

COVID-19 Infection Prevention and Control Guidance for Home Visits



CLINICAL
EXCELLENCE
COMMISSION

(This page intentionally blank.)

Table of Contents

Introduction	3
Key principles for infection prevention and control	4
Screening prior to a home visit and information required on patient/client/household members	7
Preparation for home visits.....	8
Transport	15
Aerosol generating procedures	16
Collecting respiratory specimens.....	16
Handling of consumer paper health records.....	17
Waste management.....	17
Appendix A: Standard, Contact, Droplet and Airborne Precautions.....	18
Appendix B: My Health Learning	20
Appendix C: Patient/Client Cleared from COVID-19 (Release from Isolation)	21
Appendix D: Cardiopulmonary Resuscitation	22
Appendix E: Cleaning Summary	23
Appendix F: Where can I find more information?.....	25

Introduction

This purpose of this document is to provide specific infection prevention and control guidance to healthcare and non-government organisation (NGO) providers that deliver care, assessment, treatment or support to patients/clients in their home. Home visits from healthcare and NGO providers enable personalised and individualised care for patients/clients. This guidance document is not intended for NSW Ambulance service as they have specific procedures and guidance available.

The Clinical Excellence Commission (CEC) provides guidance and policies on infection prevention and control to protect our patients/clients, health workers and healthcare environments. As the COVID-19 pandemic situation is evolving, advice, guidance documents and resources for clinicians and the public are being updated regularly to meet changing needs.

Providers of care in the home will continue to ensure that there is minimal impact on patient/client care activities. The components of COVID-19 recognition and prevention must not impede routine and necessary patient/client safety and quality programs.

The need for personal protective equipment (PPE) should be based on the anticipated exposure to blood and body substances, and precautions should be based on the mode of transmission of the infectious agents. The COVID-19 virus is spread mainly from person-to-person in close contact with one another, through respiratory droplets produced when an infected person coughs or sneezes and by the infected person touching a surface or object that has the virus on it. When picked up on other peoples' hands, it can be transmitted when they touch their face and mucus membranes.

It is expected that home care providers maintain adequate supplies of appropriate PPE to protect them from COVID-19 and hand sanitisers as part of their work health and safety (WHS) obligations.

Please check the [NSW Health, Department of Health Coronavirus for Home Care Providers](#) and [Clinical Excellence Commission](#) websites for the most up to date COVID-19 information.

The Australian Government have Medicare Benefits Schedule and Department of Veteran's Affairs items to all doctors, nurses and mental health professional to deliver services via Telehealth. See Australian Government website: [COVID-19 National Health Plan – Primary Care – Bulk Billed MBS Telehealth Services](#) for details. The Agency for Clinical Innovation (ACI) have developed [guidance documents for Telehealth](#) within NSW.

Telehealth may not be suitable for all patients/clients. Each healthcare or care provider e.g. Primary, Community, Mental Health, Hospital in the Home, ComPacks, Palliative Care, Midwifery in the Home, Pathology Collection, Spinal Injury, Various Medical Conditions, NGO and Disability Care groups will need to review their list of patients/clients to determine the level of support, care or treatment that is required. The level of support must include consideration of the risk or benefit of face-to-face appointments versus telehealth options, or a combination of both. This information is to be shared between healthcare providers and

services involved in the patient/client care and support. Any risks related to COVID-19 infection are to be included in the communication e.g. mandated 14 day self-isolation, development of COVID-19 symptoms and currently being tested, household member tested positive for COVID-19.

If patients/clients are unable to be managed through Telehealth Services, this infection prevention and control home visit guidance is required for healthcare and care providers for the patient/client to be seen in the home.

The Commonwealth [Department of Health Guide for Healthcare or care providers](#) remains the key document for providers to persons living at home. This CEC guidance document provides specific and practical infection and prevention information for NSW Healthcare or care providers.

Key principles for infection prevention and control

Early recognition of patients/clients who have suspected, probable or confirmed COVID-19 is essential to maintaining the health and wellbeing of clients, providers, carers, staff and the community.

1. **Triage** and risk assessment through pre-screening
2. **Physical distancing** is to be practiced at all times to limit the transmission of COVID-19. Where practical, health workers and clients are to remain >1.5 metres apart with the exception of the provision of clinical examinations, direct care and procedures
3. **Respiratory hygiene and cough etiquette** – the following measures to contain respiratory secretions are recommended for everyone. This should be communicated to patients/clients:
 - a. Cover your mouth and nose with a tissue when coughing or sneezing;
 - b. If you don't have a tissue, cough or sneeze into your elbow;
 - c. Use the nearest waste bin to dispose of the tissue after use;
 - d. Perform hand hygiene e.g. hand washing with soap and water for 20 seconds or alcohol-based hand rub after coughing or sneezing or if contaminated objects/materials/equipment are touched.

