

# PPE Guidelines

Direct Care Clinicians

## Caring for community caseloads during a pandemic

This document guides the community health/hospice clinician through all procedures that have been developed to address the COVID-19 pandemic. As this pandemic evolves and the situation changes, these guidelines may be updated. Thank you for your commitment to our patients.



Before every visit, the patient screening questions must be asked and answered. This will determine whether universal precautions or enhanced droplet precautions are required.

## Section 1: Patient screening

Perform before all scheduled visits **except** for patients with known or presumed COVID-positive status.

### A. Call patient and screen using questions below prior to performing all visits.

1. Is the patient experiencing the new onset or worsening of any of the following symptoms?
  - a. \_\_\_\_\_ FEVER OR CHILLS
  - b. \_\_\_\_\_ COUGH
  - c. \_\_\_\_\_ SHORTNESS OF BREATH
  - d. \_\_\_\_\_ FATIGUE
  - e. \_\_\_\_\_ CONGESTION OR RUNNY NOSE
  - f. \_\_\_\_\_ HEADACHE
  - g. \_\_\_\_\_ SORE THROAT
  - h. \_\_\_\_\_ LOSS OF TASTE OR SMELL
  - i. \_\_\_\_\_ MUSCLE OR BODY ACHES
  - j. \_\_\_\_\_ NAUSEA OR VOMITING
  - k. \_\_\_\_\_ DIARRHEA
2. Has the patient been tested due to active symptoms?
3. Is any household member of the patient COVID-positive?

### B. If screening questions are negative, perform visit using universal precautions.

### C. Actions for Positive Responses to Screening Questions

1. If the answer to screening question #1 is yes:
  - a. Contact the PCP to review symptoms and for PCP guidance as to COVID status of patient and testing.
  - b. In the absence of PCP guidance, proceed with enhanced droplet precautions until COVID status can be ascertained and monitor for resolution of symptoms.
2. If the answer to screening question #2 is yes:
  - a. Proceed with enhanced droplet precautions until the test result is available and then use appropriate PPE based on the test result.
  - b. Enter visit alert: COVID-presumptive
  - c. As the patient's COVID status changes, the existing alert will be ended with the appropriate date. If needed, a new alert is started.
3. If the answer to screening question #3 is yes:
  - a. Enter visit alert for positive screen with reason.
  - b. Initiate enhanced droplet precautions and provide procedure mask for patient.
  - c. It is preferred that the household member is not present in the room during the visit.
4. If you do not have adequate PPE on hand, do not perform the visit.
  - a. Notify the MD of the missed visit to another day.
  - b. Return to the office to obtain adequate PPE and receive additional instructions

- from your manager.
- c. If the patient also answered yes to COVID screening questions, and/or has concerning symptoms assessed during the visit, call the PCP as above.
5. For all situations above, contact your clinical manager by phone to notify of positive screen and seek any additional guidance from the PCP.

## Section 2: Understanding patient status

Positive Screen | COVID-19 Presumptive | COVID-19 Positive

### A. Patients with Positive Screens (via phone call prior to visit)

1. Identified in the EMR alert.
2. Depending on screen response and actions of PCP, patient may or may not progress to either presumptive or positive.
3. Absent either a presumptive or positive status, or active respiratory symptoms and fever, patient should be treated with universal precautions PPE. If the screen relates to a household member, follow Patient Care Guidelines Section 5 of this document.
4. If patient shows symptoms as per the SCREEN and you have not received guidance yet from MD, treat the patient with enhanced droplet precautions and provide patient with a procedure mask until otherwise indicated by MD instructions.

### B. Patients with a COVID-Presumptive Alert

1. PCP has indicated that patient should be presumed to be COVID-positive but either has not had a test or has a test pending.
2. Should be considered COVID-positive and visits should be performed using enhanced droplet precaution PPE standards, including providing a procedure mask for the patient to wear during visits
3. Patients who are presumed COVID-positive should be monitored for recovery/absence of symptoms. The alert will be removed once determined to be no longer infectious (see additional guidance in Section 5 of this document).

### C. Patients with a COVID-Positive Alert

1. Patients who have had a documented positive COVID-19 test
2. All visits should be performed using enhanced droplet precaution PPE standards.
3. Patients should be monitored for recovery/absence of symptoms. The alert will be updated once determined to be no longer infectious (see additional guidance in Section 5 of this document).

## Section 3: Understanding PPE usage on patient characteristics

### A. Patients with no alert and no active symptoms

1. Universal precautions PPE. Patient and family members are to be masked regardless of vaccination status.

### B. Patients with Positive Screen alert but no active symptoms and no further instructions from MD

1. Universal Precautions PPE. Patient and family members are to be masked regardless of vaccination status.

### C. Patients whose Positive Screen relates to household member but not to patient

1. Enhanced droplet precautions and provide procedure mask for patient.
2. Is preferred that the household member is not present in the room during the visit.

