

Version 6.0 04/16/2020

© Copyright 2020 The General Hospital Corporation. All Rights Reserved.



**MASSACHUSETTS
GENERAL HOSPITAL**

This document was prepared (in March/April, 2020) by and for MGH medical professionals (a.k.a. clinicians, care givers) and is being made available publicly for informational purposes only, in the context of a public health emergency related to COVID-19 (a.k.a. the coronavirus) and in connection with the state of emergency declared by the Governor of the Commonwealth of Massachusetts and the President of the United States. It is neither an attempt to substitute for the practice of medicine nor as a substitute for the provision of any medical professional services. Furthermore, the content is not meant to be complete, exhaustive, or a substitute for medical professional advice, diagnosis, or treatment. The information herein should be adapted to each specific patient based on the treating medical professional's independent professional judgment and consideration of the patient's needs, the resources available at the location from where the medical professional services are being provided (e.g., healthcare institution, ambulatory clinic, physician's office, etc.), and any other unique circumstances. This information should not be used to replace, substitute for, or overrule a qualified medical professional's judgment.

This website may contain third party materials and/or links to third party materials and third party websites for your information and convenience. Partners is not responsible for the availability, accuracy, or content of any of those third party materials or websites nor does it endorse them. Prior to accessing this information or these third party websites you may be asked to agree to additional terms and conditions provided by such third parties which govern access to and use of those websites or materials.

PARTNERS INFECTION CONTROL GUIDANCE ON SCREENING BEFORE HOME VISITS AND HOME VISIT PPE

This document supersedes all prior guidance.

Summary of April 10, 2020 changes:

For patients with symptoms suggestive of COVID, or confirmed or suspected COVID, or with someone else in the home with confirmed or suspected COVID, an N95 respirator should be worn throughout the visit

Screening Questions for Potential Home Visits

Staff or agency personnel should call the patient or representative ahead of a visit. For screening questions, please know that interpreter services are available for talking to patients or their representative for whom English is not their primary language.

Staff should ask the patient or representative if they or anyone who lives in their house, or anyone who will be present at the time of the visit:

1. Has any of the following signs or symptoms:
 - a. Fever, subjective or documented
 - b. New sore throat
 - c. New cough
 - d. New runny nose or nasal congestion
 - e. New shortness of breath
 - f. Muscle aches
 - g. New inability to smell

These symptoms are updated frequently—go to [PULSE](#) for any symptom updates

2. Has had contact with a person diagnosed with or under investigation for COVID-19 or any other viral respiratory illness in the past 14 days?
3. Has been diagnosed with or told by a healthcare provider that they may or do have COVID-19 or any other respiratory illness?
4. Does the patient have a mask available at home (homemade cloth masks are acceptable)?

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as of April 16, 2020, will be reviewed regularly, and is subject to change as the situation evolves.

If questions 1-3 above receive a “yes” from the patient, please follow PPE guidance for patients or close contacts with respiratory symptoms or confirmed/suspected COVID below.

Please document screening question answers in the patient chart.

Guidance for PPE in the Home

A. In-home PPE protocol

1. For **all** patients seen in the home, regardless of symptoms or diagnosis, a face mask (surgical or procedural mask) must be worn continuously by the health care worker for the entire duration of the visit.
2. All patients receiving an in-person home visit will also be asked to wear a mask during the whole visit (unless there is a clinical task that requires that it be removed, in which case it will be reapplied immediately after the task is complete). An exception is patients who are unable to tolerate wearing a mask (e.g., due to significantly worsened shortness of breath).
 - a. Clinicians should ask the patient before the visit whether they have a mask available (homemade cloth masks are acceptable for this purpose). If the patient does not have a mask, the clinician will bring a surgical or procedural mask for the patient to put on at the beginning 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.
 - b. Caregivers and other household members are asked to wear masks as well, but it is not required. All others in the home should, however, stay at least 6 feet away from the health care worker during the visit.

3. For patients seen in the home with either:

-Symptoms suggestive of COVID (per screening guidance above) in the patient, or someone in the home with the patient, or a history of close contact with someone with these symptoms **OR**

-Confirmed or suspected COVID, or with someone else in the home with confirmed or suspected COVID:

- Ensure that patient is wearing a surgical or procedural mask correctly (covering their mouth and nose). Ask others in the household to also wear a mask during the visit if they are in the same room. If patient or others in the household are symptomatic, it is preferred for them to wear a surgical or procedural mask.
- Health care worker should institute Contact + Droplet precautions which includes eye protection, gown, gloves, and an N95 respirator.

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as of April 16, 2020, will be reviewed regularly, and is subject to change as the situation evolves.

- Patients with any respiratory illness, including suspected or confirmed COVID-19, should be separated from others in the household to the extent possible.
- Other considerations per CDC guidance:
 - N95 respirator *required* during NP and OP swabbing
 - N95 *required* for aerosolizing procedures including nebulizers
 - Preferentially use MDI over nebulizers.
 - See [PULSE](#) for list of what is considered aerosolizing.
 - All items needed for patient should be used with just one patient.
 - Use Super Sani Wipes or alcohol-based wipes for cleaning equipment/devices.
 - Health care workers to wear fresh clothes daily. See [PULSE](#) statement on attire.
- If an aerosol generating procedure is performed prior to health care worker's arrival, the health care worker can schedule their visit after 3 hours have elapsed, wearing a surgical or procedural mask instead of N95. If the visit must take place < 3 hours following an aerosol generating procedure, the health care worker should wear the N95 as part of their PPE. If feasible, ask patients to wipe down relevant surfaces with disinfectants and allow to dry prior to the home visit.

B. In home PPE Donning/Doffing Protocol

- Preparatory Considerations
 - Keep coats/outerwear in vehicle
 - Transport PPE in clean container or individually packaged PPE set
- Location of donning: Outside the home prior to entry or outside room where the sick patient is isolated from the rest of the household (outside preferred).
- Procedure for donning:
 - Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
 - If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., mask and eye protection) be put on before entering the home.
 - Alert persons within the home that the Health Care Worker 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.
- Location of doffing: Outside of the home.
- Reuse of PPE: Masks and eye protection should be re-used for up to one day unless soiled, damaged or used during an aerosolizing procedure in a patient with possible respiratory infection or confirmed/suspected COVID19. At the end of the day or following a visit that included an aerosol generating procedure in a

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as of April 16, 2020, will be reviewed regularly, and is subject to change as the situation evolves.

COVID positive patient or patient with respiratory viral symptoms deposit the N95 respirator in a designated container for decontamination. See [PULSE](#) for the most updated policy on extended use and re-use. Follow the decontamination procedures provided by your organization.

C. Disposal of PPE and other disposables

- Gloves and gowns should be bagged (can be single bagged), ideally removed outside of the home and discarded by placing in an external trash can before departing location. Gloves and gowns should not be taken from the patient's home in health care worker's vehicle. Respirators should be reused for up to a day and then decontaminated as per your organization's procedures. Eye protection should be cleaned between uses as per the Partners policy on extended use, reuse as above.
- Ask patient/representative if an external trash can is present at the home, or if one can be left outside for the disposal of gloves and gowns.
 - If there is absolutely no option for disposal of PPE within or outside of the patient's home, place in second trash bag (i.e. double bag) for transport.

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as of April 16, 2020, will be reviewed regularly, and is subject to change as the situation evolves.