

Clinical Response Guidelines for COVID-19 for in-home visits and in-home care provision

(e.g., Home Care Nursing, Home Support, Interprofessional Teams, Specialized Community Services)
Other guidelines and resources on [OurNH COVID-19 page](#)

SCREENING - in advance by phone per program requirements AND at the door, for EACH encounter, for patient AND household members

Are there ANY compatible COVID-19 symptoms: fever, chills, cough or worsening of chronic cough, shortness of breath, runny nose, sore throat, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches

Personal Protective Equipment (PPE) - Regardless of screening results, prior to entering the home, perform thorough hand hygiene, don PPE: medical mask, eye protection, and gloves

Yes

Known positive

I don't know

No

Recovered

1. Don additional PPE: gown. If normal practice to wear booties, please continue to do so.
2. Ask patient to wear a medical mask and support thorough hand hygiene.
3. If there are others in the household who are involved in direct care, ask them to wear a medical mask and perform thorough hand hygiene.
4. Use additional PPE: N95 mask for aerosol generating procedures (see additional precautions on page 2).

Low risk screen of COVID-19:

- Use routine precautions

PROVIDE ROUTINE CARE

PROVIDE CARE

1. Provide care as per care plan.
 - a. If you feel the care plan needs to be changed, contact your clinical supervisor.
2. Additional precautions for splash risk and COVID-19 transmission:
 - a. Showering/oral care/toilet flushing (ensure the lid is down)
 - b. Handling of stool/bodily fluids
 - c. Wound care (e.g., including irrigation)
3. Provide handout on [How to isolate for those who have COVID-19 or respiratory symptoms](#) (BCCDC) and review with patient and household members.
4. Ensure that they have the NH Virtual Clinic (1-844-645-7811) and recommend they call this line or their family doctor or nurse practitioner if their symptoms change.
5. Ensure they have the contact information for the program to which they are connected.

WHEN CARE IS COMPLETE

1. Disposable products (e.g. PPE) follow the same process as for cold and flu, however, due to volume or household preferences you may want to remove to an outdoor garbage container.
2. Equipment must be thoroughly cleaned prior to transport using identified process or approved products.
3. Perform thorough hand hygiene.

If at any time the patient presents shortness of breath, difficulty breathing, chest pain, confused, OR loss of consciousness

PATIENT REQUIRES HIGHER LEVEL OF CARE

1. Contact the Emergency Department to provide pre-notification of suspected COVID-19 patient's arrival. If you can't get through, proceed with #2.
2. Inform patient to present to the Emergency Department Triage Desk and **not** the waiting room.
3. If urgent care required, call 9-1-1 to arrange transport to Emergency Department: state "**Suspected COVID-19 (Coronavirus).**"

Contact Aaron Bond or Michelle Lawrence

This document will be updated to reflect practice changes as they are released. The printed version may be outdated – visit the [OurNH COVID-19 page](#) for the most current version.

Community Services Task Group - Version 5 – December xx, 2020

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SCREENING & PPE

- This Guideline is based on the assumption that the service cannot be offered in any way other than in-home. Other ways could include by telephone or tele-health. Can the service be done by an alternate staff or by a family backup plan? If you have questions, please contact your clinical supervisor.
- Screen in advance by phone per program requirements AND at the door for EACH encounter because risk factors can change and to ensure safe care for patient and health care worker.
- Follow guidance for PPE usage, donning and doffing: [Personal Protective Equipment](#) (BCCDC).
- Health care workers will perform a risk assessment at point of care; staff may require additional PPE.¹
- For additional PPE information and guidance, see [OurNH COVID-19 page](#) under Personal Protective Equipment (PPE) header.

PROVIDE CARE

- Two (2) metres separation between patient and household members.
- Minimize patient movement, and traffic/visitors into home.
- Any equipment (e.g., home care nursing supply bin, pens, wireless phones) removed from designated care provision area and/or prior to transport must be disinfected using a hospital-approved disinfectant (e.g., Oxivir) – see [Environmental Cleaning and Disinfectants for Clinical Settings](#) (BCCDC). [Cleaning and disinfecting in the home](#) (BCCDC) and [recommended bleach water ratios for cleaning in-home](#).
- Charts/communication books that are used in homes should be left in the home.

ADDITIONAL PRECAUTIONS

- Routine Practices must always be taken, including extremely thorough hand washing before and after patient contact, putting on and taking off mask, etc.
- Increase frequency of cleaning of high-touch areas with routine cleaning products (e.g., steering wheel, etc).
- N95 mask is *only* required during aerosol-generating procedures (i.e. nebulized therapy, c-pap and bi-pap, sputum induction, open suctioning of respiratory tract, intubation, bronchoscopy, CPR)
- Avoid BIPAP (Bi-level Positive Airway Pressure) therapy

RESOURCES

NH VIRTUAL CLINIC

- To help answer questions and concerns from Northern BC residents: **1-844-645-7811**
- To assess symptoms and refer to NH collection site for COVID-19 testing if needed

PROVINCIAL WORKPLACE CENTRE

- If suspected Health Care Worker exposure: 1-866-922-9464

INFECTION CONTROL PROFESSIONAL: contact as needed

BCCDC: for additional information

OurNH COVID-19 page: for signage, patient information handouts, or other resources



¹ [COVID-19: Emergency Prioritization in a Pandemic PPE Allocation Framework](#), p.16

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