

Provider Resource Guide: Caring for New Syrian Residents in Nova Scotia

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Introduction

This guide has been developed in response to the Syrian Refugee arrivals in Fall 2015, however, its reach will extend beyond the Syrian population to all refugees in NS. The health system responds to the needs of the Nova Scotian population, including refugees. This includes successful settlement and integration into their communities. Specific to the Syrian arrivals, there remains a number of unknowns, primarily when and how many Syrians will be welcomed to Nova Scotia. For planning purposes, it is assumed that:

- a. Arrivals are likely to occur at the Halifax Stanfield Airport; however, the potential exists that they could arrive at an airports elsewhere in the province;
- b. Nova Scotia could receive between 700 - 1500 Syrian refugees;
- c. Settlement of Syrians will occur across the province with 50% in the Halifax metro area.

To understand the refugee settlement process, consider the following:

- a. The federal government completes medical screening prior to refugees departing their country of origin;
- b. Dental, vision and hearing screening is not part of the medical treatment prior to settlement;
- c. Health benefits for refugees are available for 1 year after their arrival under the Interim Federal Health Program (IFHP);
- d. For the Syrian refugees:
 - The initial reception in Canada will occur in Ontario and Quebec;
 - Depending on the length of time the Syrians are in Ontario and Quebec, which could range from hours to weeks, they may receive additional medical screening and treatment;
 - The Syrians will arrive in NS as permanent residents;
 - The Syrians will qualify for MSI and Pharmacare when they arrive in NS;
 - Self-reported immunization rates are low (approximately 50%);
 - The overall psychosocial state of the Syrians should be monitored (see Mental Health section).

NOTE: This guide is intended to be a living document with continued updates being added over time. The most recent version of this guide can be found on the Nova Scotia Health Authority website: www.refugeehealthns.ca.

Interpretation Services

Interpretation services are essential in delivering care to your patient. When patients have limited English skills, they require an interpreter for both understanding the language as well as explaining medical terminology. This is also impacted by the cultural understanding of health and health care in the Canadian context. Patients may indicate they understand what providers are saying to be polite and respectful, although their comprehension of instructions



or explanation may be quite limited. An interpreter can ensure the patient fully understands what you have discussed during your interaction. Patients new to Canada will need to have explanation on informed consent and their health care rights.

This can be one of the most challenging aspects of caring for your patients. In the community, we expect practitioners will not have funding for face to face interpretation but all providers will have access to phone interpretation.

All Syrian Refugees will be given a language line card with both Arabic and English information on it describing how to access interpretation services. In the event that a patient arrives in your office and does not have their card, please call 1-844-590-7765.

When using an interpreter, it is important to make eye contact and look at your patient, not the interpreter (this can take practice). Generally speaking, using family members as interpreters is not recommended; however, it is often done as a last resort or in emergency situations. Judgment should be used when working with family members as interpreters around the appropriateness based on the test or service that is being done. For example, using a teenage son as interpreter for a mother to explain a PAP test. The risks involved if you do not use a trained interpreter can be found on the NS Interpretive Services website.

For Syrian Refugees, the languages spoken include Arabic (official language), Kurdish, Armenian, Aramaic, and Circassian (widely understood). French and English are somewhat understood.

Please note: the IWK Health Centre has contracts with agencies to provide in-person and telephone interpretation. For care being provided at the IWK, please follow the standard policy and procedures for accessing interpretation and language services.

A quick reference guide in how to use Language Line for telephone interpretation is available for download at: <http://ow.ly/WdPBI>

For access to medical terms in Arabic: <https://www.nlm.nih.gov/medlineplus/languages/arabic.html>

Billing Procedures

The Canadian refugee system has two main parts: the Refugee and Humanitarian Resettlement Program, for people seeking protection from outside Canada (for example, Government Assisted Refugees, Privately Sponsored Refugees); and the In-Canada Asylum Program for people making refugee protection claims from within Canada (refugee claimants). Please visit the following website for more information on Canada's refugee system: <http://ow.ly/WdQ69>. Resettled refugees encompass the majority of refugees who will enter Canada in 2015-16.