See Clinical Excellence Commission website: [Respiratory Hygiene \(Cough Etiquette\)](#)

4. **Standard Precautions** represent the minimum infection prevention measures that apply to all patient/client care, regardless of suspected or confirmed infection status of the patient/client, in any setting where healthcare and home care is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among patients/clients, care providers and healthcare personnel.

Standard Precautions comprise the following measures:

- a. Hand hygiene

- b. Respiratory hygiene (cough etiquette)
- c. Personal Protective Equipment (PPE) if you are in contact with blood or body fluids
- d. Aseptic technique for clinical procedures
- e. Occupational exposures: needlestick/sharps injuries or blood and body fluid splashes prevention
- f. Cleaning and disinfection of the healthcare/home environment and shared patient/client care equipment (see Appendix E)
- g. Waste disposal

See Clinical Excellence Commission website: [Standard Precautions](#)

5. **Transmission Based Precautions** should be used when Standard Precautions alone are insufficient to interrupt the transmission of a microorganism (transmissible infection or communicable disease). Precautions are applied and based on the mode(s) of transmission.
 - a. **Contact Precautions** protect Healthcare or care providers and prevent them from transmitting COVID-19 from direct physical contact with the patient/client, from shared patient/client care equipment or from environmental surfaces directly contaminated by the patient/client.
 - b. **Droplet Precautions** protect Healthcare or care provider's nose, mouth and eyes from droplets produced by the patient/client coughing and sneezing. These droplets can travel up to 1 metre if not stopped by the use of respiratory hygiene and cough etiquette.
 - c. **Airborne Precautions** protect Healthcare or care provider's respiratory tract from very small and unseen airborne droplets that become suspended in the air. During **aerosol generating procedures (AGPs)**, these small and unseen airborne droplets become aerosolised. The fitted P2/N95 mask will not allow these **aerosolised droplets** to enter the respiratory tract.
6. **Assess and monitor risk** - Healthcare or care providers should conduct routine risk screening and monitor risk to their patients/clients and themselves at each point in the episode of care. The risk screening and risk management required for the patient/client is inclusive and required for others who will be present at the appointment and/or living in the home. Consideration will be given to patients/clients who may be poor historians and may not have capacity to answer COVID-19 screening or risk assessment questions accurately.
7. Healthcare or care providers must follow all requirements in regards to assessing, monitoring and reporting their own health and risk factors associated with COVID-19 to ensure their own safety and the safety of those they provide care to. Healthcare workers, **staff, healthcare students and volunteers who have suspected, probable or diagnosed with COVID-19** should follow the [home isolation guidance for people confirmed to have COVID-19 infection](#). Before returning to work, healthcare workers must follow the [NSW Health Release from Isolation criteria](#).

8. **Vulnerable** ([at risk for COVID-19](#)) patients/clients should be identified and risks associated with specific COVID-19 vulnerability should be considered in the provision of home care e.g. healthcare and care providers wearing a surgical mask during the home visit to protect more vulnerable patients/clients. If the patient/client requests specific infection prevention and control practices from healthcare or care providers, it should be considered in context with high community transmission of COVID—19 and the patient/client vulnerability. The number of care providers and contacts for vulnerable patients/clients should be minimised as much as possible whilst maintaining the health and wellbeing of patients/clients.

For example for this vulnerable group:

- a. different care providers from other home visit organisations should not have the same appointment times and dates
 - b. appropriateness on the number of students visiting per appointment and the duration of time spent with the patient/client within 1.5 metres
9. All healthcare or care providers (including volunteers and non-clinical community support workers) who may be required to provide care to patients/clients with suspected, probable or confirmed COVID-19 must complete minimum level **education and training in Infection Prevention and Control related to COVID-19**. This includes the donning and doffing of PPE if required. Training videos are available on [My Health Learning](#) and on the Clinical Excellence Commission [website](#) (See Appendix B)
10. Use evidence based practice ensuring **culturally safe work environments** and health services. See [NSW Aboriginal Health Plan 2013-2023](#) and [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#)
11. For information on uniforms/non-uniform clothing, footwear and dress codes, refer to facility/organisation or Local Health District/Specialty Health Network **Uniform policies/procedures/guidelines**
12. For annual influenza vaccination and **vaccinations** for adults, children and adolescents:
- a. [NSW Immunisation Schedule 2020](#)
 - b. The NSW Health [Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases Policy](#) outlines requirements for health workers
 - c. Commonwealth Department of Health Aged Care Provider Responsibility for [Influenza Vaccination](#) requirements

Screening prior to a home visit and information required on patient/client/household members

There are a number of mechanisms to determine the patient/client's risk of COVID-19 infection and other risks prior to a home visit appointment.

