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GUIDANCE ON HOME VISITS DURING THE COVID-19 PANDEMIC

Background
This guidance addresses issues specific to provision of in-home care for patients during the COVID-19 pandemic and replaces Screening and PPE Guidelines for Home Visits.

Patient Infection Status Review and Symptom Screening Prior to In Home Visit
1. Staff or agency personnel should call the patient or the patient’s representative ahead of a visit to establish the items listed below. Interpreter services are available for talking to patients or household members for whom English is not their primary language. Document the patient’s responses in their chart.
   a. **Infection Status.** If patient has a COVID-related infection status (i.e., COVID-19, CoV-Exposed, CoV-Risk, or CoV-Presumed), staff or agency personnel will review **Infection Status and Resolution** in advance of the proposed visit to determine if patient has met criteria for resolution. If the patient’s Infection Status can be resolved, then Standard Precautions can be implemented. Other Infection Statuses (i.e., MRSA, VRE, etc.) should be reviewed at this time as well for possible resolution.
   b. **Symptom and Exposure Screening.**
      i. Staff will ask the patient or their representative if they or anyone who lives in their house, or anyone who will be present at time of the visit has any of the following:
         2. Diagnosis of COVID-19 within the last 14 days per a healthcare provider (possible or confirmed)?
         3. Contact with a person diagnosed with or under investigation for COVID-19 or any other viral respiratory illness in the past 14 days?
      ii. If the answer to any of these questions is yes, follow the guidance for patients on Enhanced Respiratory Isolation.
   c. **Environment of Care Screening.** Staff will ask the patient or their representative:
      i. Do the patient and necessary caregivers and any other household members present during the appointment have a mask available at home? Homemade/cloth masks are acceptable for family members; patient will be provided with surgical or procedural mask.

Infection Control during Home Care Visits for Patients Not on Enhanced Respiratory Isolation
1. The **Universal Mask Policy** applies for home care visits.
   a. If the patient does not have a surgical or procedural mask, the clinician will provide one for the patient to put on for the duration of the visit and then keep in the home for use during subsequent visits, unless it becomes visibly soiled or contaminated, after which it should be discarded.

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b. If the patient’s mask needs to be removed for any reason (e.g., physical exam, patient unable to tolerate), the employee will use eye protection in addition to a mask per Universal Mask Policy when in direct face-to-face contact. Eye protection will be used per Partners’ Extended Use and Reuse of Personal Protective Equipment policy. Other PPE may be appropriate per Standard and Transmission-based precautions.

c. All others in the home should be asked to remain in a separate room from the health care worker during the visit.

d. Caregivers and other household members who must be present in the same room during the visit are required to wear masks (homemade/cloth masks are acceptable).

e. For any and all equipment that clinical personnel bring (medical, computers, phones) clinicians will place an approved barrier between the in-home surface and their equipment and will clean and disinfect the equipment outside the home at the end of the visit before storing. Barriers will be discarded after each use.

f. “Contact precautions kits” should be used whenever indicated for patients on Contact Isolation. These include a dedicated stethoscope, BP cuff, thermometer, and pulse oximeter that will remain in the patient’s home for the duration of the care of the patient. When Contact Isolation is discontinued, items are returned to the office for cleaning and disinfection. If supply of these items were interrupted, clinicians should use their individual or organizationally provided stethoscope, thermometer, and pulse oximeter and clean and disinfect them with a hospital approved disinfectant (i.e., Super Sani-Cloths with 2-minute contact time) after each visit.

g. If an aerosol generating procedure is performed prior to the HCW’s arrival (e.g. nebulizers), the HCW should schedule their visit after 3 hours have elapsed, when possible. If the visit must take place < 3 hours following an aerosol generating procedure, the health care worker should implement Enhanced Respiratory Isolation for patients with unknown COVID-19 status (i.e., they have not tested negative for COVID-19 in the prior 72 hours), for the duration of the AGP and for 3 hours after. After that period, Standard Precautions apply. If feasible, ask patients to wipe down relevant surfaces with disinfectants and allow to dry prior to the home visit. Please see Infection Control Guidance for Aerosol Generating Procedures.

Infection Control during Home Care Visits for Patients on Enhanced Respiratory Isolation

1. Determine if visit can be deferred pending resolution of infection status. If visit must proceed:
   a. Ensure that patient is wearing a surgical or procedural mask correctly (covering their mouth and nose) for the duration of the visit. Ask others in the household to also wear a mask during the visit if they are required to be present in the same room.
   b. Institute Enhanced Respiratory Isolation which includes use of gowns, gloves, eye protection and N95 respirator (or PAPR if HCW is unable to be fit-tested).
Patients with any respiratory illness, including suspected or confirmed COVID-19, should be separated from others in the household to the extent possible.

Aerosol generating procedures should be avoided if possible. If an aerosol generating procedure is performed prior to the HCW’s arrival, the HCW should schedule their visit after 3 hours have elapsed, when possible. If feasible, ask patients to wipe down relevant surfaces with disinfectants and allow to dry prior to the home visit. Please see Infection Control Guidance for Aerosol Generating Procedures.

2. In home PPE Donning/Doffing Protocol
   a. Preparatory Considerations
      - Keep coats/outerwear in vehicle
      - Transport PPE in clean container or individually packaged PPE set
   b. Donning PPE:
      - Location: Outside the home prior to entry (preferred) or outside room where patient will be cared for.
      - Donning of PPE is described here.
      - If unable to put on all PPE outside of the home, surgical mask and eye protection at a minimum must be donned before entering the home.
      - Alert persons within the home that the HCW will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
   c. Doffing PPE
      - Location: outside of the home
      - Doffing PPE is described here.

Extended Use and Reuse of PPE
1. Surgical masks, N95 respirators, and eye protection should be used according to Partners’ Extended Use and Reuse Policy.
2. N95 respirators used in an AGP on a patient on Enhanced Respiratory Isolation can continue to be work under the Extended Use Policy but cannot be reused (they can however be decontaminated if this service is available).
3. N95 respirators used under extended use or reuse should be either discarded at the end of a shift or decontaminated per your facility protocol.

Waste disposal
1. Waste should be disposed of per Standard Precautions. Gloves and gowns should be bagged (single bagging adequate), ideally removed outside of the home and discarded by placing in an external trash can before departing location.
2. If there is no option for waste disposal within or outside of the patient’s home, place in second trash bag (i.e. double bag) for transport.

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