Upon arrival, all Syrians are considered permanent residents and therefore are entitled to NS MSI coverage. All Syrian's will be asked to provide their permanent resident documentation and a HCN will be issued. The provincial health system (MSI) will be the primary payer; however IFHP will cover aspects that are not paid for by MSI. MSI insured physician services, provided both in the hospital setting and outside the hospital setting, are billed as usual through MSI; this includes any physicians who are on AFP, APP and/or Fee for Service.

The Interim Federal Health Program (IFHP) is available for refugees for a twelve (12) month period. This entitles Syrian refugees to supplemental health care services over and above the usual MSI. The IFHP will provide limited reimbursement for eligible supplemental health care services for Syrians. In order for service providers to qualify for reimbursement, they must pre-register through IFHP (<http://ow.ly/WdQwZ>).

Please note that patients who are Refugee Claimants are not eligible for MSI and rely solely on IFHP coverage. These may include medical issues that are of a public health concern (such as TB) or some supplemental services (dental, optometry, psychological). In order to bill with IFHP, providers need to be registered. The information on the Interim Federal Health Program can be found on their website: <http://ow.ly/WdR32>. The different benefit grids are here: <http://ow.ly/WdXbc>.

Please note:

- If Hearing and Speech are located within the hospital setting and provide services, the providers MUST pre-register through IFHP and bill for services.
- Dental and Oral Surgery uninsured services, requires the providers to pre-register through IFHP and are required to bill IFHP for services rendered.

The medications covered by IFHP (with basic coverage) include those medications listed on the MSI formulary as well as those found on their website: <http://ow.ly/WdSDC> (IFHP) and <http://novascotia.ca/dhw/pharmacare/documents/formulary.pdf> (NS formulary)

There is a list of IFHP providers on their website (<http://ow.ly/WdRXz>). Prior to referring any patients to these providers, it is important to call to confirm they are accepting refugee patients, as some practitioners, companies and organizations have registered to bill to IFHP, but have decided to stop these services to refugees. If your patients are sent to a provider that doesn't take IFHP clients, they will be given an invoice they may not be able to afford to pay. Access to optometry, dental and pharmacy services in your area are important connections to make. Please note that IFHP coverage does not allow patients to pay upfront,



submit their own claim, and be reimbursed. It is the health care provider who must submit the claim.

As a primary care practitioner, the initial Post Arrival Health Assessment (if it is not already completed) will be billed to IFHP, as the rate is higher than a regular appointment (this assessment requires more time than a typical office visit). The remaining primary care visits are billed to MSI. The Bridge clinic in British Columbia hosts a website (<http://www.refugeehealth.ca>) that provides a good brief overview of IFHP, and how to bill to them. For questions about billing, please feel free to contact the **Transitional Health Clinic for Refugees office at 902-487-0368 or toll free 1-844-762-8080.**

Post Arrival Health Assessment

The Post Arrival Health Assessment (PAHA) is the initial interaction with the arriving family and health care provider. Appendix A shows the Comprehensive Refugee Health Record used in the Transitional Health Clinic for Refugees (THCR) as a guide. This has been created by the THCR physicians based on Refugee Health Guidelines published by Kevin Pottie et al. (2011) (<http://ow.ly/WdSXL>).

There are links to various resources for providing primary care to your refugee patients from the College of Family Physicians of Canada: http://www.cfpc.ca/Refugee_Health_Care/

Normally the PAHA would occur within 1-2 weeks of arrival to the community, however, more pressing issues such as housing and social supports can modify this timeline if there are no urgent or emergent health concerns identified.

The PAHA will take longer than a regular office visit, and is done as a family, where applicable. It will require even more time if there are more adults in the family as they typically have more health needs than the children. For example, a (typical) five member family is usually booked for 1.5 hours for their PAHA with the primary care provider. When done individually, these should be scheduled for 30 minutes per person.

Prior to beginning the assessment, introductions should be done as well as an explanation of how the office works and when to book an appointment. Patients will arrive with varying experiences with health care which may differ widely from the Canadian approach to care. An overview is provided of the system in NS (routine appointments, urgent appointments and emergency department usage) as well as the social requirements around being on time for appointments. Patients need to be advised of patient confidentiality (especially important for women and adolescents).



