

Advice for Nurse Practitioners (NPs)

Providing Clinical Services at Multiple Sites

NPs may be required to work across multiple sites in the course of their day, by virtue of having call responsibilities at a zone level, scheduled specialized work at multiple sites, or acting as a resource to multiple facilities, particularly in rural areas. For these reasons, NPs, are not currently required to restrict their activities to a single site. These measures align with measures for Medical Staff.

No NP should be providing care to patients if that NP has any new symptoms that may be consistent with an infectious disease.

However, all NPs working at multiple sites are asked to observe the following measures:

- **Acute Care** – May work at more than one acute care site in a day when required. To optimize workforce availability and support social distancing, departments should configure call schedules and coverage arrangements to minimize cross-site work where possible.
- **Community and Ambulatory Care** – May work at more than one site, including primary care offices and supported living, when necessary. Where possible, coverage arrangements should be designed to minimize cross-site work.
- **Rural NPs and NPs who work across acute and community sectors** – May provide service in multiple areas (ED, hospital inpatients, Supportive Living, primary care offices). Consolidation of coverage arrangements is desirable when feasible.
- **Community Continuing Care settings (such as LTC or Supportive Living)** – In cases where ILI/COVID-19 outbreaks are occurring, special consideration is required. Every possible effort should be made to support facilities with virtual care where available. When on-site care is required, only one NP should be assigned, and that NP should not work at any other site on the same day. This applies when a NP provides episodic patient care. NPs that are regularly providing care at a facility on outbreak must consult with public health and their operational leader regarding additional work restrictions.
- If an NP is determined to have been exposed to a case of COVID-19 while not wearing appropriate PPE, they are legally required to be under 14-day quarantine and should not be at work in any environment. The NP is required to communicate this exposure to their operational leader. Further guidance is found at: [Return to Work Conditions for Exposed Healthcare Workers](#).

If an NP is symptomatic (with fever, cough, runny nose, difficulty breathing, shortness of breath or sore throat) they should immediately self-isolate and complete the online screening tool available at www.ahs.ca/COVID. The NP is required to inform their operational leader. If tested, the NP should follow instructions at www.ahs.ca/results and within the [AHS Return to Work Guide](#).