



Bass Coast Health COVID-19

Guidelines for Home Visiting Services – Hospital in the Home, District Nursing Services, Post-acute Care and Home Packages

Background

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very sick very quickly. There is evidence that it spreads rapidly from person to person.

The most effective way to reduce the impact of COVID-19 is to reduce exposure.

There is no antiviral therapy for COVID-19, nor is there a vaccine available. Our understanding of COVID-19 evolves every day. Its rapid global spread shows that COVID-19 is highly contagious. All healthcare providers should actively promote hand hygiene, respiratory hygiene and cough etiquette to staff, patients and visitors.

Purpose

The role of Bass Coast Health home visiting services is to provide hospital level care that can be safely delivered at home to keep patients out of hospital. The COVID-19 pandemic does not change this, however the role of the home visiting services may be impacted in two ways:

- Increased numbers of patients who do not have COVID-19 referred to HITH from the wards and ED to maximise hospital inpatient capacity for those that do have COVID-19
- New referrals of patients suspected or proven to have COVID-19 with clinical features on the less severe end of the spectrum but requiring some element of hospital care¹

Considerations

Home visiting services equipment and use

- Consider accessibility and location of telehealth for staff, accessibility for patients
- Consider what equipment does and does not need to be taken into the household
- Discuss with infection control handling of equipment, disposables and waste from positive patients or those awaiting test results

¹ Hospital in the Home Society Australasia, March 2020, Role of Hospital-in-the-Home for COVID-19



- Consider developing observation kits to be lent to patients to assist with telehealth reviews

Cars

- All cars to have sufficient PPE for every patient visit per shift
- All cars to have viral test swabs in equipment bag
- Equipment and cars to be checked and restocked with the above after every shift
- Consider use of other cars to ensure sufficient pool of vehicles
- All cars to have wipes for cleaning to ensure surfaces are clean for next user

Minimising risk of exposure to and transmission of COVID-19 infection

- All staff to use screening scripts to identify possible cases before visits by first talking to patients, screening includes the patients and any other people in the home
- All patients to receive specific communication leaflet about the precautions being taken to reduce transmission of COVID-19 infection, including staff donning and doffing of PPE outside the home when necessary
- Patients to take their own temperatures prior to visit to inform screening
- Staff to don PPE equipment prior to entering home when patient or family members unwell with fever and/or respiratory symptoms, and/or awaiting test results or positive COVID-19 (*refer Diagram 1. Donning of personal protective equipment*)
- Limit number of family members present during visit to facilitate social distancing of 2mt
- Ensure any unwell family members are not in the same room as the visiting clinician
- More vulnerable members of the society e.g. the elderly, oncology patients, Cystic Fibrosis or people with other comorbidities have a greater need to stay out of hospital and may need PPE at home
- Remove personal protective equipment when leaving the premises (*refer Diagram 2. Doffing personal protective equipment*)
- Dispose of personal protective equipment

Mode of home visiting services for suspected or proven COVID-19 infected patients

Telehealth assessment for clinical assessment/medical review if no clinical intervention required



- Review of symptomatic management, assessment for potential signs of escalating illness and patient psychological status
- Review of existing comorbidities and modifications of medication (in the setting of acute illness)
- Semi-urgent triage/review of new symptoms or concerns to decide on the need for a return to hospital or medical review

In-person assessment if clinical intervention is required

- Measurement of observations (if this cannot be done by patient or family)
- Assessment of hydration/fluid status if unclear on telehealth
- IV antibiotics if necessary
- Further clinical review of concerns of deterioration from telehealth assessment or patient/family member phone call
- Further COVID-19 testing if required

Use of Personal Protective Equipment (PPE)

Appropriate PPE is important for all staff caring for infected patients requiring standard and droplet precautions, staff must change their PPE and perform hand hygiene after every contact with an ill patient, and when moving from one home to another.²

Standard precautions are a group of infection prevention practices always used in healthcare settings, and in RCFs with a suspected or confirmed influenza outbreak. Standard precautions include performing hand hygiene before and after every episode of resident contact, the use of PPE including gloves, gown, mask and eye protection, depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

Transmission-based precautions are work practices used in addition to standard precautions to reduce transmission opportunities due to the specific route of transmission of a pathogen. These practices are implemented depending on the type of spread. For example, respiratory infections are commonly spread by droplet and airborne routes. For influenza, droplet precautions are required.

Key elements of **droplet precautions** are to use PPE, maintain a 1 metre distance between the infected patients and others where applicable, encourage good cough etiquette and use patient-dedicated equipment where possible.

Surgical face masks

² Communicable Diseases Network of Australia, March 2017, Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia



Any staff member providing direct care to a patient with suspected COVID-19 infection should wear a surgical mask. Surgical face masks must meet Australian Standards 18 and be fluid resistant, protecting the wearer from droplet contamination of the nasal or oral mucosa. All staff and visitors entering the room of a person with a suspected or confirmed COVID-19 infection should wear a single-use surgical face mask for close contact (less than (<)1 metre).

Aerosol generating procedures should not be administered, this advice extends to nebulisers, which should not be used; use individual patient spacers instead.

Single-use surgical face masks should be worn by RCF staff when exposure to respiratory droplets is likely, that is, when within 1m of an affected resident:

- The mask should be put on when entering the room.
- Remove the mask after leaving the room, handling only by the tapes, and place in a clinical (yellow) waste bin. Perform hand hygiene after disposing of the mask.
- Never re-use masks.