Urgent health concerns for any of the family members should be addressed in this initial appointment, and bookings for more personal screening when appropriate (e.g Pap tests for women, etc).

Women should be offered contraception during the first visit and this should be discussed with her alone if possible. Patients often prefer IUDs. The federal formulary does not have coverage for this, but you may be able to get one for free from the SOGC compassionate program <https://compassion.sogc.org/how-ccap-works/>. The Mirena is covered by the provincial formulary.

Screening should include routine baseline blood tests, age appropriate screening for diseases as well as screening for infectious diseases as listed on the comprehensive refugee health record as attached. It should be noted that Syria, Turkey, Lebanon and Jordan are not malaria endemic zones. However it is important if any of your refugee patients have been in a malaria endemic zone, you should have a low threshold to send them for a malaria smear if they have signs/symptoms of malaria.

There may be a high prevalence of mental health issues, such as PTSD in this population, however it is not recommended to do a routine *screening* for these. Any urgent or severe mental health issues do need to be addressed immediately, however, there may be some PTSD like symptoms initially that may diminish once the family has been established in their permanent residence in NS (detailed information under Mental Health section of this guide).

The first round of vaccinations is usually booked as a separate appointment (detailed information under immunization section of this guide).

Assessing the family members' health literacy will occur over time, however it is important to assure the family will be able to access medications you have prescribed and understand how to get refills, and how to seek interpretation services when they need it right away. It is also extremely important to ensure patients understand any chronic conditions, and if they will need to continue taking their medication long term (important for managing hypertension, diabetes, cholesterol, hypothyroidism, etc).

Additional resources for preventative and primary care for refugees are here: <http://ow.ly/WdTCD> (For Syrian Refugees) and <http://www.kidsnewtocanada.ca/> (a good resource for children)

In order to ensure access to basic medical information for all new refugees, completed PAHA's will be scanned and shared with the Horizon Patient Folder (HPF). If your patient's PAHA was done by another provider and you would like to view it, call 1-877-410-0014 or fax a request on your letterhead including patient name, health card number and date of birth to (902) 473-4999. If you have completed a PAHA, this information should be made available to other



providers. Please fax a copy to (902)-473-4999. The detailed process for this can be found in Appendix B.

Immunization Guidelines

Immunization and catch-up vaccination for refugees should be provided according to the Nova Scotia Immunization Schedule and NACI guidelines. For refugees who arrive without any documentation of immunizations, the Transitional Health Clinic for Refugees uses the tables found in Appendix C.

According to WHO estimates, immunization coverage in Syria was above 80% until around 2011/2012. This includes coverage for Bacillus Calmette-Guérin (BCG), Diphtheria, Tetanus, Pertussis (DTP), polio (OPV), Measles, Hepatitis B, Haemophilus Influenzae Type B. (<http://ow.ly/WdTRN>) Given the timing of the conflict, all children under 60 months of age are likely to be under immunized with a large proportion unimmunized. Confirming or updating immunizations is not part of the immigration medical examination. The policy for publicly funded vaccines: <http://ow.ly/WdU3k>

TB Screening /Skin Testing

Refugees are at risk for acquiring tuberculosis due to exposure in refugee camps and over-crowded living conditions. This risk is amplified for those coming from TB endemic countries (incidence of 30 per 100,000 per year). Screening for latent TB infection (LTBI) is advisable in immigrants and refugees from these countries. For patients presenting with symptoms consistent with tuberculosis, a CXR is recommended to rule out active disease.

Refugees arriving in Nova Scotia have undergone screening for active tuberculosis (i.e. history, physical and chest x-ray) as part of their Immigration Medical Examination. Reports indicate that the incidence of tuberculosis in Syria, neighboring countries and among Syrians in refugee camps is low. **Routine screening for latent tuberculosis infection (LTBI) with Tuberculin Skin Test (TST) is NOT recommended for Syrian immigrants.** You can request baseline CXR (if completed) or medical information from immigration exam on a case basis - email: Nat-Med-Surveillance@cic.gc.ca.

