

## Screening Questions for Potential Home Visits

**Staff or agency personnel should call the client 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 client 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 a fever (higher than 100.3 degrees) or is feeling feverish/warm related to a respiratory infection or has signs or symptoms of a respiratory infection, such as cough, shortness of breath, runny nose, sore throat, or muscle aches?
2. Has had contact with a person (lives with or within 6 ft. of for over 2 minutes) diagnosed with/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?

*If any of the above questions receive a “yes” from the patient, please follow PPE guidance below. Please document screening question answers in the patient chart.*

### Guidance for PPE in the Home

#### A. In-home PPE protocol

For patients seen in the home with either:

-Respiratory symptoms in the patient, or someone in the home with the patient/close contact with the patient with respiratory symptoms **OR**

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

- Patient and others in the household wear a surgical mask during the visits
- Health Care Worker institutes Contact + Droplet Protection which includes eye protection, gown, gloves, and surgical mask.
- 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 instead of surgical mask *required* during NP and OP swabbing
  - N95 *required* for aerosolized procedures including nebulizers
  - All items needed for patient should be used with just one patient
  - Sani wipes for cleaning equipment/devices (pages 7-8)
  - Health Care Workers to wear fresh clothes daily

#### 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.
  - 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, 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: Per Partners guidance on reuse of N95 masks, surgical masks and eye protection equipment (also see pages 9-10)
    - Eye protection should be cleaned with alcohol if contaminated with droplet particles during a patient encounter (example: close range cough), visibly soiled, and after removal.
    - N-95 respirators and surgical masks may be removed and reused later in the day (including for different patients with different viral diagnoses) as long as they are not physically damaged, grossly soiled, or contaminated by droplets
      - After use, place the removed N-95 respirator or mask in a clean, dry, labeled receptacle (receptacle on the floor of the vehicle or in the glove compartment), then perform hand hygiene.
    - Re-usable respirators/masks should be kept in a separate receptacle than re-usable eye protection.
    - If re-using, don the respirator or mask while wearing gloves, taking care to avoid touching face or eyes:
      - a. Perform seal check (for N-95)
      - b. Discard gloves and perform hand hygiene
      - c. Don new gloves
- C. Disposal of PPE and other disposables
- PPE should be bagged (can be single bagged), ideally removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the PUI's home in health care worker's vehicle.
  - Ask patient/representative if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
    - 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.

**Note: CDC Recommendations:**

<https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

*Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.*

**Note: CDC and CMS Guidance on use and disposal of PPE for home care for patients with possible COVID-19**

[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)

<https://www.cms.gov/files/document/qso-20-18-hha.pdf>

**Patient Education**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

**Link to latest Partners information**

[https://pulse.partners.org/hub/departments/emergency\\_preparedness/coronavirus](https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus)

## Donning/Doffing Sequences from the CDC (pages 4-6)

### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

#### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



#### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



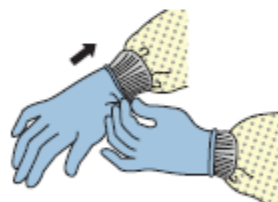
#### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



#### 4. GLOVES

- Extend to cover wrist of isolation gown



### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door.** Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

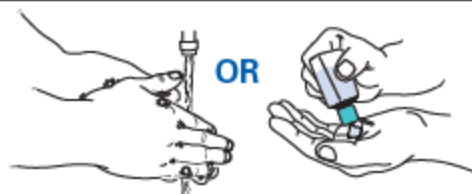


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

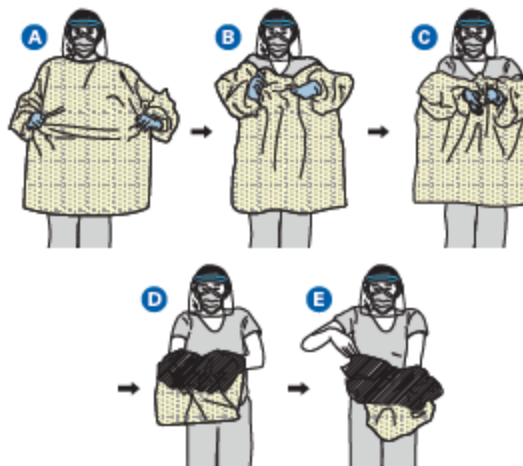


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

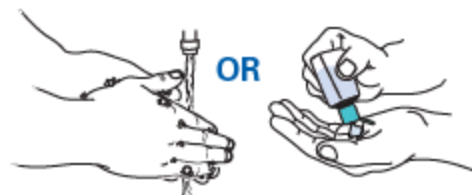


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**





**Definition:** Disinfectants are chemical products intended for use on inanimate objects and environmental surfaces and never on skin. Surfaces must be clean and free of gross soil for disinfectants to be effective. **\*Exception:** Alcohol and Iodophors can be used as both a surface disinfectant and skin antiseptic. Iodophors are not generally used for surface disinfection secondary to staining.

