

Novel coronavirus (COVID-19)

Northern Region

Interim Health Professional Home Visit Guideline

Version 9a 24/02/2021 (Alert Level 1)

Note: This is interim advice and may change in the future as viral transmission risks are better understood.

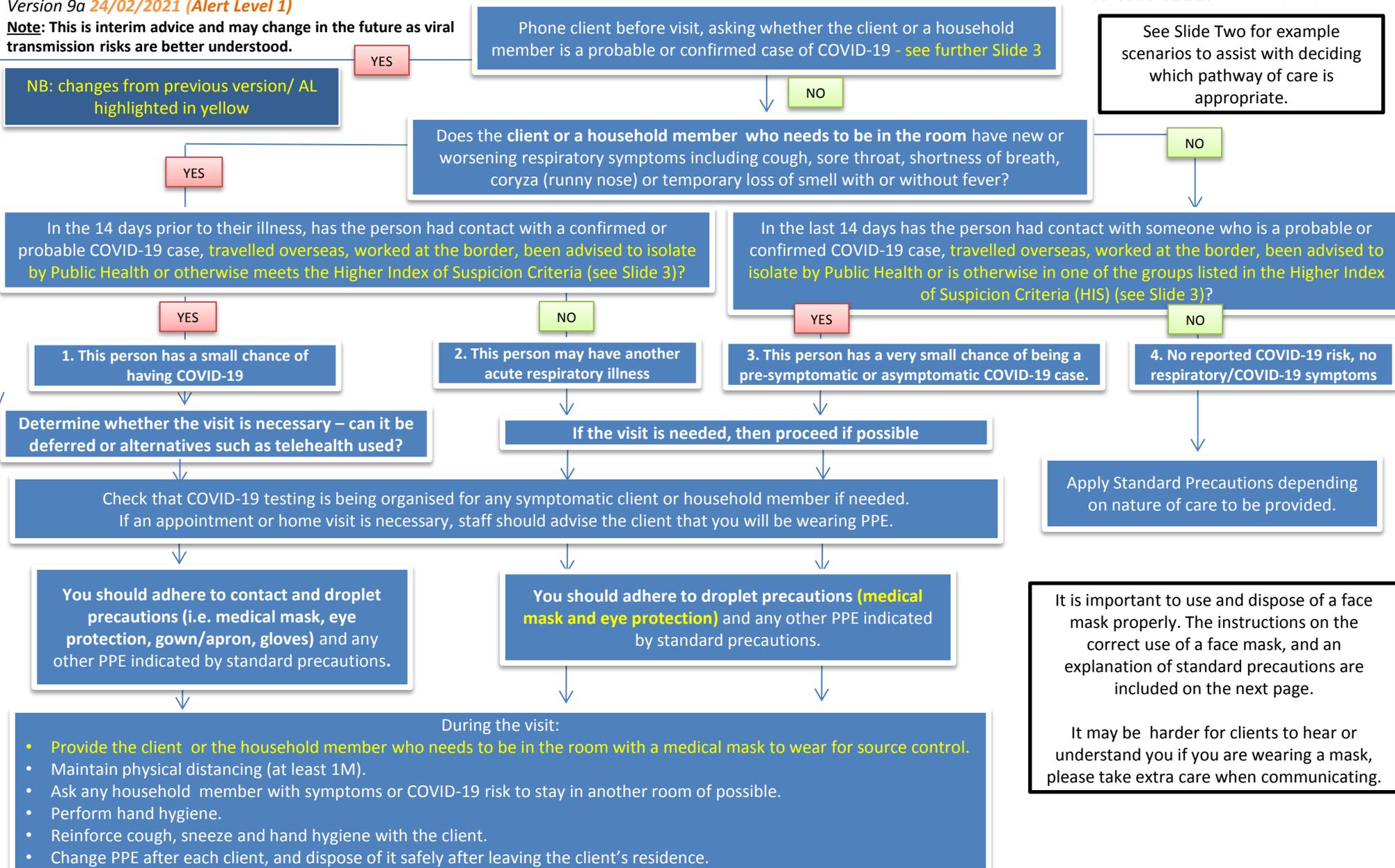
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NB: changes from previous version/ AL highlighted in yellow

Phone client before visit, asking whether the client or a household member is a probable or confirmed case of COVID-19 - see further Slide 3

See Slide Two for example scenarios to assist with deciding which pathway of care is appropriate.

Does the client or a household member who needs to be in the room have new or worsening respiratory symptoms including cough, sore throat, shortness of breath, coryza (runny nose) or temporary loss of smell with or without fever?

In the 14 days prior to their illness, has the person had contact with a confirmed or probable COVID-19 case, travelled overseas, worked at the border, been advised to isolate by Public Health or otherwise meets the Higher Index of Suspicion Criteria (see Slide 3)?

In the last 14 days has the person had contact with someone who is a probable or confirmed COVID-19 case, travelled overseas, worked at the border, been advised to isolate by Public Health or is otherwise in one of the groups listed in the Higher Index of Suspicion Criteria (HIS) (see Slide 3)?