“The goal of testing for LTBI is to identify individuals who are at increased risk for the development of active TB and therefore would benefit from treatment of LTBI. Only those who would benefit from treatment should be tested, so a decision to test presupposes a decision to treat if the test is positive” (Canadian Tuberculosis Standards, 7th edition).



Contact your local Public Health office or Transitional Health Clinic for Refugees for TST screening recommendations, administration and reading of TST results for individual patients. See contact information in Appendix D.

Tips and Guidelines

- Allow extra appointment time for your patients initially, and then you can decrease the appointment length over time.
- Use an appointment reminder system **with interpretation** to avoid no-shows from your patients due to a lack of good communication or understanding.
- Use either face to face interpretation (if funding is available) or phone interpretation for all interactions until your patient is comfortable to communicate well and can understand everything required for health care in English.
- When sending a referral to a specialist you can go on the CPSNS website and search physicians by specialty and language (<http://ow.ly/WdUcv>). Patients are very grateful if they are able to see someone who speaks their own language. If not available, use hospital based specialists whenever possible to allow for funded interpretation services for appointments.
- When referring patients for dental, vision or any other payable specialty service, check with local resources to see who is an IFHP provider and will see your patients, or your local public health office.
- Collaborate with ISANS (in Halifax) or your local YMCA (outside Halifax) as they are the settlement agencies for NS. They provide support for patients and can help find the programs and services your patients might need.
- Use 211 for support with appropriate social programs for patients. Patients can also call to use this number themselves and say their language (e.g. “Arabic”) and the service will provide interpretation in that language.
- Halifax Refugee Clinic (HRC) is a non-profit, non governmental **LEGAL** clinic with specialized services to serve **refugee claimants** that may also take on other refugee/immigration related matters on a case by case basis. Do not contact them or send them clinical information in error due to the similar nature of the name of the organization.



Pharmacare

The IFHP provides refugees with coverage for prescription medications for one year. Following the first year, assistance with the cost of prescription medications through Nova Scotia Pharmacare programs is available after the year has ended.

Pharmacies must register to become an IFHP provider by contacting Medavie Blue Cross directly. Once registered, pharmacies are required to contact their software vendors to update their carrier codes so that IFHP pharmacy claims can be submitted electronically to Medavie Blue Cross.

More information regarding Nova Scotia Pharmacare programs can be found on the Nova Scotia Pharmacare website at <https://ns.pharmacare.ca>

Mental Health

Nova Scotia Health Authority has identified psychiatrists and staff who speak Arabic to assist with translation services. All referrals for mental health and addictions will continue to be accessed by contacting local mental health and addictions services. This will include screening for PTSD. Staff have been identified to provide specialized therapy as required for this diagnosis.

In cases with more urgent needs, or for questions after hours and on the weekends, anywhere in Nova Scotia, contact Mental Health Mobile Crisis (youth and adults): available 24 hours a day, 7 days a week at 1-888-429-8167, with interpretation services capability.

Canadian Mental Health Association (CMHA) has printed resources on common mental health and addictions conditions in multiple languages, including Arabic. To learn more, please visit: <http://goo.gl/jc96nZ>

Oral Health

Access to oral health care can be a challenge for refugees. Connect with your local settlement agency (ISANS or YMCA YReach) for assistance with access to oral health care. Similarly, public health dental hygienists often have local relationships that may aid in sorting through these issues. Feel free to contact your local Public Health office to see what assistance may be available. This contact information can be found in Appendix F.

IWK Health Centre

The IWK Health Centre is working with the NSHA to plan and support Syrian Refugee families as they arrive and settle in Nova Scotia. Key things to note regarding the IWK for Health Care Providers would be:



General Information - Normal referral and triage processes are in place across the province for specialist access. The IWK has an interpretation of languages policy, and has access to face-to-face and telephone interpretation for all programs across the Health Centre.

Women's Health - The IWK has a specialty clinic for women with physical disabilities and/or functional limitations. This clinic has accessible equipment and facilities; including power female procedures chair system. This clinic is available to women through self-referral. To make an appointment please call **902-470-7432**.

