

PPE GUIDELINES

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Commonwealth
NURSING SERVICES
Affiliated with Home Health Foundation

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?

UNIVERSAL PRECAUTIONS



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 Presumptive 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