

 Saskatchewan Health Authority <h1 style="font-size: 2em; margin: 0;">WORK STANDARD</h1>	Title: Assisting Infection Prevention and Control (IPAC) with Patient/Resident Contact Education and Information Gathering	
	Role performing Activity: Nursing/Clinical Leads	
	Location: Saskatchewan Health Authority	Department/Unit: Acute Care and Continuing Care
	Document Owner: SHA IPAC	Date Prepared: May 11, 2020
	Last Revision: November 12, 2020	Date Approved: May 28, 2020
Related Policies/Documentation <ul style="list-style-type: none"> CV-19 A0001 – Acute Care Placement and Precautions Algorithm CV-19 G0032 – Acute Care/Continuing Care COVID-19 Contact Definitions SHA 0050– Acute Care COVID-19 Close Contact Instructions SHA 0051 – Acute Care COVID-19 Non-Close Contact Instructions SHA 0052– Continuing Care COVID-19 Close Contact Instructions SHA 0053 – Continuing Care COVID-19 Non-Close Contact Instructions SHA 0027 Go Data COVID-19 Contact Tracing Application – Contact Data Collection Worksheet SHA 0028 Go Data COVID-19 Contact Tracing Application– Initial Assessment SHA 0029 Go Data COVID-19 Contact Tracing Application – Follow-Up Monitoring Worksheet 		

Work Standard Summary: Nursing/Clinical Leads are asked to assist IPAC with patient/resident education and information gathering regarding their COVID-19 contact status.

Essential Tasks:	
1.	Infection Control Practitioners (ICPs) identify patients/residents as either close or non-close contacts to COVID-19 based on their type of exposure. See CV-19 G0032 – Acute Care/Continuing Care COVID-19 Contact Definitions .
2.	ICPs will phone nursing/clinical leads to gather demographic-type information as well as initial exposure information to help identify their contact status (close or non-close). ICPs <u>may</u> require nursing/clinical leads to gather and report some information back to the ICP. Refer to SHA 0027 Go Data - COVID-19 Contact Tracing Application – Contact Data Collection Worksheet .
3.	<p>Patients/residents identified as contacts to COVID-19 require education regarding their contact status (close or non-close) as well as the type of precautions and monitoring that will take place both in facility and when they go home.</p> <p>ICPs will phone nursing/clinical leads to fill out either SHA 0050 – Acute Care COVID-19 Close Contact Instructions/ SHA 0052– Continuing Care COVID-19 Close Contact Instructions or SHA 0051– Acute Care COVID-19 Non-Close Contact Instructions/ SHA 0053 – Continuing Care COVID-19 Non-Close Contact Instructions for <u>each</u> patient/resident contact as per the ICPs direction.</p> <p>NOTE: Close contacts must be on Droplet/Contact Plus precautions and require <u>daily</u> monitoring for symptoms, including at least twice daily temperatures.</p> <p>Nursing/clinical leads will print and review the instruction and information sheets with <u>each</u> contact, ensuring they understand the precautions and monitoring required both in facility and when they go home.</p> <ul style="list-style-type: none"> ➤ Nursing will place <u>each</u> patient’s/resident’s instruction sheet in the “Progress Notes” section of their chart. ➤ Nursing will provide <u>each</u> patient/resident their information sheet (attached to the instruction sheet) for the type of isolation/monitoring required at home.

4.	ICPs will phone nursing/clinical leads to gather information related to patient/resident risk factors and symptoms. ICPs <u>may</u> require nursing/clinical leads to gather and report some information back to the ICP. Refer to SHA 0028 Go Data – COVID-19 Contact Tracing Application – Initial Assessment .
5.	DAILY , ICPs will phone nursing/clinical leads to follow-up on any change in symptoms for close contacts. ICPs <u>may</u> require nursing/clinical leads to gather and report some information back to the ICP. Refer to SHA 0029 Go Data - COVID-19 Contact Tracing Application – Follow-Up Monitoring Worksheet .
6.	If patient/resident contacts (close or non-close) become symptomatic with COVID-19-like symptoms, nursing/clinical leads will ensure they are on Droplet/Contact Plus precautions, will test for COVID-19, and will notify the ICP.
7.	If patient/resident contacts are transferred to another unit/facility, ensure to <u>document</u> in the transfer notes, the requirement for continued monitoring of symptoms (and possibly additional precautions) for COVID-19 based on their type of contact. Refer to the contact’s instruction sheet for details.
8.	If patient/resident close contacts are discharged before the date noted on the contact’s instruction sheet, they must self-isolate and be referred to Public Health to <u>continue daily</u> monitoring for the remaining time.
9.	If the patient/resident remains asymptomatic until the date noted on the contact’s instruction sheet, the additional precautions for COVID-19 <u>may</u> be altered at the discretion of their physician’s clinical judgement. Refer to CV-19 A0001 Acute Care Placement and Precautions Algorithm .