

March 8, 2020

Purpose

The purpose of this document is to provide guidance to caregivers when caring for COVID-19 patients who do not require hospitalization. These are patients who were evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed COVID-19 infection.

While isolated at home the patient will be monitored by staff from the local or state health department. Isolation and prevention steps should be followed until directed by the health department.

Intermountain caregivers caring for the patient in the home setting will monitor their temperature twice a day through the duration of care and 14 days following. This information will be reported to employee health. If symptoms develop suggestive of COVID-19 (e.g., fever, cough, shortness of breath) the caregiver should immediately notify Employee Health.

The CDC recommends the following for caregivers who provide care at home for a person confirmed to have or being evaluated for COVID-19:

1. Caregivers should ensure that they understand and can help the patient follow their healthcare provider's instructions for medications and care.
2. Monitor the patient's symptoms. If they are getting sicker, report to their medical provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider's office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
3. Wash your hands often and thoroughly with soap and water, if not available use an alcohol hand rub
4. Avoid touching your eyes, nose, and mouth with unwashed hands
5. Encourage patient/family to clean patient area and "high-touch" surfaces often, such as counters, tabletops, doorknobs, bathroom fixtures, phones, tablets, etc.
6. Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.

PPE

PPE required: Gown, Glove, N95, eye protection

- Full PPE must be worn with respect toward the attention this could bring if worn outside the patient's home, this process should be communicated with the patient in advance of arrival.
- Supplies should be brought in nondescript bags
- **Donning Timeline:**
 - Wear an N95 to the door, knock, and step back 10 feet to address the individual from a distance
 - Ask the individual to move to the back of their home
 - Enter, and don a gown, eye protection, and gloves just inside the doorway

- **Donning Process:**
 - N95 respirators - for additional information and visual aids refer to manufacturers education: [1860/1860S](#), [1870](#), [Halyard-KC](#)
 - Position N95 respirator over nose and mouth
 - Secure top strap high on the back of head and bottom strap at neck – DO NOT CROSS
 - Mold the nose area of the mask to the shape of your nose.
 - Perform a seal check
 - Place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply. If air leaks around your nose, adjust the nosepiece as described above. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform seal check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring respirator use.
 - Enter house
 - Don isolation gown.
 - Fasten behind neck and waist.
 - Don face shield.
 - Don gloves.
 - Ensure glove covers cuff of isolation gown.
- **Doffing Timeline:**
 - When leaving, ask the individual to move to the back of the home again, and doff gown and glove at the door prior to exiting and N95 and eye protection after exiting
 - Ask the individual if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. Used PPE should be bagged and left at the home.
 - **PPE should not be taken from the home of the person being tested or carried in a personal vehicle.**
- **Doffing Process:**
 - Doffing of gown, gloves, and face shield takes place just inside the patient room at the door, before leaving the care area. N95 respirators are removed outside of the patient care area.
 - Gown and gloves
 - External gown and gloves are contaminated. Avoid contamination of self, others and environment
 - Unfasten gown ties. This can be achieved by pulling carefully at the front of the gown. Be careful to not contaminate your body while touching back to unfasten.
 - Carefully, peel off gown and gloves from the inside out, roll up and discard
 - Perform Hand Hygiene
 - Exit house
 - Face shield
 - Carefully remove face shield, touching only the head band at the sides and dispose safely.
 - If supplies warrant, infection control will reevaluate a cleaning process for reusing.
 - Perform Hand Hygiene
 - N95
 - Without touching the N95 respirator, slowly lift the bottom strap from around your neck up and over your head.
 - Lift off the top strap. Do not touch the respirator.
 - Discard.
 - Perform hand hygiene.

Bag Technique

- Due to the risk of contamination bags should not be taken into the house
- Carry only the items needed to perform patient care into the home

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- Single-patient use supplies should be used when able
- Dedicated Equipment: noncritical patient-care equipment (reusable/ no disposables) can be left in the home with the patient for their sole use. When the patient is discharged, the equipment may be either given to the patient/family to keep or may be picked up during the last home visit, and cleaned and disinfected before using this equipment on another patient

Caregiver Follow-up

Intermountain caregivers caring for the patient in the home setting will monitor their temperature twice a day through the duration of care and 14 days following. This information will be reported to employee health through a tracking system. If symptoms develop suggestive of COVID-19 (e.g., fever, cough, shortness of breath) the caregiver should immediately notify Employee Health.