Has the Home & Community Support Services Provider been notified that a client or household member who needs to be in the room:
- Is a probable or confirmed case of COVID-19 (see PTO) OR
- Has acute respiratory symptoms including cough, sore throat, shortness of breath, coryza (runny nose), fever or temporary loss of smell OR
- Had contact with a probable or confirmed COVID-19 case in the last 14 days OR
- Is in one of the other groups listed in the Higher Index of Suspicion Criteria (PTO)

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai | COUNTIES MANUKAU HEALTH | NORTHLAND DISTRICT HEALTH BOARD Te Poari Hauora Ā Rohe O Te Tai Tokerau | Waitematā District Health Board Best Care for Everyone

Interim home support visiting guideline

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

Version 6a (Alert Level 1): 24 February 2021

NB: changes from previous version/ AL highlighted in yellow

YES / **NO**

Clinical Manager to update care plan as appropriate prior to visit, ensuring support workers who are sent to provide care have appropriate PPE and follow other precautions*

On arrival (from at least 1m away) the support worker to check whether the client or household member who needs to be in the room is unwell with respiratory symptoms including cough, sore throat, shortness of breath, coryza (runny nose) or temporary loss of smell with or without fever?

NO

In the last 14 days has the person had contact with a probable or confirmed case; travelled overseas; worked at the border; been advised to isolate by Public Health or is in one of the other groups listed in the Higher Index of Suspicion (HIS) Criteria (PTO)?

YES

In the 14 days prior to their illness, has the person had contact with a probable or confirmed case; travelled overseas; worked at the border; been advised to isolate by Public Health or is in one of the other groups listed in the Higher Index of Suspicion Criteria (PTO)?

YES

The support worker will apologise and leave noting the clinical manager will be in contact and the appointment rescheduled.

The clinical manager will update the care plan noting:
- Ceasing non-essential cares
- The availability of well household members to deliver care
- The availability of support workers to provide care
- Ensuring support workers have PPE and follow other precautions*

The clinical manager will support the person to be assessed and tested for COVID-19 if needed.

If care is required use PPE appropriate to **contact and droplet precautions** (**medical mask, gown/plastic apron, gloves, eye protection**) and any other PPE indicated by standard precautions. The client and any household member in the room should wear a medical mask.

Usual cares can be reinstated following clearance to do so from the client's GP or Healthline.

NO

Support worker to use standard precautions.

YES

NO

Clinical manager to update care plan based on:
- Decision about whether delivery of non-essential care is appropriate
- Availability of well household member to deliver care
- Ensuring support workers who provide care have PPE and follow other precautions*

If care is required, use PPE appropriate to **droplet precautions (medical mask and eye protection)** in addition to standard precautions. The client and any household member in the room should wear a medical mask.

Usual cares can be reinstated following clearance to do so from the client's GP or Healthline.

*During the visit:
- If possible maintain physical distancing from the client and household members (remain at least 1m away). If <1m contact is required use appropriate PPE.
- Perform hand hygiene
- Reinforce cough, sneeze and hand hygiene with the client
- If using PPE, change after each client, seal in a plastic bag and dispose of it safely.
- It may be harder for clients to hear or understand you if you are wearing a mask, so please take extra care when communicating.

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, or
- exited a Managed Isolation or Quarantine Facility in the last 14 days
- 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 spread 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 Home Support client 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.*

> *Note: If no support workers are available to deliver care to any client please contact your DHB Planning and Funding Portfolio Manager.*