



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

**Resources:**

NYS DOH Health Advisory: Discontinuation of Isolation for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents. April 19, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

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**Assumptions:**

1. We may not have negative test results to confirm viral clearance.
2. We may not have complete hospital records at the time home care or hospice begins.

**Protocol: A**

**New COVID-19 Diagnosis or Symptoms**

**REVISED and UPDATED**

Provide care to patients with new COVID-19 diagnosis or symptoms:

- Evaluated/diagnosed/treated as COVID-19 in the Emergency Room, Clinic, or Hospital and released home (Treat and Release)
- Patients report new COVID-19 symptoms on Pre-visit Screening (positive pre-visit screen)
- Diagnosed with COVID-19 while on service
- Immunocompromised patients or discharged from or resides in the following institutions: nursing homes, adult care facilities, and certain other congregate living facilities
- Patients living with household member newly diagnosed with COVID-19 or with new symptoms and are not able to isolate

Use Protocol (A) PPE for TOTAL of 21 days but can switch to Protocol (B) PPE if after 10 days of isolation and no fever in last 72 hours and improvement of cough or shortness of breath.

- N95 Respirator\*
  - To conserve N95 Respirator cover with a Surgical mask OR Face shield to prevent droplet contamination of the N95 (discard surgical mask after the visit).
- Face shield/Goggles for all patient encounters\*
  - Clean and disinfect face shield with 70% alcohol/ EPA approved disinfectant wipes or spray following the manufacturer's instructions for contact/dwell time from inside to outside of shield. Allow face shield to air dry and store in a breathable container/paper bag.
- Gown\*



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

- Gloves
- Shoe Cover **When Available**
- Head Cover **When Available**

\*Change N95 to Surgical Face Mask, and discontinue the use of the gown after:

- At least 10 days since onset of symptoms AND
- At least 72 hours since fever is resolved without the use of fever-reducing medications AND
- Overall improvement in illness (e.g. improving cough, shortness of breath).

<b>N95 Respirator*</b>	<b>Face Shield or Goggles</b>	<b>Gown</b>	<b>Gloves</b>
For the first 10 days since diagnosis or symptoms. Then use a surgical mask.	For all patient encounters	Discontinue after ten (10) days unless the patient is severely immunocompromised and then extend the use of the gown for a total of 21 days.	Every time

\* Remember to follow donning and doffing of PPE checklist and protocol.

\* Please remind patient or household member to cover mouth and nose with cloth face cover or mask as tolerated for the duration of the home visit.

**HHA RESTRICTED HOURS - MAXIMUM TWO (2) HOURS**



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
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Home Care and Hospice  
JUNE 25, 2020**

**Protocol: B** **REVISED AND UPDATED**  
**Revised Standard Precautions for Care of All Patients During COVID-19 Community Transmission**

COVID-19 negative test  
 No COVID-19 symptoms (fever, cough/shortness of breath)  
 Recovered (History of COVID-19)

- At least 10 days since COVID-19 symptoms or diagnosis
- \* AND
- At least 72 hours since fever is resolved without the use of fever-reducing medications
- AND
- Overall improvement in illness (e.g. improving cough, shortness of breath).

**Clinicians must follow Revised Standard Precautions + Gown + Face shield/Goggles:**

- Surgical mask
- Face shield/Goggles for all patient encounters\*
  - Clean and disinfect face shield with 70% alcohol/ EPA approved disinfectant wipes or spray following the manufacturer’s instructions for contact/dwell time from inside to outside of shield. Allow face shield to air dry and store in a breathable container/paper bag.
- Gloves
- Cloth face covering for patients and caregivers present at home if tolerated during visit
- If space allows, staff should maintain distance >6 ft from patient/caregiver, or as far as possible when not providing direct care.

Surgical Face Mask	N95 Respirator	Gown Face shield/Goggles	Gloves
Every time	For aerosol generating procedures.	Gown only to be worn for wound care or other invasive procedures that involve sprays or splashes. Face shield/Goggles for all patient encounters	Every time

**HHA – THREE PLUS HOURS**



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
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Home Care and Hospice  
JUNE 25, 2020**

**Protocol: C Negative Patient but household member is positive REVISED AND UPDATED**

Patients who are Covid-19, **NEGATIVE** but have household member living in the same home with COVID-19 illness OR COVID-19 symptoms (fever, cough, shortness of breath).

