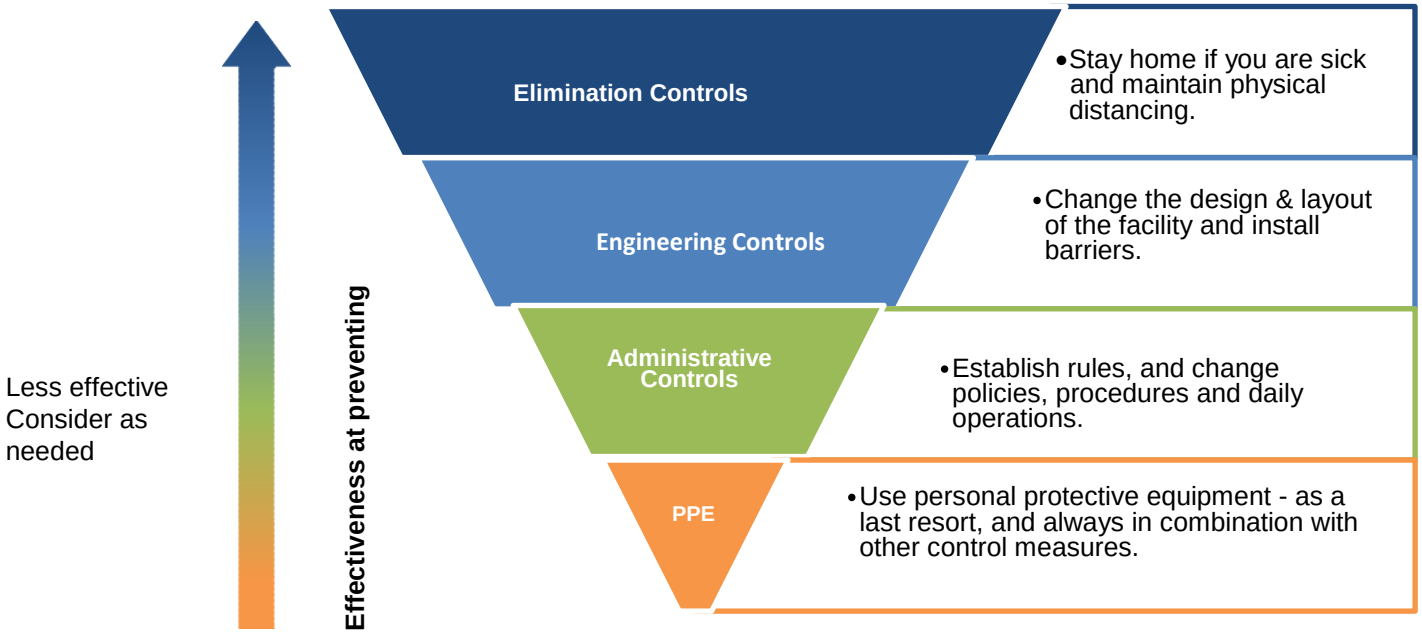
COVID-19 RECOVERY: INFECTION PREVENTION & CONTROL PRECAUTIONS FOR COMMUNITY-BASED HOME VISITS AND OUTREACH

DOCUMENT TYPE: PROTOCOL

Purpose

This protocol outlines the infection prevention and control requirements for restoration of community based home visits and outreach services. The requirements are based on the following levels of control:



Site Applicability

This protocol applies to BC Children's Hospital and BC Women's Hospital and Health Centre staff providing community based home visits or outreach visits.

Practice Level/Competencies

All staff are to enact this protocol. Deviations from or concerns with this protocol are to be escalated to/with operational leaders.

Policy Statement(s)

The steps outlined in this protocol are based on best practices and infection prevention and control precautions.

Clinical documents aligned with this protocol are found on ePOPS

Operational mangers will support staff to ensure recommendations are followed.