1. This person has a small chance of having COVID-19

2. This person may have another acute respiratory illness

3. This person has a very small chance of being a pre-symptomatic or asymptomatic COVID-19 case.

4. No reported COVID-19 risk, no respiratory/COVID-19 symptoms

Determine whether the visit is necessary – can it be deferred or alternatives such as telehealth used?

If the visit is needed, then proceed if possible

Apply Standard Precautions depending on nature of care to be provided.

Check that COVID-19 testing is being organised for any symptomatic client or household member if needed. If an appointment or home visit is necessary, staff should advise the client that you will be wearing PPE.

You should adhere to contact and droplet precautions (i.e. medical mask, eye protection, gown/apron, gloves) and any other PPE indicated by standard precautions.

You should adhere to droplet precautions (medical mask and eye protection) and any other PPE indicated by standard precautions.

It is important to use and dispose of a face mask properly. The instructions on the correct use of a face mask, and an explanation of standard precautions are included on the next page.

It may be harder for clients to hear or understand you if you are wearing a mask, please take extra care when communicating.

- During the visit:
- Provide the client or the household member who needs to be in the room with a medical mask to wear for source control.
 - Maintain physical distancing (at least 1M).
 - Ask any household member with symptoms or COVID-19 risk to stay in another room if possible.
 - Perform hand hygiene.
 - Reinforce cough, sneeze and hand hygiene with the client.
 - Change PPE after each client, and dispose of it safely after leaving the client's residence.

Example decision making scenarios

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- **Scenario:** In this household one person is an airport worker who works night shifts and is usually asleep during the day, when your client who has a leg ulcer to be dressed is visited.
- **Response:** on phone triage, it is confirmed the person who is an airport worker won't be in the room when your client is visited, no one is symptomatic, no one else is in a 'HIS' group. Follow **Path 4**.

- **Scenario:** In this household your client has long term psychosis and you are scheduled to visit. Your client's main whānau support works in a Managed Isolation Facility (MIF). They usually accompany your client for consultations.
- **Response:** on phone triage, neither the client or accompanying whānau is symptomatic. Follow **Path 3**.
Explain to the family/whānau why you are wearing PPE.

- **Scenario:** Your client is being visited for medication support, their partner needs to stay close as they help monitor the client's medication.
- **Response:** on phone triage, the partner has an acute respiratory infection. There are no links to people in the HIS groups. Follow **Path 2**. Explain to the family/whānau why you are wearing PPE.

- **Scenario:** This large household includes a family of three who just got out of a Managed Isolation Facility four days ago. The young person in that family requires an IMI (i.e. bicillin for Rh Fever). The caregiving adult, who needs to be in the room, has respiratory symptoms.
- **Response:** Determine if the visit could be deferred until they have finished their 14 days post MIF.
If not Follow **Path 1**. Explain to the family/whānau why you are wearing PPE.

Higher Index of Suspicion criteria

Either, in the 14 days prior to illness onset have:

- had contact with a confirmed or probable case
- had international travel
- had direct contact with a person who has travelled overseas (eg Customs and Immigration staff, staff at quarantine/isolation facilities)
- worked on an international aircraft or shipping vessel
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals,
- anyone who has exited an MIQ facility within the last 14 days (excluding recovered cases), or
- any other criteria requested by the local Medical Officer of Health

See the Case Definition for more detail: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection>

Standard precautions

Standard precautions are a set of infection prevention and control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes.

Standard precautions should be used for all patient care activities. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare workers from infection and prevent the spread of infection from patient to patient.

Standard precautions include:

1. hand hygiene
2. use of personal protective equipment as indicated (eg, gloves, masks, eyewear, gown/apron)
3. respiratory hygiene / cough etiquette
4. patient placement
5. safe handling of needles and other sharps
6. safe injection practices (ie, aseptic technique for parenteral medications)
7. sterile instruments and devices
8. safe handling of linen and laundry
9. cleaning and disinfection of environmental surfaces.

Wearing a medical face mask

It is important that face masks are worn and removed correctly. Masks should fit snugly and fully cover your nose and mouth.

How to wear a mask:

- place over nose, mouth and chin
- fit flexible nose piece over nose bridge
- secure on head with ties or elastic
- adjust to fit – secure on your head, fitting snugly around your face with no gaps
- avoid touching or adjusting your mask during use.

How to remove a mask:

- avoid touching the front of the mask
- if the mask has ties, untie the bottom, then top tie
- remove from face
- discard, do not use again
- wash hands with soap and water or use hand sanitiser immediately.

Masks should be used once only. They should be removed prior to eating and drinking or if they become soiled, and discarded. If working in a community setting, masks should be removed and safely discarded after each client. Seal the used mask in a plastic bag and then discard in the general waste.

In the unlikely event that a person who is meant to be visited becomes a COVID-19 case, is not transferred to a managed facility, and requires essential home care, urgently discuss this situation with public health to understand their requirements/expectations.