

CARING FOR COMMUNITY CASELOADS DURING THE COVID-19 PANDEMIC

This document guides the community health/hospice clinician through all procedures that have been developed to address the COVID-19 pandemic. As this emergency evolves and the situation changes, these guidelines may be updated. Thank you for your commitment to our patients.



Before every visit, the patient screening questions must be asked and answered. This will determine whether universal precautions or droplet precautions are required.

Perform before all scheduled visits except for patients with known or presumed COVID positive status

A.

Call patient and screen using questions below prior to performing all visits.

1. Is the patient experiencing the new onset or worsening of any of the following symptoms?
 - a. FEVER OR CHILLS
 - b. COUGH
 - c. SHORTNESS OF BREATH
 - d. FATIGUE
 - e. CONGESTION OR RUNNY NOSE
 - f. HEADACHE
 - g. SORE THROAT
 - h. LOSS OF TASTE OR SMELL
 - i. MUSCLE OR BODY ACHES
 - j. NAUSEA OR VOMITING
 - k. DIARRHEA

2. Has the patient been tested due to active symptoms?

3. Is any household member of the patient COVID positive?

4. Do you or a household member use a nebulizer? YES NO
 - a. If yes to use of nebulizer in the home:
 - i. When was the last nebulizer treatment?
 - ii. When is the next nebulizer treatment due?

B.

If screening questions are negative, perform visit using Universal Precautions.

C.

Actions for Positive Responses to Screening Questions

- 1. If the answer to screening question #1 is yes:**
 - a. Contact the PCP to review symptoms and for PCP guidance as to COVID status of patient and testing.
 - b. In the absence of PCP guidance, proceed with droplet precautions until COVID status can be ascertained and monitor for resolution of symptoms.

- 2. If the answer to screening question #2 is yes:**
 - a. Proceed with droplet precautions until the test result is available and then use appropriate PPE based on the test result.
 - b. Enter a PointCare visit alert-COVID presumptive
 - c. As the patient's COVID status changes, the existing point care alert will be ended with the appropriate date and if needed, a new point care alert is started.

- 3. If the answer to screening question #3 is yes:**
 - a. Enter PointCare visit alert for positive screen with reason.
 - b. Initiate droplet precautions and provide procedure mask for patient.
 - c. Preferable that the household member is not present in the room during the visit.

- 4. If the answer to screening question #4 is yes:**
 - a. Add PointCare visit alert- Nebulizer treatments in home.

- 5. If you do not have adequate PPE on hand, do not perform the visit.**
 - a. Contact your scheduler to put the visit on hold.
 - b. Return to the office to obtain adequate PPE and receive additional instructions from your manager.
 - c. If patient or household member reported having used a nebulizer, use Droplet Precautions until at least 3 hours after the nebulizer treatment. See tips on caring for a patient with a nebulizer for additional guidance (Sections 3 & 5 of this guide).
 - d. If the patient also answered yes to COVID screening questions, and/or has concerning symptoms assessed during the visit, call the PCP as above.

- 6. For all situations, above, contact your Clinical Manager by phone to notify of positive screen and any additional guidance from the PCP. Your manager is responsible for making other entries in HCHB that will assist with reports.**

SECTION 2: Understanding Patient Status

Positive Screen | COVID-19 Presumptive | COVID-19 Positive

A.

Patients with Positive Screens (via phone call prior to visit)

1. Identified in HCHB via Point Care Alert that specifies + SCREEN.
2. Depending on screen response, and actions of PCP, patient may or may not progress to either Presumptive or Positive.
3. Absent either a "Presumptive" or "Positive" status, or active respiratory symptoms and fever, patient should be treated with Universal Precautions PPE. If the screen relates to a household member, follow Patient Care Guidelines, section 5 of this document.
4. If patient shows symptoms as per the SCREEN and you have not received guidance yet from MD, treat the patient with Droplet Precautions and provide patient with a procedure mask until otherwise indicated by MD instructions.

B.

Patients with a COVID Presumptive Point Care Alert

1. PCP has indicated that patient should be presumed to be COVID+ but either has not had a test, or who has a test pending.
2. Should be considered COVID+ and visits should be performed using Droplet Precaution PPE standards including providing a procedure mask for the patient to wear during visits.
3. Patients who are Presumed COVID+ should be monitored for recovery/absence of symptoms and Point Care Alert will be removed once determined to be no longer infectious (see additional guidance in Section 5 of this document).

C.

Patients with a COVID Positive Point Care Alert

1. Patients who have had a documented positive COVID-19 test.
2. All visits should be performed using Droplet Precaution PPE standards.
3. Patients should be monitored for recovery/absence of symptoms and Point Care Alert will be updated once determined to be no longer infectious (see additional guidance in Section 5 of this document).

D.

