Commonwealth Department of Health

A Practical Guide to Providing Care in the Home for COVID-19 Positive Clients

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Coronavirus Disease (COVID-19)

SARS-CoV-2, the virus that causes COVID-19 (The Virus), is predominantly spread via close contact from person to person, including through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces. Noting, fomite transmission or contracting the virus by touching inanimate surfaces is believed to be highly uncommon.

Therefore, Health Care Workers (HCW)s should undertake a risk assessment and develop a risk management plan using the hierarchy of controls (HoCs) approach to minimise risk of COVID-19 transmission. This includes wearing appropriate personal protective equipment (PPE) when providing care to patients with suspected or confirmed COVID-19 infection.

COVID-19 presents as a mild illness in approximately 80% of cases, with the majority recovering from infection without the need for hospitalisation. People fully vaccinated against COVID-19 can still become infected, however are less likely to experience severe infection, and can be monitored for the duration of their illness in the home.

Relevant National Guidelines

These infection prevention and control recommendations are based on a number of evidence-based guidelines, including:

- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021);
- The Communicable Diseases Network Australian (CDNA) series of National Guidelines;
- The Infection Control Expert Group (ICEG) guidance on the use of PPE for health workers in the context of COVID-19; and
- The World Health Organization (WHO) PPE guidelines.

Nationally consistent advice regarding the management of confirmed COVID-19 cases and suspected cases has evolved as further information regarding the specific risks of transmission associated with this infection have become known. As it has become available, this advice has been incorporated into these guidelines.

Scope of the Guidelines

These guidelines aim to provide key considerations for HCWs that are preparing and entering the home of a patient who is known to be COVID-19 positive and requires in home care. These guidelines will also provide detailed advice on appropriate PPE and infection prevention control measures to prevent the transmission of COVID-19 in the home care setting.

Minimising the Risk of COVID-19 Transmission During a Home Visit

Risk assessment

It is important that all COVID home care programs are based on a risk management approach. This requires consideration of the potential risks and management of that risk, through application of appropriate controls. The risk assessment process helps to inform your risk management plan.

Preparedness

Planning and preparation must be undertaken prior to entering a patient's home. Key considerations apply to HCWs, the space the treatment is being provided in, the available supplies and systems in place. HCWs providing in-home care will need to apply layered mitigations using the official HoCs.

This includes consideration of personal safety and security, noting treatment is being provided in a home environment. These considerations are detailed below.

Health Care Workers

HCWs are completing daily health attestations and monitoring for any symptoms. The following measures should be in place:

- Ensure risk management plan and controls are in place.
- Ensure all HCWs who will be entering the home are fully vaccinated against COVID-19.
- Ensure all HCWs have fulfilled IPC training requirements and are competent in the practical application of PPE, especially applying (donning) and removing (doffing) in the COVID-19-positive home environment.
- As part of the risk assessment, and based on the policy of the individual health care provider, a minimum of two staff attending to the patient may be considered. This is only if there are significant concerns regarding particular IPC breaches or personal safety.

The following measures are highly recommended by clinical experts and should be considered as part of your risk management strategy:

- Consider cohorting HCWs who will be required to provide care within the home to reduce the potential transmission to other HCWs within the commissioned home visits service provider organisation. This may involve more stringent workforce monitoring in terms of assigning shifts, permitting staff to work across organisations, and implementing greater vigilance of symptoms overall.
- Consider having active contract tracing processes in place. HCWs treating suspected and/or confirmed cases must be protected according to recommended infection control guidelines. Visitors should be restricted to close family members. HCW close contacts (i.e. persons exposed while unprotected, as described in the Contact definition section) should not undertake work in a healthcare setting for 14 days following the last possible contact with the case. Whilst these clinical work restrictions on HCW close contacts may place strain on individuals and on health services, it is important to ensure HCWs implement appropriate infection control precautions (ICP) when assessing and managing suspected, confirmed 2019-nCoV cases.
- As per jurisdictional advice, consider the use of Rapid Antigen Testing (RAT) for HCWs prior to commencement of shift or at least three times a week as a minimum.

Space

Ensure the home visit space is as appropriate as possible including:

- Contact the patient's managing GP to understand any existing health concerns or known risks.
- Make contact, via phone, with the patient prior to the visit to establish residence type, access, potential safety issues, and explanation to patient of visit and process.
- Request that prior to, and during the home visit, the patient opens windows and doors to aid ventilation if the weather and climatic conditions are appropriate.
- Consider undertaking the assessment outside the house (for example a veranda or deck) and working with the patient prior to the visit to understand the logistics to determine if this is practical.