Prenatal Care - If there is a need for referral to IWK Family Practice Prenatal Care, the referral needs to specify exactly that. If it does not specify IWK Family Practice Prenatal Care, the referral will be sent to Obstetrics to be triaged. Once the referral clearly specifies IWK Family Practice Prenatal Care the referral can be faxed to the Perinatal Centre booking office at **902-470-7467**. The phone number to the office is **902-470-6445** and the name of the booking clerk is Leslie Slaunwhite.

Pediatrics - Referrals will be received and triaged as per usual processes for children and youth up to their 16th birthday.

Mental Health and Addictions - The IWK has identified key leads to Syrian Refugee children and youth to respond to average stress reactions. The IWK Mental Health and Addictions programs and services are available as well through usual referral and triage, for any issues that are significant or prolonged. Services are available at the IWK for youth up to their 19th birthday. Please follow routine referral procedures, i.e. central referral or Emergency Department as appropriate for children and youth up to their 19th birthday.

Emergency Department - The Children's Emergency Department at the IWK Health Centre is available to provide care for any unscheduled illnesses or injuries. Medical care is provided until the 16th birthday, and mental health care is provided until the 19th birthday. The contact information for health care provider referral is **902-470-8050** with the Charge Nurse being the most appropriate contact. Telephone interpretative services are available to assist in providing care.

Resources to support children, youth and families:

Canadian Pediatric Society - Caring for Kids New To Canada Guide

This comprehensive online guide has information on a wide range of topics, including medical assessment of refugee children, adaptation and acculturation, Post-traumatic stress disorder, etc. The website also features resources to help families navigate the health system and to make connections with local communities. <http://www.kidsnewtocanada.ca/>



American Psychological Association

Working with Refugee Children and Families: Update for Mental Health Professionals

<https://www.apa.org/pubs/info/reports/refugees-health-professionals.pdf>

811

The goal of 811 is to provide reliable health information and advice from a registered nurse 24 hours per day, 7 days per week by simply dialing 8-1-1 on your home telephone or hand held device. Experienced registered nurses provide health advice and information on a broad range of health related topics and symptoms. This service is provided in over 120 languages, including Arabic, through a third party language interpretation service.

Individuals who require service in a language other than English or French often need information about the call handling process to ensure access to the 811 service in their language of choice. At any time once a caller makes contact with 811 staff, they may access service in another language by simply stating *the name of their language of choice*, “*help*” or the word “*interpreter*”).

Emergency Health Services (EHS)

For the first year of residency in Canada, Syrian Refugees will not have to pay for any ambulance services utilized. When possible, Emergency Medical Care (EMC) will contact Medavie Blue Cross to bill IFHP directly for any ambulance fees incurred. EMC will utilize the NS Health Card numbers provided to Syrian refugees to identify and initiate the alternate billing process. In some cases, identification as a Refugee may not be possible and an ambulance bill may be issued. Should a bill be inadvertently sent directly to a Syrian refugee within the first year of residency, EHC Billing office should be notified at **902-832-8337** or toll-free **1-888-280-8884**. After one year of residency, the IFHP coverage will expire and Syrian refugees will be subject to the same ambulance service fees as all NS residents holding a MSI card. 911 should be used in the event of an emergency. **For further details on the 911 service is detailed at: <http://novascotia.ca/just/emo/911/>.**

Continuing Care

Continuing Care serves persons who need ongoing care, either on a long-term or short-term basis. In Nova Scotia, Continuing Care Services, including a range of home and community care and long-term care services, are administered and delivered by the provincial health authority and funded by the Department of Health and Wellness (DHW). **1-800-225-7225** connects individuals to continuing care services or visit novascotia.ca/dhw/ccs.





Appendix B – Patient’s Clinical Information

Health Information Management Services implements and maintains a patient’s health record, (electronic and/or paper based) of all patient specific information regarding the provision of health care services. Records Management specializes in the management of the content of the health record by ensuring the correct information is in the health record and is accessible for health care providers (who have appropriate authorization) for ongoing patient care.

These standards are intended to support the practice of health record management in a consistent manner across the Nova Scotia health system.