Nebulizer noted in Point Care Alert

1. Patients using nebulizers are specifically noted because the nebulizer procedure produces aerosol particles.
2. See additional guidance in Section 3 (PPE) and Section 5 (Patient Care Guidelines) in this document.

A.

Patients with no Point Care Alert and no active symptoms

1. Universal Precautions PPE. Patient and family members don personal mask (may be cloth).

B.

Patients with Positive Screen Point Care Alert but no active symptoms and no further instructions from MD

1. Universal Precautions PPE. Patient and family members don personal mask (may be cloth).

C.

Patients whose Positive Screen relates to household member but not to patient

1. Droplet Precautions and provide Procedure mask for patient.
2. Preferable that household member is not present in the room during the visit.

D.

Patients with active new onset symptoms and pending guidance from MD

1. Droplet Precautions PPE and provide Procedure Mask for patient.

E.

Patients either Presumed or Positive COVID Point Care Alert

1. Droplet Precautions PPE and provide Procedure Mask for patient.

F.

Patients with Nebulizer Point Care Alert

- a. Universal Precautions PPE if:
 1. Patient visit is scheduled at least 3 hours after use of nebulizer.
 2. Patient can perform nebulizer in a separate, closed room away from where the visit is being performed.
 3. If patient has respiratory symptoms due to underlying health condition, provide a Procedure Mask for the patient to wear during the visit.
- b. Droplet Precautions PPE if above applies but patient is COVID-Presumed or COVID-Positive.
- c. Droplet Precautions PPE if:
 1. Patient is dependent on clinician to perform the nebulizer treatment during the visit or if visit must be scheduled within a 3 hour time frame.

SECTION 4: PPE definitions, agency PPE par levels and processes for managing PPE in the field

UNIVERSAL PRECAUTIONS

- Patient dons personal mask (may be cloth). *Children under two years of age do not require masking.*
- Clinician maintains 6 feet social distance when able during the visit.
- Family members are asked to be masked and maintain 6 feet social distancing during the visit, unless directed to be closer for teaching.



FACE MASK



SHIELD



HAND HYGIENE



GLOVES

If invasive procedure

TYPE OF PATIENT VISIT

Negative COVID screen

All patients not COVID-presumptive or COVID-Positive

Post neb Rx of 3 hrs. and Non COVID-Pre-sumptive or COVID-Positive

DROPLET PRECAUTIONS

ENVO N-95 or Traditional N-95
(Must wear face mask over ENVO N-95 mask due to the exhalation valve)



FACE MASK OVER ENVO



SHIELD



HAND HYGIENE



GOWN



GLOVES

TYPE OF PATIENT VISIT

Positive screen to the screening questions - contact clinical manager for relevance

COVID-Presumptive or COVID-Positive

Nebulizer patient and clinician must assist in the performance of the neb Rx (ALL patients)

Patients requiring trach care/suctioning during visit

A.

Visiting Clinicians Assigned to In-Person Visits

a. Biweekly Distribution for full time staff (shorter schedules will have adjusted par levels):

1. 70 Procedure Masks - all disciplines – for universal masking and to provide to symptomatic patients.
2. 6 Gowns (all disciplines) for COVID Presumed or COVID Positive use and for patients dependent on staff for Nebulizer.
3. ENVO Mask with 2-3 filters or two N-95 masks (single use)
4. 1 Face Shield (in paper bag) – all disciplines.
5. Gloves and Wipes, and/or disinfectant spray solution.

B.

Managing PPE

- a. Plan community patient care in order of non-COVID patients, positive screen with symptoms, presumptive, then positive.
- b. Universal Procedure Mask: One per patient use; once doffed, must be discarded and a new face mask donned.
- c. Gowns and Gloves: One time use, use clean techniques for doffing/disposal and practice good hand hygiene.
- d. ENVO mask with filters: One filter is to be utilized with each COVID positive/COVID presumptive patient. Disassemble mask following visit, seal filter in plastic bag and discard, clean mask and store in paper bag.
 1. Full cleansing and drying of mask and strap should occur at clinician's home at end of day, and then ENVO can be returned to its carrying case for the next work day.
- e. N-95 – one time use for each COVID positive/COVID presumptive patient.
- f. Plastic Face Shield: All staff are issued one shield to be used until worn. Face Shield will provide eye protection and will help keep the exterior surface of your mask clean. Face Shield should be cleaned with sani-wipe/ alcohol wipe and returned to paper bag in between uses. If Face Shield is not usable, contact your central supply department.
- g. Use of plastic bag for protection of tablet to be used when appropriate to limit the need to use sani-cloths.

A.

