD or NP	
	Contact Tracing		With training		With training	With training	STI only	COVID-19 - with training	With training	With training
	Community & Individual Health Promotion Activities							Assess on individual basis		
	Program Admin-Recall, Spreadsheet									
Maternal Health Program	Pre- & Postnatal History, Physical Assessments		Vitals, weight, medication reconciliation	Post partum home visits (with training)	Post partum home visits (with training)	Low risk with training			Low risk with training	
	Routine Lab Tests & Immunization (As Per SCHP, CHN, Midwife)		May immunize according to schedule, Lab Tests require order from NP or MD						With order from MD or NP	With order from MD or NP
	Telephone Triage/ Urgent & Emergent Care		Emergency support		Emergency support	Emergency support				
	Program Admin-Recall, Spreadsheet									
	Health Promotion/ Patient Education		Training with specialty education delivery	Training with specialty education	Training with specialty education	Training with specialty education				

Program	Services & Duties	Virtual Nurse Practitioner with LPN Assist	Licensed Practical Nurse	Public Health Nurse	Home Care Nurse	Inpatient Nurse	Midwife <small>Limited to providing care to women of reproductive age and infants up to one year of age</small>	Mental Health Nurse (RN/RPN)	Advanced Care Paramedic	Primary Care Paramedic
Adult Health (Drivers, Pre-Operative, Well Man, Well Woman)	General Patient Assessments		Vitals, Med reconciliation, height, weight, visual acuity, ECG with order	Vitals, medication reconciliation height, weight, visual acuity, ECG with order	No delegation to dx & initiate drug therapy	No delegation to dx & initiate drug therapy	Well woman within childbearing years only	Vitals, medication reconciliation, height, weight	Must follow the parameters of medical directive	*During suspension only Must follow the parameters of medical directive
	Routine Lab Tests & Immunization (As Per SCHP, CHN, Midwife)						Well woman within childbearing years only		Order from physician or NP	Order from physician or NP
	Health Promotion/ Patient Education/ Lifestyle Counselling									
	Program Admin-Recall, Spreadsheet									
Well Child/ School Health	General Patient Assessment		Vitals, height, weight, visual acuity	Low risk with training	Low risk with training	Low risk with training	Newborn to 8 weeks			
	Immunization		This could be green				Newborn to 8 weeks old		With order from NP or physician	With order from NP or physician
	Health Promotion/ Patient Education				Training with specialty education	Training with specialty education	Newborn to 8 weeks old		Training with specialty education	Training with specialty education
	Program Admin-Recall, Spreadsheet									
Chronic Disease	General Patient Assessment		Vitals, medication reconciliation, height, weight, visual acuity, ECG with order		No delegation to dx & initiate drug therapy	No delegation to dx & initiate drug therapy		Limited to mental health conditions; vitals, medication reconciliation, height, weight	Vitals, medication reconciliation, height, weight, visual acuity, ECG with order	Vitals, medication reconciliation, height, weight, visual acuity, ECG with order
	Home Visits		Wellness Check	Assess on individual basis				MHA patients	Wellness checks	Wellness checks
	Collect & Package Lab Specimens (Including Blood Work & POCT)			With training				With training?		
	Health Promotion/ Patient Education/ Lifestyle Counselling							Limited to mental health conditions		
	Program Admin-Recall, Spreadsheet									
Admin.	Monitor & Order Pharmacy Stock									

Program	Services & Duties	Virtual Nurse Practitioner with LPN Assist	Licensed Practical Nurse	Public Health Nurse	Home Care Nurse	Inpatient Nurse	Midwife <small>Limited to providing care to women of reproductive age and infants up to one year of age</small>	Mental Health Nurse (RN/RPN)	Advanced Care Paramedic	Primary Care Paramedic
	Monitor Supplies; Order Stock									
	QC Check for POC Equipment							With training		
	Set-Up & Support Physician and Specialist Clinics						Obstetrics and Gynecology	Psychiatry		
	Register Patients in MEDITECH									
	Enter Lab Orders into MEDITECH		If ordered by NP or physician				Limited to own patients	If ordered by physician only, may do labs if trained	If ordered by NP or MD	If ordered by NP or physician
	Follow-Up on Labs & Diagnostic Test Results (As Directed by the SCHP)		Would require consultation with physician or NP				Limited to maternal/newborn 8 weeks old	If ordered by mental health-physician/NP	Would require consultation with NP or physician	


Permitted to fully perform service/duty


Limitations on performing service/duty; described in table





Not permitted to perform service/duty

Table 2: Unregulated Health Care Workers

During times of emergencies and when surges in Community Health Centre (CHC) services exceed capacity, additional non-regulated health care workers (HCW) may be mobilized to support patient care and CHC operations. Upon arrival to the CHC, the HCW will report directly to the Supervisor of Community Health Programs (SCHP) for their specific assignment of duties. All requests for assistance from the HCW while in the CHC must be triaged through the SCHP.