**Please note:** This information is intended as a guideline for the selection of appropriate disinfectant agents. This information is not comprehensive. When using a disinfectant agent, always refer to the manufacturer's instructions for use and relevant policies and procedures.

Disinfectant Type	Brand Name	Classification	Peoplesoft Order #	Shelf Life	Examples of Use	Comments
Quaternary ammonium cpd.(quats)	Virex Plus (concentrate)	Low-level, detergent/disinfectant	PS # 90899	1 year after dilution	Cleaning and disinfection of hard, non-porous environmental surfaces and equipment.	Choice of spray/pour bottle or disinfectant wipe is based on level of soiling and area to be cleaned. In general wipes are for minimally soiled surfaces or for cleaning and disinfection of non-critical equipment (e.g. stethoscopes) between patient uses.
	Virex TB <sup>®</sup> "Ready to Use" (RTU) product	Intermediate-level detergent disinfectant	PS # 218153	Pre-mixed/ 3 year shelf life	Cleaning and disinfection of hard, non-porous environmental surfaces and equipment. Used at sites where mixing systems are not available.	
	PDI Sani-Cloth AF3 <sup>®</sup> (Quat - no alcohol)	Intermediate-level disinfectant wipe	PS # 400260	Check Container	Cleaning and disinfection of Ultrasound probes and other devices that can not tolerate alcohol (i.e. Super Sani-Cloth)	
	PDI Super Sani-Cloth <sup>®</sup> (Quat + alcohol)	Intermediate-level disinfectant wipe	PS # 97843	Check Container	Cleaning and disinfection of hard non porous environmental surfaces and equipment. .	
Alcohol	Isopropyl or Ethyl 70-90%	Intermediate-level disinfectant wipe	PS # 128242	Check Container	Disinfection of external surfaces of some equipment e.g., stethoscopes, IV access ports and medication stoppers	Not a good cleaner. Flammable and evaporates quickly-making prolonged contact time difficult to achieve. Use on minimally soiled and small surface areas
Chlorine bleach-Sodium hypochlorite	Atlantic Bleach or Chlorox Ultra	Intermediate to high-level disinfectant depending on dilution.	PS# 493908 PS#421280	Must be mixed fresh daily. Dilution ratio based on intended use	Used in some Laboratory settings for surface disinfection. Used for disinfection of whirlpools.	Inactivated in the presence of blood, extremely corrosive, odor offensive, removes color from fabrics.
	Clorox Healthcare <sup>®</sup> Bleach Germicidal Cleaner	Low-level detergent disinfectant	Available from Env. Svcs. Dept.	Shelf stable ready to use product. See pkg for exp. date.	For routine cleaning of environmental surfaces of rooms of patients (inpatient or outpatient) on Contact Isolation <i>Plus</i> .	
Hydrogen Peroxide	PREempt RTU (Ready To Use)	Intermediate-level detergent disinfectant	Purchased only by Pharmacy	Shelf stable "ready to use" product. 3 year shelf life.	Approved for use in Pharmacy Sterile Compounding Areas only	
Hydrogen Peroxide/ Peroxyacetic acid	Peridox RTU	Intermediate-level detergent disinfectant	Purchased only by Pharmacy	Shelf stable "ready to use" product. 2 year shelf life- opened or unopened.	Approved for use in Pharmacy Sterile Compounding Areas only.	Comes sterile and unsterile. Sterile version- shelf life is 1 year opened or unopened





**Definition:** Disinfectants are chemical products intended for use on inanimate objects and environmental surfaces and never on skin. Surfaces must be clean and free of gross soil for disinfectants to be effective. **\*Exception:** Alcohol and Iodophors can be used as both a surface disinfectant and skin antiseptic. Iodophors are not generally used for surface disinfection secondary to staining.