Communication	Screening questions or action required
SMS and/or telephone call to patient or carer prior to visit	<ul style="list-style-type: none">• Reminder of appointment• Range of screening questions regarding COVID-19 (specific questions to be decided by the healthcare providers). Examples include:<ol style="list-style-type: none">1. Are you experiencing any acute respiratory symptoms for COVID-19?2. Have you been tested for COVID-19?3. Does a household member have acute respiratory symptoms or COVID-19 confirmed by testing?4. Have you been told to be in self isolation e.g. returned from overseas or a cruise, had a positive test?• Provide a contact number if answers 'yes' to any at risk question.• Reminder to the patient/client that if they develop respiratory symptoms or fever to call their GP or Healthdirect on 1800 022 222 for assessment and testing. <p>See NSW Health website regarding Home Isolation Guidance</p>
Or Pre-visit phone call if pre-screening questions were answered more than 24 hours prior to visit due to a cancelled or rescheduled appointment	

Risk screening and assessment should be undertaken for the patient/client and any person that will be in the home.

Risk screening and assessment to be undertaken by the allocated person.

Risks that should be included: COVID-19 symptoms and testing results; cognitive or behavioural issues (patient/client and household member); need for interpreter services.

Risk screening and assessment should be documented in the client or clinical notes. Information to be shared across the team.

If a patient/client has acute respiratory symptoms suggestive of COVID-19, they should be referred to their GP, COVID clinic or emergency department for testing.

Action should be taken to mitigate any risk factors identified during the assessment process.

Communication

Screening questions or action required

Patient/client has been provided an information card/sheet to contact if COVID-19 infection risk e.g. onset of symptoms, household member with symptoms, confirmed COVID-19 test result, household member in self isolation

Patient/client/carer or household member will contact the designated number. Consider alternative methods for conducting the home visit during the 14 days of self-isolation or [release from isolation](#). (see Appendix C)

Determine if any aerosol generating procedures are performed during a home visit.

Education of patient/client prior to visit

Information sheet provided.

Reminder on preparation required prior to visit e.g. anyone present in the home using a nebuliser must be completed a minimum of 30 minutes prior to home visit.

Cancellation or rescheduling appointment due to COVID-19 (patient/client/household member)

Determine if a home visit is required within the period of infectivity or self-isolation. Telehealth may be an option.

If a home visit is required, see a and b sections below.

Preparation for home visits

It is essential that each healthcare or care provider has the necessary infection prevention and control supplies and equipment to provide the routine care, treatment or assessments required. Any additional equipment or supplies for infection prevention and control required for managing a patient/client with suspected, probable or confirmed COVID-19 should be available. **The number and type of supplies will depend on the type of service provided and the number of patients/clients.**

Need

Recommendation

Usual or routine supplies and equipment required for a home visit

Each healthcare or care provider to determine their usual or routine supplies and equipment needed for a home visit

Personal Protective Equipment (PPE) for the infection prevention and control precautions required for the patient/client

- Routine for standard precautions: gloves, surgical masks, eye protection, apron/gowns
- Additional for transmission based precautions: P2/N95 masks

NOTE: prepare an emergency backup PPE kit in a sealed plastic bag that includes one of the following: surgical mask and P2/N95 mask, eye protection, apron or gown, gloves. This should be included in the home visit bag if there is [high community transmission of COVID—19](#).

Hand hygiene product	Alcohol based hand rub or a hand wash solution and paper towels
Cleaning wipes for reusable equipment	An approved detergent wipe for cleaning reusable equipment e.g. eye protection, flat environmental surfaces in the home, spot cleaning in a motor vehicle, cleaning external surfaces of bags taken into the home visit
Waste disposal bags	<ul style="list-style-type: none"> • Plastic bag to dispose of waste into patient/client's home waste bins • NSW Health state that there are no additional controls required for disposing of waste related to COVID-19 in the home. Use usual waste streams. Waste generated during a home visit should follow routine processes for disposal.
Thermometer	For temperature screening

a. Patients/clients and household members **WITHOUT** symptoms or risk factors for COVID-19

No change to routine care, treatment or assessment. Use Standard Precautions and physical distance of >1.5 metres when applicable.

b. Household member **WITH** suspected, probable or confirmed COVID-19

[Symptoms](#) or risk factors for COVID-19 include:

- Fever or history of fever **or** acute respiratory infection (e.g. cough, shortness of breath, sore/scratchy throat)
- A person who has been assessed by their GP, Emergency Department, HealthDirect or COVID Clinic and have reason to suspect that they may have COVID-19
- A person who has returned from overseas (flight or cruise) and has been told to self-isolate/quarantine for 14 days
- A person who has been told that they are a close contact for a person with confirmed COVID-19 and has been told to self-isolate for 14 days
- A person who has been tested for COVID-19 and the results are pending or confirmed.