 Considering that non-regulated HCWs have limited training, tasks must be assigned on an individual basis, based on the HCW's knowledge, skill, and ability to safely perform the duty. When tasks are assigned or delegated to the HCW, the Registered Nurse or Nurse Practitioner, who delegated the task maintains responsibility for patient care, refer to Policy 07-010-00 Unregulated Health Care Workers – Nurse Responsibilities.

 Training will be arranged for the unregulated HCW to ensure competency for the following tasks prior to performing them: pediatric height, weight and head circumference; visual acuity; vital signs; glucometer POCT, hemocue POCT; urinalysis (using clinitek) POCT; urine pregnancy test POCT; COVID-19 nasal swab POCT.

Service	Services & Duties	Clerk Interpreters	CHC Administrative Assistant	Custodial Staff	Community Health Representative	Home Care Workers (Level I)	Home Care Workers (Level II) & HCC Representative	DOT/ TB Workers	Mental Health Workers
Direct Patient Care	1:1 Supervision of Patients Formed Under the Mental Health Act <i>*Ensure support staff are comfortable with this task prior to assisting & no relation to the patient</i>								
	Heights & Weights (All Adults)								
	Weigh & Measure Children (Well Child Visits, MD Clinics & Pre-Op Only)	With training	With training	With training	With training	With training	With training	Also include TB program	
	Measure & Document Blood Pressure, Heart Rate, O ₂ Sats – Adolescent & Adult (Using Automatic Machine Only)	With training	With training	With training	With training	With training	With training	With training	
	Measure & Document Heart Rate & O ₂ Saturation – Pediatrics (Using Automatic Machine Only) <i>*Age 6 Years & Older Limitation</i>	With training	With training	With training	With training	With training	With training	With training	
	Home Visits (Includes Patients Not Registered With HCC Program)							Limit to TB	Limit to MHA
	Deliver Medication Blister Packs to Patients <i>*Requires a phone call for approval before</i>								


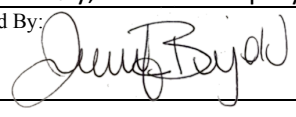
Service	Services & Duties	Clerk Interpreters	CHC Administrative Assistant	Custodial Staff	Community Health Representative	Home Care Workers (Level I)	Home Care Workers (Level II) & HCC Representative	DOT/ TB Workers	Mental Health Workers
Emergency Care	Take & Make Phone Calls								
	Replace O ₂ Tanks	With training	With training	With training	With training	With training	With training		
	Provide Support for Families <i>*Ensure support staff are comfortable with this task prior to assisting</i>								
	Assist With/ Arrange Debriefings & Ongoing MH Support Of Staff And Community								
Lab & Diagnostic Imaging	Perform QC & Patient POCT for Glucometer, Urine Analysis (Clinitek Only), Urine Pregnancy, Hemocue, COVID-19 Nasal Swab POCT – Age Limit To 12 Years of Age & Older <i>*Based on volunteering only & must outline that there is no extra financial incentive to assist with poct</i>	With training	With training	With training	With training	With training	With training	With training	
	Packing Lab Specimens	With training	With training	Also ship TDG: certification required	With training		With training	With training	
	Performing X-Rays	Based on BRT training	Based on BRT training	Based on BRT training	Based on BRT training			Based on BRT training	

Service	Services & Duties	Clerk Interpreters	CHC Administrative Assistant	Custodial Staff	Community Health Representative	Home Care Workers (Level I)	Home Care Workers (Level II) & HCC Representative	DOT/ TB Workers	Mental Health Workers
Program Support	Program Admin- Update Program Spreadsheets <i>*Excel training if needed</i>								
	Recall – Contact Patients to Notify of Appointment Times								
	Make & Deliver Appointment Cards			Delivery only		Delivery only			
	Set Up & Support for Physician & Specialist Clinics								Limit to MHA clinics
	Register Patients in MEDITECH								
Population Health/ Community Liaison	Health Promotion Activities/ Patient Education in Waiting Room (As Directed)					Could they not do this?			
	Communicate Updates to Community & Other Community Agencies, Organizations (e.g., Hamlet)							Limit to TB	Limit to MHA
	Deliver Health Promotion Information on The Radio							Limit to TB	Limit to MHA
	Retrieve List from Schools of Immunizations								
Administrative Support	Monitor Supplies & Order Stock								
	Collect Clinic Statistics (e.g., Number of Patient Encounters) (As Directed By SHCP)							TB program	MHA program

4.2. **Transferred function:** any function transferred from one profession to another through policy or directive, e.g. CHNs are able to diagnose and initiate laboratory investigations without an order from a physician or nurse practitioner. This function was transferred to CHNs from physicians through policy and medical directive.

5. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

- Policy 05-008-00 Nursing Practice- Additional Nursing Functions
- Guideline 05-008-01 Developing a Policy for Additional Nursing Function
- Reference Sheet 05-008-03 Decision-Making Model for Performing Additional Functions and Transferred Functions
- Policy 05-009-00 Transferred Functions

Approved By: 	Date: December 12, 2021
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Approved By: 	Date: Dec 13, 2021
Jennifer Bujold, Chief Nursing Officer	