Acronyms

ABHR	Alcohol based hand rub
AGMP	Aerosol generating medical procedures
BiPAP	Bi-level Positive Airway Pressure
CPAP	Continuous positive airway pressure
CPR	Cardiopulmonary resuscitation
HFNC	High flow nasal cannula
IPAC	Infection Prevention and Control
PCRA	Point of care risk assessment
PPE	Personal protective equipment

Definitions

Aerosol Generating Medical Procedures (AGMPs) generate small droplet nuclei in high concentrations that present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route. Examples include nebulized therapy, CPR, endotracheal intubation & extubation, high frequency oscillatory ventilation, bronchoscopy and bronchoalveolar lavage, laryngoscopy, positive pressure ventilation (BiPAP & CPAP), open airway suctioning, sputum induction, high flow nasal cannula (HFNC).

Direct patient care is defined as hands on physical patient care or that you are within two metres of the space surrounding the patient.

Patient environment is defined as any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the healthcare provider when providing care or performing tasks. Note: the patient environment moves with the patient when they are moving. Non-clinical areas are areas with no direct patient care activity ie offices, staff only areas. Public environment are areas away from patient care. Examples include public food service areas (cafeteria, hospital-based coffee shops), lobby areas.

Point of Care Risk Assessment (PCRA) is the first step to assess the task, the patient and the environment prior to each patient interaction. This will help health care providers to decide what PPE they need to wear to protect themselves and prevent the spread of infection.

Equipment & Supplies

- Hospital grade disinfectant wipes
- Personal Protective Equipment (PPE) Supply Kit: to be stored in a wipe-able, non-porous container and contain the following items: disposable gowns, procedure masks, eye protection, gloves, hospital approved wipes, barriers on which to place clean items (e.g., blue pads), tape and garbage bag for disposal of PPE. Number of items available in kits depends on number of clients to be seen.
- Shoe covers
- Garbage bag (for disposing used PPE)
- Alcohol based hand rub (ABHR)

Protocol

I. PRIOR TO HOME OR OUTREACH VISIT (PREPARING FOR THE VISIT)

Screening

- Outreach staff or designate will perform telephone screening with patient as per approved screening tool(s) 1-2 days prior to visit in order to rule out COVID-19 symptoms.
- Outreach staff will perform in-person point of care risk assessment (PCRA) of patient when initiating visit using this same tool.
- If patient has positive symptom screen on PCRA at time of visit, visit will be re-scheduled unless felt to be urgent/emergent.

- If re-scheduled due to positive screen, visits should be deferred until patient cleared by public health if is confirmed to have COVID-19. Please see link for BCCDC information on management of COVID-19 positive cases.
- If patient has not been tested but COVID-19 is suspected, then visit should be deferred until symptoms improved/fever resolved for ≥24 hours and at least 10 days from onset of symptoms has elapsed.
- If the interaction cannot be deferred, then full PPE (mask, eye protection, gown and gloves) should be used by the outreach worker for the interaction, and the patient should be ask patient/client to perform hand hygiene, practice cough etiquette and don a procedure mask.
- Essential household members should also undergo PCRA when initiating visit. If they have a positive screen, they should be excluded from the visit/leave the room if another asymptomatic person can take their place, or should be provided with and don a procedure mask.
- Non-essential household members/others should leave the room or at least stay >2 metres away from where the visit is taking place.

Preparation for Visit

- Ensure PPE Supply Kit contains all items (listed above).
- Store PPE Supply Kit in vehicle.
- Place all files in a wipe-able binder or clear plastic sleeve.

II. HOME OR OUTREACH VISIT: PATIENT CARE

Infection Prevention & Control Precautions

- Perform **hand hygiene**:
  - Upon entering and leaving outreach vehicle
  - Upon entering patient's home/room
  - Before patient contact
  - Before donning PPE
  - After doffing PPE
  - At any other point where they become soiled
  - Reinforce hand-washing practice with patient and patient's caregiver. Gloves do not substitute for hand hygiene.

