

# Homecare COVID Guidance

## Patient Requiring Testing for COVID at Home



March 10, 2020

Testing for the virus that causes COVID-19 should be conducted outdoors if climate allows. If conducted in the home, specimen collection should be performed in the area of the house where the individual being tested self-isolates.

- Only the public health personnel and individual being tested should be in the room when testing is performed.
- Collecting diagnostic respiratory specimens (e.g., nasopharyngeal and oropharyngeal swab) is likely to induce cough or sneezing.

### 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.

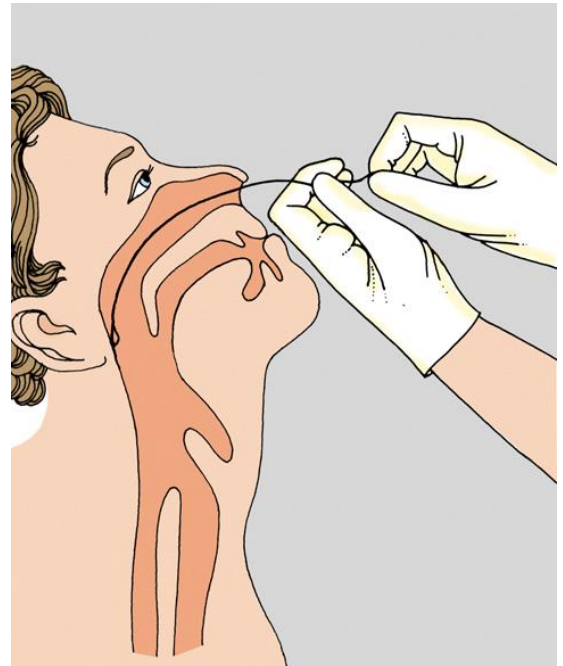
- **Doffing Timeline:**
  - When leaving, ask the individual to move to the back of the home again, and doff gown and glove at the door prior to exiting and N95 and eye protection after exiting
  - Ask the individual if an external trash can is present at the home, or if one can be left outside for the 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.

## Guidelines for Specimen Collection:

- Complete the Utah Public Health Laboratory (UPHL) test request form for each specimen and indicate the test as “COVID-19” in the box, ‘Additional Information’
  - Incomplete forms may result in test cancellation at Utah Public Health laboratory (UPHL)
- Place specimens in Biohazard bag
- Wipe outside of biohazard bag with disinfecting wipes
- Once PPE is removed don clean gloves to carry Biohazard bag to vehicle
- Have 2<sup>nd</sup> biohazard bag prepped in vehicle, place bag with sample into 2<sup>nd</sup> bag.
- **Promptly deliver to arranged Intermountain lab for specific handling and delivery to Utah Public Health Lab (UPHL)**
- **Verbally hand off specimen to lab and confirm plan for next courier**

## Nasopharyngeal Swab Procedure

- Use only synthetic fiber swabs with plastic shafts.
  - Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials.
1. Instruct the patient to sit erect at the edge of the bed or in a chair, facing you.
  2. Provide a tissue and instruct the patient to blow the nose to clear the nasal passages.
  3. Determine which nostril is more patent by instructing the patient to exhale and occlude one nostril at a time.
  4. While it's still in the package, bend the sterile, flexible swab in a curve. Then open the package without contaminating the swab.
  5. Instruct the patient to cough to bring organisms to the nasopharynx for a better specimen.
  6. Instruct the patient to tilt the head back. The head should be extended to about 70 degrees.
  7. Pass the swab gently through the more patent nostril about 3" to 4" (7.5 cm to 10 cm) into the nasopharynx (as shown), keeping the swab near the septum and the floor of the nose, parallel to the palate. Gently rub and roll the swab and leave it in place for several seconds to absorb secretions before removing it.
  8. Take care not to injure the nasal mucous membrane.
  9. Alternatively, depress the patient's tongue with a tongue blade and pass the bent swab up behind the uvula. Rotate the swab gently but quickly and then withdraw it.
  10. Remove the cap from the sterile culture tube, insert the swab into the transport medium, and break off the contaminated end of the swab.
  11. Close the culture tube tightly.
  12. Label the culture tube in the presence of the patient to avoid mislabeling. Include the patient's name, date, specimen type, and time of collection.
  13. Complete a laboratory request form.



[Training Video for nasopharyngeal swab](#)

## Oropharyngeal Swab Procedure

- Use only synthetic fiber swabs with plastic shafts.
  - Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials.
1. Instruct the patient to sit erect at the edge of the bed or in a chair, facing you.
  2. Tell the patient to tilt the head back and open the mouth wide

3. With the patient's tongue depressed and the throat well exposed and illuminated, rub swabs firmly over the back of the throat and both tonsils or tonsil areas, particularly on any areas that appear red, raw, yellow, or white.
4. Care should be taken to avoid touching the tongue, cheeks, or lips with the swab
5. Remove the cap from the sterile culture tube, insert the swab into the transport medium, and break off the contaminated end of the swab.
6. Close the culture tube tightly.
7. Label the culture tube in the presence of the patient to avoid mislabeling. Include the patient's name, date, specimen type, and time of collection.
8. Complete a laboratory request form.

