

Process for COVID Positive Patients

At Intake, the following questions should be asked:

- **Is the patient safe at home, have resources for access to food, prescriptions and other necessities available.**
- **Is the patient capable of adhering to precautions recommended as part of home care and isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene and isolate the patient in a separate room including bathroom from family).**
- **Patient is able wear a facemask or cover their mouth and nose with tissues during home visits by agency staff.**
- **Does anyone else in the home have COVID19 and can they be isolated away from patient during the home visit? They will need to be masked during the visit as well if symptomatic.**
- **Do we have the staff to care for the COVID19 positive patient?**
- **Do we have the PPE required to care for the COVID19 positive patient?**

Pre-visit:

If we are admitting a COVID19 patient under Medicare, the initial visit can be completed telephonically or via virtual visit to determine Medicare eligibility/homebound status/to obtain information such as the patient's current COVID-19 clinical status, determine PPE needs, and whether the patient has PPE (what type) in the home. Assess for possible exposure and signs and symptoms in the patient, household members, recent travel and recent visitors.

Visits:

A call should be made to the patient/personal support person before each visit to screen for any new developments in the home related to COVID19 including status of other people in the home and to determine PPE needs.

Hand hygiene should be performed before putting on and after removing PPE with a 20 second scrub with soap and water or using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

Staff need to don/doff PPE outside the home.

Gowns, gloves, surgical mask and face shield/goggles should be worn if the patient or household members are experiencing symptoms of COVID-19. Reading glasses are not adequate for PPE. Surgical masks are recommended for blocking droplets and splashes, the most likely form of transmission.

Airborne protection (N95 respirator masks or other respirators) should be reserved for use during aerosolizing procedures such as suction and nebulizer treatments and for patients positive with Covid-19. The N95 can be used up to 5 times for one patient.

Nurses should don a surgical mask over the N95 at each visit. After the visit, the N95 should be placed in a brown paper bag. The nurse should put the patient's initial on the brown paper bag and date each time the mask is used to monitor for 5 uses. Nurses need to follow proper donning/doffing technique (see attached).

The patient and anyone else in the home with COVID19/symptoms should wear a mask for the visit

Staff should stay at least 6 feet away from the patient as much as possible throughout the visit.

We should minimize the number of agency staff entering the home.

When to Discontinue Transmission-based Isolation Precautions

When COVID-19 testing is available:

Resolution of fever without the use of fever-reducing medications; and

Improvement in respiratory symptoms (e.g., cough, shortness of breath); and

Negative test results from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (i.e., total of two negative specimens in a 72 hour period of time).

When COVID-19 testing is not available:

At least 3 days (72 hours) have passed since recovery (i.e., recovery is defined as resolution, or absence, of fever without the use of fever-reducing medications and improvement in respiratory symptoms [e.g., cough, shortness of breath]); and

At least 7 days have passed since symptoms first appeared or longer as specified by physician

All COVID19 positive patients need to be scheduled for the end of the day. The employee should then return home to remove their clothing and wash immediately, not bring shoes into the house (spray with Lysol) and shower before interacting with others.