- Ensure the HCW has adequate training, supply and storage to be able to safely don and doff PPE prior to arriving at the patient's home.
- Have appropriate waste management systems in place and appropriate clinical waste bags and storage in the HCW's motor vehicle to transport clinical waste back to dispose. This could be achieved by double bagging clinical waste and then placing the waste into a plastic storage container in the back of the car to prevent the waste from moving about in the car.

Supplies

Ensure adequate PPE is available and accessible before travelling to and approaching patient's house. Where possible, consider the use of single-use, disposable equipment, and have redundancy available if in the event of contamination by fluids, or a requirement to change PPE due to a PPE breach.

Consider having equipment and consumables allocated to each home that remains at the patient's home to be used by HCWs when they attend, including:

- Stethoscopes
- Blood pressure machines/cuffs
- BSL machines
- Wound dressings
- Spo2 monitors
- Alcohol-based hand rub (ABHR) and cleaning products.

Additional controls to manage risk

Develop appropriate processes to minimise risk of exposure and support safe home visits. Some things to consider include:

Minimise contact

- Confirm, based on the GP's initial contact with the patient, that the patient has approved home visiting.
- Determine if wearable devices can be provided to or acquired by the patient to potentially reduce the overall time required in the home.
- Ensure care is "bundled" or coordinated to reduce multiple visits by HCWs and consider the use of technology to aid in assessment and review.

Managing IPC risk

- Consider how data/assessment information is captured. If using electronic equipment, ensure that the devices can by wiped down with alcohol-based cleaning products. Also consider covering the equipment with a plastic wrap that can be wiped down and disposed of in contaminated waste at the end of a visit.
- Review waste management systems and ensure that all PPE and clinical waste is managed according to local requirements – you may need to increase the frequency of waste pick up.
- Review and calculate the PPE usage (burn rate) for a home visit, to accurately predict the supply requirements to ensure delivery of PPE is adequate and increase the supply/delivery as required.

Conducting the Home Visit

Things to consider prior to a home visit include:

- Ensure you have all the required equipment and consumables for the visit, and understand if the equipment being used is in the house, or needs to be supplied.
- Ensure you have reviewed the patient's history and are clear on what the key objectives of the visit is.
- Ensure you have appropriate PPE, ABHR and appropriate cleaner.
- You will need to wear PPE for the duration of the home visit, it should not be removed (doffed) until you are outside of the premise. Stay hydrated and ensure you are physically able to conduct the visit.
- Ensure you have gone to the toilet prior. If toileting is required, you will need to leave the premise and doff PPE and don PPE on your return into the home.
- If the equipment/consumables are needing to be supplied, assess whether they can be decontaminated and disinfected once out of the house or whether it will need to remain onsite.

Standard precautions

The implementation and use of standard precautions as a minimum, are a primary strategy for the prevention of infectious disease transmission in healthcare. Standard precautions protect HCWs from infection transmission. Standard precautions include:

- hand hygiene
- appropriate and correct use of PPE
- respiratory hygiene and cough etiquette
- reprocessing of reusable medical devices
- cleaning of shared equipment
- aseptic technique
- sharps/waste handling and disposal
- appropriate handling of linen
- routine environmental cleaning.

A full description of standard precautions is provided in the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

Hand Hygiene in the home care setting

Hand Hygiene is the single most important strategy in preventing transmission of infections and all HCWs should perform hand hygiene in accordance with the WHO official '5 Moments for Hand Hygiene' advice.

In the home care setting hand hygiene needs to be performed prior to the application of PPE before entering the patient's home and as part of the Doffing of PPE. Alcohol based hand rub (ABHR) needs to part of the PPE kit. Hand Hygiene should also be encouraged to be performed by the patient prior to the HCW entering the home and ABHR be used during the visit by the patient.

Alcohol-based hand rubs must contain at least 60% alcohol, and either be registered with the Therapeutic Goods Administration (TGA) or be a specified hand sanitiser formulation excluded from TGA regulation for the duration of the COVID-19 pandemic.

Personal Protective Equipment (PPE)

As an integral part of HoC measures, the use of personal protective equipment (PPE) and standard IPC measures are vital to eliminating risk when considering home visits for confirmed COVID-19 cases.