When undertaking activities that require an infected resident to leave their room, the resident should wear a mask if tolerated. For example, during transfer to an acute care facility. Staff members and well residents may be required to wear a mask while these activities are undertaken, based on likely exposure.

Gowns and Gloves

Gloves and gowns should be used as described in standard precautions. After use, they should be removed in a manner which prevents contamination of the hands or surfaces or the workers clothing, then placed in the appropriate waste bin. Hand hygiene should be performed after removing PPE.

Eye protection

Eye protection includes the use of safety glasses, goggles or face shields but does not include personal eye glasses. Goggles or other protective eyewear must be disposed of, or where approved for re-use, cleaned after use.

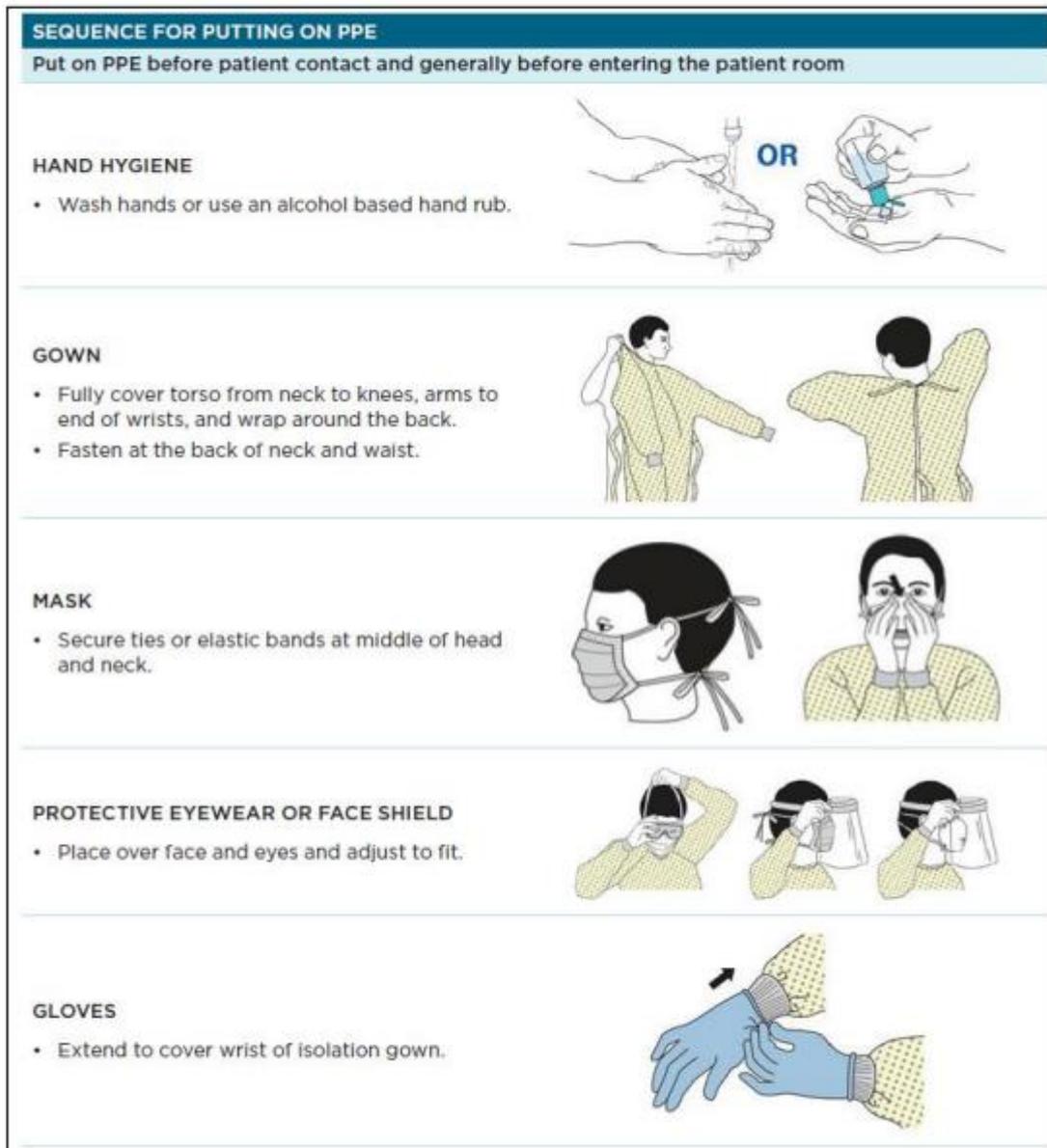
Eyes should be protected where there is potential for splattering or spraying of blood, body fluids, secretions or excretions, including coughing; or when undertaking aerosol-generating procedures such as nasopharyngeal aspiration or intubation.

Waste disposal

Prior to visiting the household, the patient will be requested to place a garbage bag outside the external door, on leaving the premises, the visiting health professional will place all PPE and used equipment (sharps into a sharps container) into the garbage bag and tie shut. The patient will be responsible for putting the garbage bag into their own red lidded rubbish bin for general disposal.

Diagram 1. Donning personal protective equipment

How to put on your PPE (donning)



Reference: NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

Diagram 2. Doffing personal protective equipment

How to take off your PPE (doffing) Example 1

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**

 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**

 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**

 - Gown front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**

 - Front of mask/respirator is contaminated — **DO NOT TOUCH!**
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**



Perform hand hygiene between steps if hands become contaminated