Consideration must be given to postponing a home visit until the household member has either completed their period of isolation or they are able to be released from isolation.

If not, the household member is to be asked to remain in another room of the house for 30 minutes prior to the visit and for the duration of the home visit.

NOTE: The patient/client may be classified as a COVID-19 CONTACT and will need to be managed as a risk (next section C).

Household member unable to or chooses not to comply

- Behavioural or cognitive issues
- Chooses not to comply
- Patient/client requires the household member to be present

Healthcare or care provider risk mitigation options (risk assess for the appropriate action)

- Pre-visit risk assessment should identify if the household member is able to remain in a different room during the home visit
- Healthcare or care provider to use Droplet and Contact Precaution PPE before entering the household
- Maintain social/physical distance of >1.5 metres
- Use distraction approaches for managing the household member e.g. asking them to watch TV or listen to music away from the patient
- Ask household member to wear a surgical mask and perform hand hygiene
- Leave household and reschedule appointment

c. Patient/client WITH suspected, probable or confirmed COVID-19 or a CONTACT for COVID-19

The definitions are documented on the NSW Health Website: [COVID-19 \(Coronavirus\) testing advice/Case Definitions](#)

Consideration must be given to postponing the home visit until the patient/client has either completed their period of isolation or they are able to be released from isolation.

If not, the recommendations in the following table will apply.

Location	Risk assessment guidance
ON ARRIVAL TO HOUSE (while in the car)	Risk Assess
<ul style="list-style-type: none">• Prepare equipment, documentation and PPE as required for home visit. Contact and Droplet Precautions will be required.• Contact the patient/client and inform them you have arrived<ul style="list-style-type: none">○ Check if any new risks e.g. another member of the household with confirmed	<p>Risk assess when to put on PPE. Consideration for privacy of patient/client and their COVID-19 status.</p> <p>Gloves should not be put on until there is direct contact with the patient/client.</p> <p>Options include:</p> <ul style="list-style-type: none">• Surgical mask and protective eyewear put on before entering the house• Surgical mask, gown/apron and protective eyewear put on at entry (doorway) to the house

Location	Risk assessment guidance
<p>COVID-19, a support person or carer are to be present</p> <ul style="list-style-type: none"> ○ Check that pets and household members are not in the room ○ Check if patient/client remains well enough for home visit <ul style="list-style-type: none"> ● Communicate when PPE will be put on for the home visit ● Remind patient/client they are required to wear a surgical mask. They must also perform hand hygiene before the healthcare or care provider enters the house. 	<ul style="list-style-type: none"> ● Surgical mask, gown/apron and protective eyewear put on when <1.5meters away <p>See sequence for putting on PPE in Appendix A</p>

ON ENTRY TO HOUSE (DOORWAY)	Risk Assess
<ul style="list-style-type: none"> ● Observe patient/client for any deterioration in their condition ● Explain to patient/client that you are required to wear the PPE within 1.5 metres while performing an assessment or procedure (if PPE not put on prior to entry) ● Ask patient/client to perform hand hygiene and use respiratory etiquette. <p>Perform hand hygiene (5 Moments Hand Hygiene)</p> <ul style="list-style-type: none"> ● After contact with respiratory secretions or surfaces or surfaces touched by the person with symptoms e.g. door knobs, light switches, counter tops, coffee tables, sinks 	<ul style="list-style-type: none"> ● If patient condition has deteriorated, call an Ambulance (if required). See Appendix D ● Check they have tissues, alcohol hand rub and a bin to dispose of tissues in easy reach

DURING HOME VISIT	Risk Assess
<ul style="list-style-type: none"> ● Patients/clients who require invasive and non-invasive ventilation or CPAP will pose a risk of transmission to the healthcare or care provider if they have suspected, probable or confirmed COVID-19. Infection prevention and control precautions: <ul style="list-style-type: none"> ○ Routine care – Contact and Droplet ○ Suctioning or other defined aerosol generating procedure (AGP) – Contact, Droplet and Airborne Precautions 	<ul style="list-style-type: none"> ● Home visit care, treatments or assessments to be completed in the 'usual' way but with the additional support of infection prevention and control precautions. Putting on and removing the PPE requires training and practice to enable it being performed safely. ● All disposable items are considered general waste and can be disposed of in the patient/clients home. ● When wearing PPE limit the spread of contamination by: <ul style="list-style-type: none"> ○ Keeping hands away from face