Care Strategies for Suspected and Confirmed Cases

1. Determining when a COVID-Presumed or positive patient is no longer infectious:

- a. Know the start date of Presumed or Positive status.
- b. Monitor patient's symptoms closely. Consider calling patient on a daily basis, or ask patient to maintain a symptom diary. Track patient's temperature and respiratory symptoms.
- c. Determine whether patient is scheduled to be retested.
- d. If patient is retested, no longer is considered infectious after receipt of 2 negative COVID tests at least 24 hrs apart.
- e. If patient will not be tested, monitor patient closely beginning on the 7th day of COVID status. Patient must remain afebrile for an additional 72 hours without use of fever-reducing medications and show a DECREASE in respiratory symptoms over a total of at least 10 days; after this period, the patient is no longer infectious.
- f. Update Patient Care Alert – state "Patient Symptom Resolution" and date.
- g. Care may be resumed using Universal Precautions PPE.

2. Limit number of staff assigned to patient.

3. Defer all non-critical visits and disciplines.

4. Obtain MD order for use of telehealth visits in conjunction with necessary in-person visits.

5. Perform video visits in lieu of in-person visits when appropriate and within the clinical disease management.

6. Evaluate visit frequency to ensure needs are met.

7. Cluster COVID patient visits at the end of the day to limit potential spread.

8. COVID positive and presumptive patients should have dedicated stethoscope and BP cuff left in home. (to be collected at discharge and equipment placed in ziplock bag to return for disinfection) If patient does not require BP checks do not include dedicated BP cuff. If patient has access to own equipment, use this equipment in lieu of bringing in a kit.

9. Provide a procedure mask for the patient to use during visits to help contain secretions. Patient should be taught to keep the mask clean and dry and to reuse as long as it is not soiled.

10. Any infected family members should be instructed to remain out of the room during a patient care visit. If that is not possible, consider providing symptomatic family member with a procedure mask, and keep to a distance of at least 6 feet from affected individual.

11. Plan your visit to reduce close contact (less than 6 feet away) with the patient as much as possible. Conduct the interview/discussion/teaching portions of your visit from a safe distance, and only have close contact during necessary hands-on care.

12. Teach the patient and family factual information. Do not send patients to the ED unless seriously ill. Do not send to MD office without instruction from office practice.

13. For patients with a nebulizer treatment:

- a. Encourage patient to designate a room within their home to perform the nebulizer. Room should have a door, which should remain closed for at least 3 hours after the nebulizer treatment. If the room has a window or an exhaust fan (as in a bathroom), these can be useful to help disperse airborne particles.
- b. Teach the patient or family members how to assemble and clean the nebulizer, and teach use via simulation of its active use.
- c. Encourage the patient to use the nebulizer while alone in the designated room whenever possible.
- d. Utilize remote video conferencing when available to remotely monitor and coach patients in proper use of the nebulizer.
- e. At the end of your shift, plan to limit contact with others until you can return home and shower/change your clothes.

B.

Cleaning Guidelines for Care of Face Shield and Envo Mask Between Patients

1. How to clean face shield between uses:

- a. Open trunk.
- b. Put on clean gloves.
- c. Remove face shield by pinching straps on side of head and pulling up and outward.
Place shields in plastic bin with dirty side up and wipe with 70% isopropyl alcohol wipe or PDI wipe turn over and wipe with 70% isopropyl alcohol wipe or PDI wipe and leave for 2 minutes.
- d. Remove gloves and perform hand hygiene.
- e. Don clean glove.
- f. Wipe dry with paper towels.
- g. Place in clean paper bag to store between uses.

2. How to clean ENVO Mask between uses:

- a. Open trunk.
- b. Perform hand hygiene.
- c. Don clean gloves.
- d. Place one hand on front of mask.
- e. Use second hand to remove straps from ears/head and neck.
- f. Disassemble ENVO Mask.
- g. Place filter in plastic bag and discard.
- h. Wipe down ENVO Mask with 70% isopropyl alcohol wipe/PDI wipe allow to sit for 2 minutes then wipe dry.
- i. Place mask in a paper bag and store in separate area of trunk.
- j. Perform hand hygiene.

3. How to reapply ENVO Mask:

- a. Perform hand hygiene.
- b. Don clean gloves.
- c. Remove mask from paper bag.
- d. Insert new filter.
- e. Reassemble mask.
- f. Hold front of mask in one hand and use other hand to place strap behind neck.
- g. Use both hands to place earpieces behind ears or loop the earpieces together in back of head.
- h. Tighten strap at back of neck as needed.
- i. Adjust face mask on face as needed to obtain a proper seal/perform seal check.
- j. Remove gloves, perform hand hygiene and prepare PPE for visit.

4. How to reapply face shield:

- a. Don clean gloves.
- b. Remove face shield from paper bag.
- c. Place on head after mask.
- d. Mask and Face shield should be in place prior to entering patient home.

5. How to remove N-95:

- a. Don clean gloves.
- b. Place one gloved hand on front of mask.
- c. Utilize other hand to remove straps from back of head.
- d. Discard used N-95 mask.