Clinicians should ask symptomatic household member to stay in a separate room and maintain self-isolation.

If household member unable to self-isolate, follow Protocol (A) PPE

Clinicians should ask symptomatic household members to stay in a separate room and maintain isolation.

**Clinicians must follow Revised Standard Precautions + Gown + Face shield or Goggles:**

- Surgical mask
  - Face shield/Goggles for all patient encounters\*
    - Clean and disinfect face shield with 70% alcohol/ EPA approved disinfectant wipes or spray following the manufacturer's instructions for contact/dwell time from inside to outside of shield. Allow face shield to air dry and store in a breathable container/paper bag.
- Gown
- Gloves
- Shoe Cover When Available
- Head Cover When Available



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

- Use Protocol (C) PPE for TOTAL of 21 days but can switch to Protocol (B) PPE if after 10 days of isolation and no fever in last 72 hours and improvement of cough or shortness of breath.
- \*Clinicians should continue to screen patients and household members with Pre-Visit Screening. If the Pre-Visit Screening is positive, follow protocol A.
- \*Remember to follow donning and doffing of PPE checklist and protocol.

Surgical Face Mask	N95 Respirator	Gown/Face shield/Goggles	Gloves
Every time	For aerosol generating procedures only	Gowns for the first (10) ten days while household member has signs or symptoms. Then only for wound care or other invasive procedures that involve sprays or splashes. Face shield/Goggles for all patient encounters	Every time

**HHA – THREE PLUS HOURS**

**N95 Respirators and Face Shields**

VNSNY supports both extended use (wearing the same N95 respirator for repeated close contact encounters with several different patients without removing between patient encounters) and limited reuse (using the same N95 respirators for multiple encounters with patients but doffing after each encounter). Follow N95 Extended Use and Limited Reuse Protocol.

To extend the use of the N95 respirator cover the N95 respirator with a surgical face mask, the N95 respirator can then be re-used between multiple patients over multiple shifts until visibly soiled, contaminated, or wet, or fails a fit check.

**Steps to follow for donning an N95 respirator:**



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

After you have donned the N95 respirator you must perform a negative/positive seal check by doing the following:

1. No air should be felt around the perimeter while blowing out. If you feel air coming out it is not a tight enough seal, re-adjust the respirator and try again.
2. When taking a small breath in, the mask should pucker in slightly. If it does not, it is not re-usable.
3. When breathing out you should feel the respirator expand slightly.
4. If it does not, it is not re-usable.
5. If not a tight seal, the respirator cannot be re-used.
6. Ensure the mask is breathable, if unable to breathe in the mask, the respirator cannot be re-used.
7. Once the N95 respirator is donned and the seal check is performed, apply a surgical mask over N95 respirator as a barrier to protect N95 from droplet contamination during care.

**OR-**

a face shield is applied over the N-95 respirator.

**During patient care, take care to NOT TOUCH your masks or eye protection.**

**Doffing Procedure**

1. Remove your gown and soiled/dirty gloves.
2. Clean your hands with soap and water or use hand sanitizer.
3. Don new gloves.
4. Remove the face shield by holding the side straps.
5. Clean and disinfect face shield with 70% alcohol/ EPA approved disinfectant wipes or spray following the manufacturer's instructions for contact/dwell time from inside to outside of shield.
6. Allow face shield to air dry and store in a breathable container/paper bag.
7. Remove gloves and perform hand hygiene.



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

8. Put on new gloves.
9. Tilt your head forward and remove the N95 by pulling the bottom strap over the back of your head.
10. While holding the bottom strap in front of you, pull the top strap over your head.
11. Put the N95 in a dry paper bag for storage between patient visits.
12. Perform hand hygiene

**Storage of Previously Worn Disposable N95 Respirators:**

- a) After removing N-95, visually inspect for contamination, distortion in shape/form. If contaminated/wet, creased or bent, N95 should be discarded.
- b) If the N95 is NOT visibly contaminated or distorted, carefully store to avoid destroying the shape and consistency of the mask.
- c) The N95 should be stored in a well-ventilated container (i.e., paper bag) with user, name & date.
- d) A disposable N95 respirator can be worn for several hours and multiple shifts if not wet or distorted, and not involved in an aerosol-generating procedure (per CDC pandemic response)