Location

- Hand hygiene must be performed and gloves must be changed when performing different procedures on the patient e.g. shower and a dressing change

Risk assessment guidance

- Limit touching of surfaces and equipment
- Changing gloves when torn or visibly contaminated
- Performing hand hygiene
- Remind patient/client on the need to regularly clean any equipment used frequently e.g. CPAP masks, wheelchairs, walking frames, glucometer machines as these will become contaminated with COVID-19 respiratory droplets
- Remind patient/client of the need to regularly perform hand hygiene

DEATH AT HOME

- Support death at home where this is desired by the patient and is feasible.
- Determine the intensity and frequency of care need and the resources available
- Patients/clients not requiring a lot of hands-on care could be considered on a case-by-case basis

Risk Assess

- Assess the risk to determine if one staff member is adequate during end of life care. The risk assessment should consider:
 - Family availability to provide care
 - COVID-19 risks to family members who are considered vulnerable
 - Ability of staff to provide the level of care in a home environment with the type of PPE required
 - For confirmed or suspected cases refer to NSW Health [Handling of Deceased Bodies with suspected and confirmed COVID-19](#)

CLEANING OF A CLIENTS HOME

- If care workers undertake cleaning duties, they should use usual household products, for example detergents and bleach, as these will be very effective against the virus on surfaces.
- Wipe in an 'S' shaped pattern from top to bottom. Wipe from clean to dirty. Disposable cloths are preferred or reusable cloths are washed at the end of the cleaning session (in a washing machine).
- Clean frequently touched surfaces. Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

Risk Assess

If cleaning occurs more than 1.5 metres from client, disposable gloves and disposable apron to be worn.

For cleaning within 1.5 metres of clients, see PPE requirements for Contact and Droplet Precautions

Location	Risk assessment guidance
----------	--------------------------

- | | |
|--|--|
| <ul style="list-style-type: none"> • Cleaning equipment should be cleaned at the end of the cleaning. | |
|--|--|

CONDUCTING SELF-CARE E.G. SHOWERING OF CLIENTS	Risk Assess
---	-------------

- | | |
|---|---|
| <ul style="list-style-type: none"> • For these tasks the Contact and Droplet Precautions will be required. | <ul style="list-style-type: none"> • Supporting a client with self-care requires sustained close contact between the care worker and the client. |
|---|---|

COOKING IN A CLIENT'S HOME	Risk Assess
----------------------------	-------------

- | | |
|---|--|
| <ul style="list-style-type: none"> • Usual food safety preparation practices apply: <ul style="list-style-type: none"> ○ Washing hands between handling raw and cooked foods ○ Cooking and proper handling of meat products ○ Using different chopping boards for raw meat and cooked foods ○ Ensuring all meats are cooked thoroughly. • When you are preparing food you should always practice good respiratory etiquette. | <ul style="list-style-type: none"> • From the information available at the moment, COVID-19 is not transmitted by food. |
|---|--|

LAUNDRY ASSISTANCE	Risk Assess
--------------------	-------------

- | | |
|---|--|
| <ul style="list-style-type: none"> • If care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. • Wash items as appropriate, in accordance with the manufacturer's instructions. • Dirty laundry that has been in contact with an ill person can be washed with other people's items. • The laundry can be taken to a public laundromat if required. This should be taken in a plastic bag if soiled or damp. • Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed in a washing machine, should be disposed of, with the owner's consent | <ul style="list-style-type: none"> • Standard Precautions to be applied |
|---|--|

Location	Risk assessment guidance
WHEN PROVIDING MULTIPLE ROLES	Risk Assess
<ul style="list-style-type: none"> When undertaking multiple roles in the patient/client home, perform patient care duties first. 	<ul style="list-style-type: none"> Some PPE can be worn for the time period with the patient. <ul style="list-style-type: none"> Mask and protective eyewear can be worn for the period of time if continuing to return to less than 1.5 meters of the patient/client A surgical mask can be worn if it does not become moist or removed Apron or gown – must be removed after direct patient/client contact Gloves - must be removed after direct patient/client contact
LOAN EQUIPMENT	Risk Assess
<ul style="list-style-type: none"> Patients/clients who are provided care in the home may require loan/rental equipment. 	<ul style="list-style-type: none"> Equipment supplied should have cleaning and/or disinfection instructions for during use and before returning to the rental/loan company If no instructions are provided, all loan/rental equipment is to be cleaned with both a detergent and disinfectant. This should be checked/verified with a local infection prevention and control consultant.
AT THE END OF THE HOME VISIT	Risk Assess
<ul style="list-style-type: none"> Clean all external surfaces of kit before placing in the motor vehicle Hand hygiene Restock kit as required 	<ul style="list-style-type: none"> Any infection prevention and control risk identified during the home visit are to be communicated within the team.
HOME VISITS THAT PROVIDE 24 HOUR CARE	Risk Assess
<ul style="list-style-type: none"> See ACI Information on COVID-19 for people with spinal cord injury and information about aerosol generating respiratory therapies: covid-19 	<ul style="list-style-type: none"> Use Droplet and Contact precautions for direct care. If an aerosol generating procedure (AGP) is performed, use Contact, Droplet and Airborne precautions (See Appendix A)