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Disinfectant Type	Brand Name	Classification	Peoplesoft Order #	Shelf Life	Examples of Use	Comments
Chlorine bleach-Sodium hypochlorite	Disptach Bleach Wipe	Intermediate -level detergent disinfectant	PS # 366466	Shelf stable ready to use product. See pkg for exp. date.	May be used for cleaning of hard non-porous surfaces when "bleach based" disinfectant is indicated by manufacturer's instructions or by a specific policy.	
Gluteraldehyde	TD5®	High-level disinfectant	Contact Infection Control if interested is using this device.	Single-use product	For use only with the TD-100 Automated TEE Probe Disinfectant	User must wear appropriate personal protective equipment (PPE). Should be used in a well ventilated area with a minimum 10 air changes per hour. <b>Manufacturer's "Instruction for Use" must be followed.</b>
Ortho-phthalaldehyde	Cidex OPA	High-level disinfectant	PS # 40968	14 days "in use" if MEC* maintained.	High-level disinfection of heat-sensitive semi-critical medical devices. May be used as a manual soak or in an automated endoscope reprocessor (AER)	Requires copious rinsing of instrument before it comes in contact with tissue. User must wear appropriate personal protective equipment. Should be used in a well ventilated area with a minimum 10 air changes per hour. <b>Manufacturer's "Instruction for Use" must be followed.</b>
	Cidex OPA Test Strips	Quality Control test strip for Cidex OPA	PS# 338697	Test strips are good for 90 days after opening.	Used to validate *minimum effective concentration (MEC)	<b>Use only Cidex OPA test strips with Cidex OPA. Date bottle when opened and discard after 90 days.</b>
Peracetic Acid Products	Acecide-C	High-level disinfectant	Contact Infection Control if interested is using this device.	5 days "in use" if MEC* maintained.	For use only with the OER-Pro Automated Endoscope Reprocessor	Should be used in a well ventilated area with a minimum 10 air changes per hour. <b>Manufacturer's "Instruction for Use" must be followed.</b>
	Acecide-C Test Strips	Quality Control test strip for Acecide-C	N/A	Follow IFU	Used to validate *minimum effective concentration (MEC)	
	S40™ Sterilant Concentrate	High-level disinfectant	N/A	Follow IFU	For use only with Steris System 1E Automated Endoscope Reprocessor.	<b>Manufacturer's "Instruction for Use" must be followed.</b> There are no special ventilation requirements.
	VERIFY ® Chemical Indicator for SYSTEM 1E®	Quality Control test strip for S40™ Sterilant Concentrate	N/A	Follow IFU	Used to validate *minimum effective concentration (MEC)	



# Partners Infection Control Guidance on Extended Use/Reuse of N95 Respirators and Surgical and Procedural Masks



## Guidance: March 16, 2020

When notified by the Infection Control Unit or the HICS Command Center, all healthcare workers using surgical or procedural masks or respirators to care for patients should reuse these supplies as follows:

1. N-95 respirators and surgical masks may be removed and reused later in the shift (*including for different patients with different viral diagnoses*) as long as they are not physically damaged, grossly soiled, or contaminated by droplets
  - a. Contamination with droplet particles occurs when patient coughs at close range or when a provider transfers droplets from a contaminated surface to the mask by hand
2. Extended use (wearing a N-95 respirator or mask without removal or re-donning) is allowed if the mask has not been damaged, grossly soiled, or contaminated by droplets.
3. After use, place the removed N-95 respirator or mask in a clean, dry, labeled receptacle (paper tray or emesis basin, *pictured*), then perform hand hygiene.
  - a. Re-usable respirators/masks should be kept in a separate receptacle than re-usable eye protection.
4. If re-using, don the respirator or mask while wearing gloves, taking care to avoid touching face or eyes:
  - a. Perform seal check (for N-95)
  - b. Discard gloves and perform hand hygiene
  - c. Don new gloves
5. Surgical masks should not be used for patients on Airborne isolation or for Droplet Isolation patients undergoing aerosolizing procedures; these patients require N-95 respirators
  - a. Aerosolizing procedures include nebulizers, deep suctioning, high-flow oxygen, non-invasive ventilation, and intubation.
6. N-95 respirators and surgical masks must be worn by a single wearer and for a maximum of one shift
7. Patients on Droplet Isolation now also require eye protection.



# Partners Infection Control Guidance on Reuse of Eye Protection



DISPOSABLE FACE SHIELD

OR



PERSONAL GOGGLES:  
FULLY REUSABLE

OR



PERSONAL GOGGLES:  
REUSABLE FRAME with  
DISPOSABLE LENS

## Guidance: March 16, 2020

When notified by the Infection Control Unit or the HICS Command Center, all healthcare workers using eye protection in the form of face shield or goggles to care for patients should reuse these supplies as follows:

1. All eye protection can be removed, cleaned, and reused later in the shift (*including for different patients with different viral diagnoses*) as long as it is not physically damaged.
  - a. Eye protection should be cleaned with alcohol if contaminated with droplet particles during a patient encounter (example: close range cough), visibly soiled, and after removal.
2. Extended use (wearing of eye protection without removal or re-donning) is allowed if the eyewear does not require cleaning (see #1a above) between patient encounters.
3. After removal, wipe the face shield or goggles on the external surface with an alcohol-based wipe (*pictured*) and allow to dry, then immediately perform hand hygiene.
4. Keep the disinfected face shield or goggles in a clean, dry, labeled receptacle (paper tray, emesis basin, or chux - *pictured*) for reuse. Do not store in same container with a used mask or respirator.
5. Eye protection must be worn by a single wearer
  - a. Label the face shield or goggles with name of the user with a marker (not a sticker).
6. Disposable face shields and disposable lens\* can be used for a maximum of one shift. (\*After removing the lens, the reusable frame must be disinfected before re-use or storage.)
7. Personal reusable goggles can be reused regularly without time limit (unless damaged).
8. Personal glasses are never suitable for eye protection.