**Staff must wear an N95 respirators while providing aerosol generating procedures. The N95 respirator can be re used provided it has been covered by a face shield.**

**These procedures require an N95 respirator:**

- Suctioning endotracheal tube care
- CPAP or BIPAP masks
- Nebulizer treatment

**N95 respirator to be used for any aerosol generating procedure, indefinitely.**

**(\*) Footnotes:**



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)**  
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**Home Care and Hospice**  
**JUNE 25, 2020**

The use of N95 respirator may change based on the evolving nature of the pandemic and based on supply and demand of PPE.

Follow the donning and doffing of PPE checklist and protocol see Donning and Doffing Personal Protective Equipment 03/27/20.

**COVID-19 Care Kits:**

VNSNY has created COVID-19 PPE kits to support the staff in caring patients with COVID-19. The kits contain the following PPE items. The \* items should be left in the home for one patient use only. The remaining items can be kept in the clinical bag between visits.

CHHA Kit Contents	Hospice Kit Contents
1. Gowns	1. Gowns
2. Gloves	2. Gloves
3. Face shield OR Goggles	3. Face shield OR Goggles
4. Surgical Masks	4. Surgical Masks
5. N95 Respirator	5. N95 Respirator
6. Garbage bag	6. Garbage bag
7. Paper bag to store masks or N95 respirator	7. Paper bag to store masks or N95 respirator
8. Thermometer *	
9. Stethoscope*	
10. Sphygmomanometer*	
11. Pulse Oximeter* (where available)	

**Patient and Caregiver Education on Infection Prevention and Control for Patients with suspected or confirmed COVID-19**

1. If possible, place the patient in a well-ventilated single room (i.e. with open windows and an open door).
2. Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (keep windows open).
3. Household members should stay in a different room or, if that is not possible, maintain a distance of at least 6 feet from the ill person (e.g. sleep in a separate bed).





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Home Care and Hospice**

**JUNE 25, 2020**

4. Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immunocompromising conditions.
5. Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19.
6. Perform hand hygiene after any type of contact with patients or their immediate environment.
7. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.
8. If hands are not visibly dirty, an alcohol-based hand rub can be used.
9. For visibly dirty hands, use soap and water. When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
10. To contain respiratory secretions, a surgical face mask if available should be provided to the patient and worn as much as possible and changed daily. Individuals who cannot tolerate a medical mask should use rigorous respiratory hygiene; that is, the mouth and nose should be covered with a disposable paper tissue when coughing or sneezing. Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
11. An exception may be made for breastfeeding mothers. Considering the benefits of breastfeeding and the insignificant role of breast milk in the transmission of other respiratory viruses, a mother can continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform hand hygiene before and after having close contact with the baby. She will also need to follow the other hygiene measures described in this document. Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it. Discard the mask immediately after use and perform hand hygiene.
12. Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool.



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

- 13.** Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine, and other waste. Perform hand hygiene before and after removing gloves and the mask.
- 14.** Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and water after use and may be re-used instead of being discarded.
- 15.** Daily clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bedframes, and bedroom furniture. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite (i.e. equivalent to 1000 ppm) should be applied.
- 16.** Clean and disinfect bathroom and toilet surfaces at least once daily. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite should be applied.
- 17.** Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag.
- 18.** Do not shake soiled laundry and avoid contaminated materials encountering skin and clothes.
- 19.** Gloves and protective clothing (e.g. plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Depending on the context, either utility or single-use gloves can be used. After use, utility gloves should be cleaned with soap and water and decontaminated with 0.1% sodium hypochlorite solution. Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.
- 20.** Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths, or bed linen).



**Patient Care Protocol for COVID-19 Positive, Suspected (Symptomatic)  
and COVID-19 Negative Patients  
Home Care and Hospice  
JUNE 25, 2020**

**References:**

1. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts Interim guidance 17 March 2020 World Health Organization.
2. 2020 Health Advisory #20 Updated Guidance for Health Care Personnel on Personal Protective Equipment for COVID-19 and Work Restrictions Following Exposure 6/25/20

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

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