Transport

Determine the number of healthcare or care providers who should travel together in the same motor vehicle together. The principles of hand hygiene, placement of bags, seating arrangements and air flow in the motor vehicle should be observed and practiced.

Before transporting patients/clients with suspected, probable or confirmed COVID-19, perform a risk assessment on:

- the type of motor vehicle required
- physical capability of patient/client and if assistance will be required
- the ability of the patient/client in wearing a surgical mask and practising respiratory etiquette (hygiene).

Before entering the motor vehicle, both the driver and passenger are to perform hand hygiene (alcohol hand rub). If the driver does not have any direct contact with the patient/client (within 1.5 metres), the driver is to use Droplet Precautions. If in direct contact, the driver is to use Contact (apron) and Droplet Precautions.

All hand bags are to be placed on the floor and not the seats. These can be also placed in the boot if they are large.

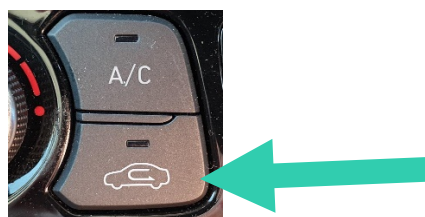
Passenger is to sit in back passenger side (diagonally opposite driver) – as far from driver as possible.

If the passenger has symptoms of a respiratory illness or suspected, probable or confirmed COVID-19, they should wear a surgical mask, perform hand hygiene and be educated regarding respiratory hygiene. They should be provided a plastic bag, tissues and alcohol hand rub.

The driver is to wear a surgical mask and protective eyewear during the transport. Hand hygiene is to be performed:

- before providing assistance to the passenger
- before entering the motor vehicle
- on exit from the motor vehicle
- after providing assistance to the passenger
- after dropping patient off and before returning to the motor vehicle

The vehicle air flow should be checked to minimise recirculation (i.e. recirculated air flow – option to outside fresh air position, otherwise the air flow will be from the passenger compartment through the heating/cooling vents). This setting will depend on the motor vehicle.



The driver side window should be slightly open and also the back passenger window open to create a more direct air flow from driver if the patient/client has suspected, probable or confirmed COVID-19. If they have no risk of COVID-19, the windows can remain up.

Cleaning of the motor vehicle is to occur at the end of the journey. Remove any visible contamination with detergent and disinfectant wipes. Clean the seat area, door handles or other areas touched by the patient with detergent wipes.

Aerosol generating procedures

Aerosol-generating procedures (AGPs) include tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation and collection of induced sputum.

NB: The use of nebulisers should be avoided during a home visit and alternative means of delivering medication used (such as a spacer) as they produce aerosols. The patient/client is to be informed that they should finish using a nebuliser at least 30 minutes prior to a home visit if they have suspected or confirmed COVID-19.

AGPs are generally hospital related procedures but for the purpose of infection prevention and control it is important to understand the risk and identification of an AGP and particular care should be taken during such procedures.

Collection of respiratory specimens are not generally regarded as aerosol generating, although airborne precautions should be considered for severely symptomatic patients/clients with COVID-19.

For an AGP, use Contact, Droplet and Airborne Precautions (see Appendix A).

Collecting respiratory specimens

For most patients, the collection of respiratory specimens is a low risk procedure and can be performed using **Contact** and **Droplet** precautions:

- Prepare all respiratory specimen items, biohazard bag and pathology request form. Labels or information should be on the collection tube prior to procedure
- All patient safety checks and consent to be completed
- Perform hand hygiene before donning an apron, surgical mask; eye protection as per Standard, Contact and Droplet precautions. Perform hand hygiene and put on gloves when ready to perform the procedure
- To conserve swabs, the same swab that has been used to sample the oropharynx should be utilised for deep nasal sampling. Stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze. Check latest updates for specimen collection at <https://www.health.nsw.gov.au/Infectious/Influenza/Pages/nasal-throat-swabs.aspx>.
- At completion of specimen collection, insert swab into the labelled tube and tighten the cap

- Remove PPE (in the correct sequence) and perform hand hygiene between steps and immediately after removing all PPE. If any item of PPE is touched with bare hands during removal, perform hand hygiene using alcohol based hand rub or soap and water for at least 20 seconds if hands are visibly soiled
- Place tube into biohazard bag, with the pathology request form
- Wipe any contacted/contaminated surfaces with detergent/disinfectant, including the external surface of the biohazard bag
- The room surfaces (high touch surfaces) should be wiped clean with detergent/disinfectant wipes by a person wearing gloves, apron/gown and surgical mask (standard precautions).