- Perform PCRA before every patient interaction.
- Use **dedicated footwear** while at work. Footwear does not need to be cleaned and disinfected unless visibly soiled.
- Don shoe covers upon entering patient environment to protect patient's home, then perform hand hygiene.
- **Don PPE** as per PPE allocation framework when providing direct patient care within 2 metres or touching items in patient's environment (PPE not required if no interaction closer than 2 metres).
  - i.e. if interaction <2 metres expected and patient (or essential other) screens positive, then eye protection, mask, gown and gloves should be donned. If patient screens negative, then mask and eye protection should be donned.
- Ensure donning of PPE is performed in correct order (see AGMP document for list of procedures requiring airborne/contact PPE):
  - For non-airborne/droplet & contact PPE: procedure mask, *eye protection, long-sleeved disposable gown, gloves*
  - Airborne/contact PPE: *long-sleeved disposable gown, fit-tested N95 mask, eye protection, gloves*

NOTE: As staff will wear PPE during home/outreach visits, Infection Prevention and Control (IPAC) does not currently recommend patients or caregivers also be given masks when seen in their homes. Masks *should be* given to patients when they are seen in public spaces where staff or other patients are in close proximity (e.g. clinic spaces, in vehicles) to minimize person-to-person and environmental contamination. In their own home patients should be free to wear their own mask (or not) if they choose.

- Use disposable bags to transport clean supplies to the patient's environment.
- Avoid bringing a professional supply bag into the patient environment where possible. If a bag is required, ensure it is made of a wipe-able, non-porous material. Place bag on a clean blue pad and/or wipe with disinfectant wipes on leaving. Alternatively, use a clean disposable bag and after use dispose in patient's regular waste.
- If possible, keep files >2 metres from patient. If paper charts are required in the patient home use wipe-able binders and store in clean/dry location >2 metres from patient – for example, in a plastic tub with lid. Remove gloves and wash hands before charting. Clean/disinfect binder and equipment before returning to location/tub.
- Clean/disinfect surfaces and equipment used for care (specifically, non-critical medical devices that may not touch the patient, or may touch the patient's intact skin but not mucous membranes).

Aerosol Generating Medical Procedures (AGMPs)

NOTE: 'unknown' status occurs when there is not time/ability to complete COVID-19 screen, such as medical emergencies

COVID-19 Screen Negative Patients

- If patient PCRA negative then procedure mask and eye protection should be worn for interactions occurring with <2 metres separation between care provider and patient.
- AGMPs should be avoided unless essential.

COVID-19 Positive/Suspected/Unknown Status Patients

- If possible, close door to room where AGMP is performed to contain airborne particles.
- After AGMP, airborne particles take between 30 minutes to 2 hours to settle.
- AGMPs should be avoided unless essential.
- In community settings, AGMPs may more commonly include:
  - CPR, bag valve mask ventilation, BiPAP and CPAP, deep airway suctioning, tracheostomy care, chest physiotherapy (manual and mechanical cough assist device), administration of nebulizing medications. (see link for more detail)

Car Transportation

- PCRA will be performed with patients the day before their appointment and again before the patient enters the outreach car as described above.
- Where possible, use of a vehicle whereby the outreach worker has exclusive use of the vehicle is preferred.
- Use of vehicles large enough that a ≥2 metre separation is possible between the outreach worker in the driver seat and the patient in the rear passenger seat is preferred.
- Upon entering the outreach vehicle, outreach staff will wipe down all high touch areas in the vehicle.
- If vehicle contains cloth seats then place a sheet (blue pads or bedsheet) to cover the seats.
- Staff providing outreach will wear masks and visors/eye protection at all times in the vehicle when another individual is present (they do not need to wear a mask when alone in the vehicle).
- Patients and their children or support persons to be provided with a mask to wear during the time that they spend in the vehicle.
- Trips should be the shortest possible, as necessary to meet essential need. Non-urgent stops should be avoided.
- Children can travel with their parent when they themselves have a medical appointment or when required due to lack of childcare. Partners or friends will not be allowed to travel in vehicles unless considered essential.
- Patients will not be allowed to eat in the car or transport non-essential items.
- Outreach staff will carry hand sanitizer and **continue to practice thorough and frequent hand hygiene** including cleaning hands **before and after seeing patients and after sanitizing the car**.
- Hand sanitizer will be provided to patients before they enter the car, after leaving the car and as otherwise required.
- Car interiors will be thoroughly cleaned and disinfected (including seats, doors, seatbelts, dashboard, etc) by outreach staff with hospital grade disinfectant wipes (and additional measures, if necessary) after transporting each patient, if visibly soiled, and at the end of each shift. Dispose of blue pads in garbage bag or place bedsheets in laundry hamper upon return to hospital.

