

Table 2: COVID 19: Screening, isolation and laboratory protocols at an Indigenous Primary Health Care setting in Canada

		Clinic	Community Health	Home Care	Optometry Unit	Dental Unit	Pharmacy
Initial Screening	In person Screening	Dedicated staff at all entrance in a team of two members to screen and triage the visitors /patients. They will be trained and supported by Physicians					
	Via phone Screening	Medical office Assistant's at each desk will be trained to screen on the phone per AHS guidelines. They will be trained and supported by Physicians. Any patient that fails screening but is not in medical distress will be asked to remain at home under self isolation. MOA's will help arrange testing through Maskwacis Ambulance Services and Community Health.					
	Isolation of patient if mandates	Any patient who has red flags on triage screening will be asked to go out of the building and around to the Community Health Entrance where an isolation area will be established. Clinical assessment will be done by physician/NP or RN. PPE should be worn for all clinical interactions in the isolation area					
Engineering	Isolation room	Arrangement has been made so that the equipment of the isolation room should not be shared by other personal					
	Infrastructure	Shared ventilation, No negative pressure This can not be modified at this time.					
	Personal Protective equipment	Available at rooms and training provided on regular about the donning and doffing procedure					
	Disinfection	Disinfection of the room has been done following guidelines after every encounter. Cleaning staff also received refresher courses					
Laboratory		Dedicated RN's or LPN's identified in each area who can collect samples and bring to Lab for processing Protocol for sending samples to the collecting laboratory established					
Communication		Coordination with MOH Central Zone Coordination with local radio and social media Weekly update to the community via channels established					