Handling of consumer paper health records

The risk of paper health record contamination and subsequent exposure to COVID-19 in the absence of a spill (or similar) is thought to be unlikely and considered extremely low. The available evidence does not support the idea of holding notes for 5 days prior to scanning and this is an unnecessary step and may increase the risk of separating notes from where they may be needed. It is acknowledged that some paper records/forms may require handling by patients during their appointment period.

A local process should be implemented to manage these health records and the following steps may assist in reducing the risk of cross contamination of these items:

- Hand hygiene before/after contact with notes (patients and health workers (HWs))
- Clean pens and accessories
- Move to electronic notes where able
- Zone/modelling to reduce notes going directly into patients' home



Waste management

Waste from COVID-19 patients does not require special/additional management and should be considered as general waste and segregated according to existing definitions. Manage waste in accordance with routine procedures:

- Clinical waste should be disposed of in the home waste streams
- All non-clinical waste should be disposed of into general waste stream
- PPE is considered general waste unless contaminated with large amounts of blood and or body substances.
- Sharps to be discarded into a sharps bin.

Appendix A: Standard, Contact, Droplet and Airborne Precautions

See Clinical Excellence Commission website: [Standard and Transmission Based Precautions](#) and [PPE Training Modules](#)

Standard, Contact, Droplet and Airborne Precautions			
Standard Precautions	Standard Precautions apply for healthcare providers for patient care and comprise hand hygiene, respiratory hygiene (cough etiquette), PPE if in contact with blood or body substances, aseptic technique for clinical procedures, occupational exposures prevention, cleaning and disinfection of the healthcare environment and shared patient care equipment and appropriate waste disposal.		
Type of PPE	Fluid resistant apron* or long-sleeved gown. <i>*Apron use should be considered based on your anticipated contact/exposure to droplets while caring for symptomatic COVID-19 patients.</i>	Fluid resistant surgical mask 	Eye Protection (safety glasses OR face shield) NB: Prescription glasses are not sufficient protection. Eye protection to be worn over prescription glasses
		P2/N95 Mask if performing an AGP 	Gloves As required when in contact with patient/client to prevent exposure to blood or body fluid or performing a procedure

Standard, Contact, Droplet and Airborne Precautions

Precautions

Contact & Droplet
If direct contact with a suspected, probable or confirmed COVID-19 patient/client



Contact, Droplet & Airborne
If performing an AGP



Suggested Donning and Doffing Sequence

Suggested Donning Sequence (putting on PPE)

1. Perform hand hygiene
2. Apron or gown
3. Mask
4. Eye protection or face shield
5. Disposable non-sterile gloves when in direct contact with the patient

Suggested Doffing Sequence (removal of PPE)

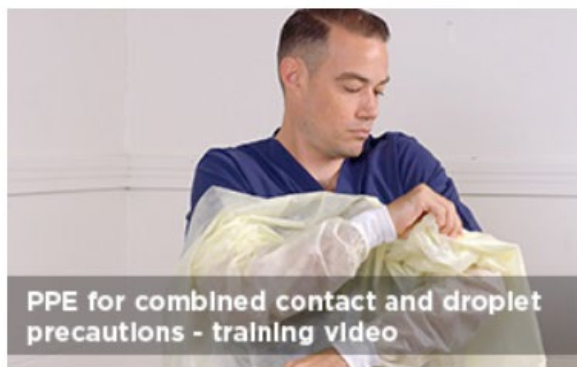
1. Gloves
2. Perform hand hygiene
3. Apron or gown
4. Perform hand hygiene
5. Eye protection or face shield
6. Perform hand hygiene
7. Mask

NB: Hand hygiene must be performed before bringing hands towards face.

Appendix B: My Health Learning

The proper removal (doffing) and disposal of contaminated PPE is the most important step in preventing inadvertent exposure to microorganisms. There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials.

The CEC has developed videos to support PPE donning and doffing for COVID-19. NSW Health staff are required to view the videos in [My Health Learning](#) (Course Code 294450660) so that there is a record of completion. The course name is Personal protective equipment for combined transmission-based precautions.