### D. Patients with active new onset symptoms and pending guidance from MD

1. Enhanced droplet precautions PPE and provide procedure mask for patient.

### E. Patients either presumed or positive COVID alert

1. Enhanced droplet precautions PPE and provide procedure mask for patient.

## Section 4: PPE definitions, agency PPE par levels + processes for managing PPE in the field

### A. Universal Precautions

1. Patients, family members and volunteers are expected to wear masks regardless of vaccination status.
2. Patients are expected to wear a mask during visits unless directed to remove for teaching purposes and/or examination.
3. Type of patient visit
  - a. Negative COVID screen
  - b. All patients not COVID-presumptive or COVID-positive



Surgical  
mask



Hand  
hygiene



Gloves\*

*\*Invasive procedure only*

## B. Enhanced Droplet Precautions

1. Traditional N95 mask instead of surgical mask
2. Type of patient visit
  - a. Positive screen to the screening questions- contact clinical manager for relevance
  - b. COVID-presumptive or COVID-positive



N95 mask



Hand  
hygiene



Gloves



Gown



Shield OR Goggles



## C. Visiting Clinicians

1. Biweekly distribution for full-time staff (shorter schedules will have adjusted par levels):
  - a. (70) procedure masks - all disciplines – for universal masking and to provide to symptomatic patients
  - b. (6) gowns (all disciplines) for COVID-presumed or COVID-positive use
  - c. N95 masks (single use), and properly fit-tested
  - d. (1) face shield (in paper bag) – all disciplines
  - e. Gloves and wipes and/or disinfectant spray solution

## D. Managing PPE

1. Plan community patient care in order of non-COVID patients, positive screen with symptoms, presumptive, then positive when able to do so.
2. Universal procedure mask: One per patient use; once doffed, must be discarded and a new face mask donned once removed..
3. Gowns and gloves: One time use, use clean techniques for doffing/disposal and practice good hand hygiene.
4. N-95: one time use for each COVID-positive or COVID-presumptive patient
5. Plastic face shield/goggles to be used for COVID-positive or COVID-presumptive patients: All staff are issued one face shield /goggle to be used until worn. Face shield will provide eye protection and will help keep the exterior surface of your mask clean. Face shield should be cleaned with Sani-wipe/alcohol wipe and returned to paper bag in between uses. If face shield is not usable, contact your central supply department for replacement.

# Section 5: Patient care guidelines for COVID-Positive + Presumptive Patients

**A. Care Strategies for Suspected and Confirmed Cases in the community setting: If the patient never had symptoms or symptoms are improving, the patient may end isolation and enhanced droplet precautions on day 6.**

1. Day Zero: First day of symptoms OR the day the positive test was taken, whichever is earlier.

**B. Care Strategies for Suspected and Confirmed Cases in Home Settings and Inpatient Facilities**

A test-based strategy for discontinuing transmission-based precautions is no longer recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but who are no longer infectious.

For community (home) based patients, enhanced droplet precautions may be discontinued after day 5 (day 0 is the first day of symptoms or of the positive test if asymptomatic) with the patient required to wear a mask from days 6 through 10.

For facility (SNF/SLF/group home) patients, enhanced droplet precaution discontinuation will follow the facility guidelines.

For HPH patients:

**1. Symptom-Based Strategy for Discontinuing Transmission-Based Enhanced Droplet Precautions:**

- Patients with mild to moderate illness who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications
  - Symptoms (e.g., cough, shortness of breath) have improved

**Note:** *For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, transmission-based enhanced droplet precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.*

- Patients with severe to critical illness or who are severely immunocompromised:
  - At least 10 days and up to 20 days have passed since symptoms first appeared
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and Symptoms (e.g., cough, shortness of breath) have improved

**Note:** *For severely immunocompromised patients who were asymptomatic throughout their infection, transmission-based enhanced droplet precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.*

### **C. Cleaning Guidelines for Care of Face Shield Between Patients**

1. How to clean face shield between uses:
  - a. Open trunk.
  - b. Put on clean gloves.
  - c. Remove face shield by pinching straps on side of head and pulling up and outward.
  - d. Place shields in plastic bin with dirty side up and wipe with 70% isopropyl alcohol wipe or PDI wipe. Turn over and wipe with 70% isopropyl alcohol wipe or PDI wipe and leave for 2 minutes.
  - e. Remove gloves and perform hand hygiene.
  - f. Don clean glove.
  - g. Wipe dry with paper towels.
  - h. Place in clean paper or plastic bag to store between uses.
  
2. How to reapply face shield:
  - a. Don clean gloves.
  - b. Remove face shield from paper bag.
  - c. Place on head after mask.
  - d. Mask and face shield should be in place prior to entering patient home.
  
3. How to remove N-95:
  - a. Don clean gloves.
  - b. Place one gloved hand on front of mask.
  - c. Utilize other hand to remove straps from back of head.
  - d. Discard used N-95 mask.

Revisions to these guidelines will occur as CDC and Massachusetts Department of Public Health (DPH) guidance and recommendations are updated.