The prerequisites for accurately managing the patient health record are as follows:

Government Assisted Refugees who are in Halifax at a Welcome Centre location for a period of time and present for Health Care:

Step 1: Registration of the Patient Visit

- Identifying the patient/client at point of service
- Searching for the client in the relevant registration system
- Selecting and Verifying the patient/client identity
- Register the client in the relevant registration system

Step 2: Management of the Content of the Health Record:

- Health Information accompanying the patient/client will be photocopied and the original will be returned to the patient/client. The copy will be sent to Central Zone Health Records Department for permanent record keeping. This could include:
 - Immigrant Medical Exam (done in-country)
 - Canadian health assessment post arrival (if completed in Ontario or Quebec)



- Interim Federal Health Certification of Eligibility
- Any other documents which may accompany the patient/client from home country
- Post Arrival Health Assessment (PAHA) will be completed within the Primary Health Care information system (Nightingale). This assessment will be printed with appropriate patient identifying information applied and faxed to the Central Zone Health Information Services at 902-425-2017.
- Health Information Services will create a health record and scan the health documents into the electronic chart in McKesson Horizon Patient Folder (HPF).

Step 3: Access to Health Information for Ongoing Patient Care

- Health documents that are scanned into HPF are viewable to all physicians and clinicians who have direct access to HPF and/or the HPF tab in the Provincial Electronic Health Record known as SHARE.
- Clinical care providers who do not have authorized access to HPF or the HPF tab in SHARE, will be required to contact Central Zone Release of Information Office by calling 1- 877-410-0014, or by faxing a request on your letterhead including the Patient Name, Health Card Number and Date of Birth to 902-473-4999.

Private Sponsored Refugees who arrive and go directly to their permanent residence and present for health care:

Step 1: Registration of the Patient Visit

- Identifying the patient/client at point of service
- Searching for the client in the relevant registration system
- Selecting and Verifying the patient/client identity
- Register the client in the relevant registration system



Step 2: Management of the Content of the Health Record

Health Information accompanying the patient/client:

- will be the responsibility of the patient/client
- will be available to the clinical provider upon presentation for health care services from the patient/client
- Health Information accompanying the patient/client will be photocopied and the original will be returned to the patient/client. These documents would include:
 - Immigrant Medical Exam (completed In-country)
 - Canadian health assessment post arrival (if completed in Ontario or Quebec)
 - Interim Federal Health Certification of Eligibility
 - Any other documents which may accompany the patient/client from home country
- Clinical care provider will follow established Record Management practices to ensure confidential safe keeping of the patients/client health information
- Post Arrival Health Assessment (PAHA) will be completed by the patient's provider and charted within their health record (paper/EMR). The provider is required to fax the PAHA, along with all other documents (listed above), with appropriate patient identifying information applied to the Central Zone Health Information Services at 902-425-2017.

Step 3: Access to Health Information for Ongoing Patient Care

- Access and Release of Information of the patients/client health information will follow established policies/practices specific to the health care provider or organization who provided care



- Hospital
 - Primary Physician's Office
 - Dental / Vision
 - Etc.
- Health documents that are scanned into HPF are viewable to all physicians and clinicians who have direct access to HPF and/or the HPF tab in the Provincial Electronic Health Record known as SHARE.
 - Clinical care providers who do not have authorized access to HPF or the HPF tab in SHARE, will be required to contact Central Zone Release of Information Office by calling 1- 877-410-0014, or by faxing a request on your letterhead including the Patient Name, Health Card Number and Date of Birth to 902-473-4999.



Appendix C – Immunization Tables (THCFR)

Adults are vaccinated according to the >7 years old schedule. For children 1-6 years of age, providers should consult the Canadian Immunization Guide (CIG) for each patient, as there are differences between ages and which vaccines they'll need and how many (especially for DTaP-IPV and Hib). For infants under 1 year of age, consult the CIG <http://ow.ly/WdUwa>. This is also the same link for any full recommendations of unimmunized individuals of any age.

Varicella immunity should be included in the blood tests for all patients aged 13 and 49, as they do not receive MMRV (they receive MMR and varicella vaccines separately) and should only receive the varicella vaccine if non-immune or equivocal. For specific immunization schedules (under age of 7) use CIG if unclear with guide in table below.