For care providers who are not NSW Health employees, online videos are available at: <http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/Basic-PPE-training>

Appendix C: Patient/Client Cleared from COVID-19 (Release from Isolation)

People confirmed as having coronavirus with a mild illness who are home isolating can end self-isolation if:

- at least 10 days have passed since the onset of their symptoms and
- all symptoms of their acute illness have been resolved for the previous 72 hours.

Some people may have a pre-existing illness with chronic respiratory signs or symptoms, such as chronic cough. In this case, their doctor should assess whether the signs and symptoms of COVID-19 have resolved.

See NSW Health [Release from Isolation](#) guidance.

Appendix D: Cardiopulmonary Resuscitation

First responders (healthcare providers performing the home visit)

- with a mobile phone, they should dial the emergency number for an ambulance, activate the speaker or hands free option on the mobile phone
- can commence chest compressions, using contact/droplet precautions while awaiting the arrival of NSW Ambulance to undertake airway manoeuvres
- rescue breaths are not recommended for adults
- consider providing rescue breaths to infants and children in addition to chest compressions

Reference: <https://costr.ilcor.org/document/covid-19-infection-risk-to-rescuers-from-patients-in-cardiac-arrest>

Appendix E: Cleaning Summary

Process/ surface	Summary of steps for cleaning in a patient/client's home
Clean	<p>Clean hard surfaces with a multipurpose spray, detergent wipe or soap and water</p> <ul style="list-style-type: none">• Wear gloves to clean (clean hands before putting on and after removing them)• Use disposable cloths or change cloths after cleaning a room/area• Bathrooms and toilets require separate cloths• Use firm cleaning strokes in an 'S' pattern (top to bottom) and clean in sections. 'Cleaner' areas should be cleaned before 'dirtier' areas• Focus on high touch points such as doorknobs, light switches, countertops, handles, chairs, keyboards, desks, phones, bathrooms, sinks, writing materials (if shared)• Remove gloves when the cleaning is completed and perform hand hygiene
Disinfect	<p>After cleaning, use a disinfect wipe or spray if required (e.g. patient frequently touches the surface, equipment or device – high touch surfaces)</p> <ul style="list-style-type: none">• Some manufacturers have a disinfectant/detergent disposable cloth. These are suitable for cleaning• Diluted household bleach solution may be suitable (follow instructions on bottle)• Don't mix a detergent and disinfectant together in a bucket or container – they do not mix• Let the disinfectant dry – it requires a certain amount of contact time to disinfect the surface. Check manufacturer's instructions for use• Wear gloves to disinfect (clean hands before putting on and after removing them)• Remove gloves when the disinfection is completed
Soft surfaces	<p>These include carpeted floor, rugs, curtains, blinds</p> <ul style="list-style-type: none">• Vacuum daily• Spot clean as required with a suitable cleaning agent• Wear gloves to clean (clean hands before putting on and after removing them)
Electronics	<p>Items such as phones, touch screens, keyboards, remote controls, tablets</p> <ul style="list-style-type: none">• Consider having a wipeable cover if able• Check manufacturer's instructions for cleaning and types of cleaning chemicals that are able to be used• Check that cloths are compatible with the electronic device
Mechanical equipment	<ul style="list-style-type: none">• Ensure patient/client does not have any sensitivities or allergies to chemicals

- If patient/client is suspected, probable or confirmed COVID-19, cleaning of their medical/mechanical equipment should occur frequently: at least daily
- Patient/clients should have a regular cleaning schedule for their medical/mechanical equipment

Biomedical Equipment

- Equipment should be cleaned according to the manufacturer's instructions
-

Appendix F: Where can I find more information?

- NSW Health: [COVID-19](#)
- Clinical Excellence Commission: [Infection Prevention and Control for COVID-19](#)
- NSW Health [Release from Isolation](#) (for people released from self-isolating at home, close contacts, travellers, hospital isolation, transport and healthcare workers)
- Community Motor Vehicle, see NSW Health Website: [Community-based and outpatient health services](#)
- NSW Health COVID-19 (Coronavirus) - [Guidance for community-based and outpatient health services](#)
- NDIS Quality and Safeguards Commission: [NDIS Commission coronavirus \(COVID-19\) information](#)
- Disability Services Australia: [Coronavirus \(COVID-19\)](#)
- Clinical Excellence Commission website: [Environmental Cleaning](#)
- NSW CEC [Infection Prevention and Control Handbook](#)
- [For national updates – Department of Health and Ageing](#)
- [CDNA National Guidelines for Public Health - Coronavirus Disease 2019](#)
- [Coronavirus \(COVID-19\) guidelines for outbreaks in residential aged care](#)

The Healthcare Associated Infections (HAI) Program provides expertise in Infection Prevention and Control and assists local health districts and specialty networks in NSW to manage and monitor the prevention and control of HAIs.