Patient Management

- If possible, plan patient workflow in a ‘clean to dirty’ priority:
  - Plan to visit known COVID-19 negative patients first,
  - Symptomatic but undiagnosed COVID-19 patients second,
  - Patients positive for COVID-19 last.
- ‘Unknown’ status occurs when there is not time/ability to complete COVID-19 screen, such as medical emergencies.

III. POST HOME OR OUTREACH VISIT: POST PATIENT CARE

Infection Prevention & Control Precautions

DOFFING PPE

- Remove PPE and clean and disinfect equipment (see below for details) at least 2 meters away from the patient.
- If AGMPs are performed, remove PPE and clean/disinfect equipment outside the patient's home (in hallway of apartment or front stoop of single family home).
- Leave PPE on while cleaning equipment (see below).
- Doff PPE in the following order:
  - Gloves: Dispose in garbage. Perform hand hygiene.
  - Gown: Dispose in garbage bag. Perform hand hygiene.
  - Eye Protection: Clean and disinfect reusable eye protection (other than visors attached to masks) as per IPAC Cleaning and Disinfection of Eye Protection guide. Perform hand hygiene. Eye protection can then be placed in a container or bag for transport to the next patient visit.
  - Mask: Dispose in garbage bag. Perform hand hygiene.
  - Masks will need to be changed when visibly soiled, wet, damaged, going on a meal break, entering non- patient care areas of workplaces (office space, break rooms), and leaving the patient environment. Community staff may therefore utilize several masks per day.
  - After doffing mask, immediately perform hand hygiene. NOTE: Masks should not be worn on the forehead or underneath the chin as this increases risk for self-contamination.
  - If any item of PPE is doffed for any reason (e.g. food, water, break, contamination), replace with a clean set.
  - Place disposable PPE in garbage bag, tie closed tightly, and place in patient's regular waste if permission granted. If this is not possible, then garbage bag should be taken with the outreach worker, placed in the trunk and disposed of at earliest convenience.
  - Perform hand hygiene again after leaving the visit.

Cleaning of items used

- Clean and disinfect used non-critical medical devices/equipment (including patient binder and pen) before returning to the professional supply bag or unit.
  - Leave PPE on, place equipment on a cleaned and disinfected surface or clean blue pad. Remove gloves, perform hand hygiene, and don clean gloves.
  - Clean and disinfect items and place items on a fresh adjacent cleaned and disinfected surface or blue pad to allow items to air dry outside of the client environment.
  - PPE can be doffed while cleaned and disinfected items are drying. Items can then be placed in professional supply bag.
- Place phones in wipeable case or Ziplock bag. Use hospital grade disinfectant wipes to wipe bag in between patient visits.

NOTE: BC Centre for Disease Control Infection prevention and control guidance for providers working in community based clinic setting can be at: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/community-based-health-care

Documentation

Documentation is to occur in patient record as per clinical, operational and professional requirements.

Patient & Family Engagement/Education

- BC Centre for Disease Control: About COVID-19 – Translated Content

References

BC Centre for Disease Control. Outpatient Management of Suspected and Confirmed COVID-19 Cases. Retrieved June 12 2020.

BC Ministry of Health. Provincial COVID-19 Task Force. March 25, 2020. *COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework.*

BC Ministry of Health. Office of the Provincial Health Officer. March 25, 2020. *Cover letter to COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework*.

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
06-Jul-2020	C-0506-13-60701 COVID-19 Recovery: Infection Prevention & Control Precautions For Community-Based Home Visits And Outreach	Developed by CW COVID Working Group; Approved by Professional Practice Director

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