Note: The tables below reflect the Transitional Health Clinic for Refugees interpretation of the NS Immunization Guidelines (found here: <http://novascotia.ca/dhw/cdpc/immunization.asp>).

Unimmunized people 7 years and older	
Visit	Vaccine
Initial	Tdap-IPV, MMRV (7y-12y), MMR (≥13y), varicella (susceptible 13y-50y) and *Meningococcal C
2 nd visit- 2 months later	Tdap-IPV, MMRV or **MMR, varicella (susceptible 13y-50y), Pneumococcal polysaccharide (≥65y) ***TST
3 rd visit- 6 months after 2 nd visit	Tdap-IPV
*Meningococcal may be given at second visit when patient already requires 3 additional vaccines to lessen injection sites per visit. **Born after 1970, 2 doses MMR, born before 1970, one dose.	
***TST VISIT	Good timing for TST is one month-7 weeks after initial vaccines, as TST has to be min 4 weeks after any live vaccine, and can be done any time before or at the time of vaccine administration.

Unimmunized children ages 1-6 years



Visit	Vaccine
Initial	DTaP-IPV-Hib*, MMRV, Meningococcal C, Pneumococcal**
2 nd visit- 2 months later	DTaP-IPV, ***TST
3 rd visit- 2 months after 2 nd visit	DTaP-IPV
4 th visit- 12 months later	DTaP-IPV
4-6 years of age	Tdap-IPV, MMRV
*Hib vaccine given before 15 months requires 2 doses, 2 months apart; between 15-59 months, 1 dose. Over 59 months, Hib vaccine not required unless high risk.	
**No pneumococcal vaccine is required after 59 months of age if not high risk.	
***TST VISIT	As above table



Appendix D - Contact Information



NAME	ORGANIZATION	EMAIL	PHONE
Special access line for medical questions	Transitional Health Clinic for Refugees		902-487-0368 (Halifax local) or 1-844-762-8080
Ashley Sharpe, RN	Transitional Health Clinic for Refugees	Ashley.sharpe@nshealth.ca	(902)487-0269
	Public Health rep		
Zrinka Seles-Vranjes	Immigrant Settlement Association of Nova Scotia (ISANS)	zvranches@isans.ca	(902) 406-8639
Gillian Zubizarreta	Halifax Refugee Clinic (Legal clinic and settlement services for refugee claimants)	halifaxrefugeeclinic@gmail.com Fax: (902) 422-7529	(902) 422-6736
<p>YMCA- YREACH - YMCA program that provides information, orientation and settlement support to refugees, immigrants, and temporary foreign workers and their families who are new to communities across the province of Nova Scotia.</p>			
Location	Name	Email	Phone
Cape Breton (Sydney)	Rob Martin	rob_martin@ymca.ca	902-562-9622
Cumberland (Amherst)	Brent Noiles	brent_noiles@ymca.ca	902-667-9112



Fundy (Cornwallis)	Jill Balser	jill_balser@ymca.ca	902-638-962 2
Lunenburg County (Bridgewater)	Avneesh Hingorani	tina_mirchandani@ymca.ca	902-543-962 2
Pictou County (New Glasgow)	Wendy Hughes	wendy_hughes@ymca.ca	902-752-020 2
Colchester County (Truro)	Esther Bejarano	esther_bejarano@ymca.ca	902-471-556 3
Yarmouth County (Yarmouth)	Dolores Atwood	dolores_atwood@ymca.ca	902-742-718 1



Appendix E - Positive Patient / Client Identification

The purpose of Provincial Registration Standards and Practices is to describe the standards, rules and business practices related to identity management to be applied when registering patient/clients prior to delivering health care services to them.

These standards are intended to support the practice of identity management in a consistent manner across the Nova Scotia health system.

The prerequisites for accurately creating a patient/client identity are as follows:

- Identifying the patient/client at point of service
- Searching for the client in the relevant registration system
- Selecting and Verifying the patient/client identity
- Registering the client in the relevant registration system

Registration Standards:

- All individuals accessing NS health services are required to uniquely identify themselves
- Only true and accurate data about patients/clients are recorded in the registration system and must be in the English alphabet
- A search of all relevant registration systems will be conducted prior to completing a registration
- All patient/client demographic information must be verified with the patient/client prior to completing a registration
- A unique identifier (HCN/FGHCN) is assigned to all patients/clients in the NS health system
- A patient/client registration must include a minimum set of demographic information. The minimum set of demographic information consists of:



- Legal last name and first name (Health does not accept nicknames)
- Date of birth
- Gender
- Health Card Number
- Address of Residence

Registration Rules:

- Patients/Clients with only a LAST NAME - should have the last name entered in both the last name and first name fields.
- Patients/Clients with only a FIRST NAME - should have the first name entered in both the first name and last name fields.
- Date of Birth is a mandatory data requirement; enter as the configuration of the relevant information system.
- Gender - For the purposes of identification, the gender, as declared by the patient/client is the Administrative Gender and is recorded as either M or F. U is ONLY used for a baby that is born with an undifferentiated gender. Client Registry returns the gender value when searching Active CR; gender is also indicated on the HCN card.
- Health Card Number - Individuals are Permanent Resident Status when they enter Canada. NS Health Card Numbers will be available the day the individuals arrive in NS. Should an individual require immediate health services and they do not have a NS HCN, hospitals or health centres are to generate a FGHCN (Facility Generated Health Card Number). Should Central Zone require a FGHCN to be assigned, please call IWK - Central Patient Registration at (902) 470 - 7077 and they will generate a number on behalf of Central Zone.
- Guarantor/Insurance - If the patient/client is over the age of 16, record the patient/clients name and demographics; if the patient/client is under the age of 16, record the parent or guardians name in the relevant registration system
- Insurance - PRIMARY is NS HCN - select DoH/MSI Pay;
 - SECONDARY is IFHP and record their IFHP program number



- Address - the address where they reside at the time of the registration; could be their temporary or permanent residence.
- Phone Number - this is the phone number where the patient/client can be reached at the time of the registration



Appendix F - Links and Resources



GENERAL AND HEALTH	
Syrian Refugee Health Guidelines	http://ow.ly/WdTCD
Refugee Health Guidelines	http://www.cmaj.ca/content/early/2011/07/27/cmaj.090313.full.pdf
Refugee Health Care in Canada (Bridge Clinic)	http://www.refugeehealth.ca/overview-br-coverage/refugee-categories
Refugee Health Issues/IFHP/Health care Group	http://ow.ly/WdV3g
Preventative Care checklists	http://ow.ly/WdVfO
Immigrant and Refugee Children- Health	http://profile.cich.ca/en/index.php/chapter4
Communicable Disease Report- PHAC	http://ow.ly/WdVol
Medical terms in Arabic (and others)	https://www.nlm.nih.gov/medlineplus/languages/arabic.html
Canadian Refugee Health Network	http://ow.ly/WdVIA
PATIENT RESOURCES	
Canadian Refugee Health Network	http://ow.ly/WdWip
Context and Mental Health	
Mental Health and Psychosocial Report- Jordan Camp	http://ow.ly/WdWqz
UNHCR Report	http://ow.ly/WdWwM
IFHP	
IFHP (Please note there are errors in the provider lists. Not all accept IFHP or are familiar with the program)	http://ow.ly/WdR32
IFHP benefit grids	http://ow.ly/WdXbc
IFHP providers	http://ow.ly/WdRXz
IMMUNIZATION	



Nova Scotia Immunization Guide	http://novascotia.ca/dhw/cdpc/documents/immunization-manual.pdf
Schedules for unimmunized or partially immunized individuals	http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php
Vaccine specific information	http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-eng.php
Publicly funded vaccine policy NS	http://ow.ly/WdU3k
TB	
Canadian TB standards	http://ow.ly/WdXzb
BCG World Atlas	http://www.bcgatlas.org/index.php
Testing guidelines	http://www.cmaj.ca/content/early/2010/07/15/cmaj.090302.full.pdf
TST calculator	http://www.tstin3d.com/en/calc.html or email dick.menzies@mcgill.ca