In some circumstances, standard precautions would need to be scaled up to include **higher order controls and airborne precautions** based upon assessment of risk of transmission of COVID-19. This includes:

- consideration of a particular patient's pre-existing likelihood of having COVID-19;
- behavioural factors; and
- the nature of the care episode and factors related to the physical location of care where the care episode will be conducted.

Further information to inform this decision making can be found in the relevant ICEG Guidance.

Appropriate PPE must be worn by staff before (donned) entering the home and during the entire visit. PPE should be removed (doffed) outside of the home and safely place into contaminated waste bags.

Prior to utilising PPE by staff, ensure that all staff are trained in the implementation of appropriate transmission-based precautions, in line with the nationally agreed infection prevention and control advice. Additionally, staff need to have been fit tested for P2/N95 respirators and trained in their use, including appropriate fit checking.

You should consider individual and ongoing PPE training and competency assessment in the following areas:

- How to safely don PPE, adjust, use, and doff the specific PPE that the healthcare worker will use.
- How to fit test the mask and know which mask fits them properly.
- How to safely conduct routine clinical care.
- Limitations of the PPE (e.g., duration of use, degree of protection).
- What to do in the case of an equipment failure or detection of a breach in PPE.
- How to maintain PPE and appropriately dispose of it after use.
- The possible physiologic strain associated with using PPE, and how to recognise and report early signs and symptoms, such as fatigue. This indicates the importance of more than one HCW attending to each patient.
- Auditing PPE usage and practical application.
- Anticipating PPE need and supply (burn rate).
- Ensuring adequate supplies in different sizes and easily accessible.

PPE items that can be reused include:

- Goggles or face shields that are described by the manufacturer as reusable, and can be cleaned and disinfected between uses, as per manufacturer's guidelines.

Table 1: PPE required to be worn in the home of COVID-19 positive patients

For use in home care settings with known COVID-19 positive patients	 **Hand hygiene**	 **Disposable gloves**	 **Disposable gown**	 **P2 / N95 respirator**	 **Eye protection (Goggles or face shield)**
All care/exposure/contact with: • High-risk suspected COVD-19 patients/residents • Confirmed COVID-19 patients/residents[4] *Wherever possible, AGPs should not be undertaken within home settings whilst a HCW is present and other treatment alternatives should be considered.* *e.g., nebulisation where use of alternate administration devices is not possible, tracheostomy cannula inspection or change.*	✓	✓	✓	✓	✓

Aerosol-generating therapies and procedures

Aerosol-generating procedures (AGPs) and natural processes known as aerosol-generating behaviours (AGBs), such as coughing, singing or sneezing, have a potential to generate aerosol or droplets and can be a source of COVID-19 transmission. The aerosols and droplets can linger in the environment and air increasing the risk of transmission and infection to HCWs. Examples of AGPs in the home care setting include:

- Nebulisers (used for respiratory conditions such as Asthma, COPD)
- CPAP and BIPAP machines (used for COPD and other respiratory conditions)
- Tracheostomy suctioning
- Deep breathing and coughing exercises.

These devices and procedures are high-risk aerosol generating respiratory therapies that can facilitate dispersion of viral particles into the surrounding environment.

Wherever possible, AGPs and AGBs should not be undertaken in the home whilst the HCW is present, and alternative treatments should be considered e.g. spacers instead of nebulisers. Request the patient stop the AGP at least 30 minutes prior to the HCW entering the home, and ensure windows and doors have been opened to assist in ventilation.

Use of face masks in the home care setting

Inside the home care environment and prior to entering a COVID-19 positive patient all HCWs need to wear a fit checked and tested N95/P2 mask approved by the TGA.

When using P2/N95 masks, consider the following:

- Fit-testing is required under AS/NZS 1715:2009 for use of P2/N95 respirators. Every person is different, and the fit test process helps identify a mask which is able to achieve a good fit and seal the HCW. Fit testing is usually done annually.
- Once the right size and type of P2/N95 is identified, this type should be used each time and should be fit checked on each occasion of use.
- If a suitable P2/N95 respirator cannot be found and alternative respirator - e.g. Powered air purifying respirators (PAPRs) - should be considered.
- An airtight protective seal is difficult to achieve if the HCW has facial hair, it is recommended that the HCW remove all facial hair.

It is important to note that fit-testing does not guarantee that a respirator will not leak, particularly if a different type or size is used – this reinforces the need to fit-check with each use.

Patients can be asked to wear disposable masks whilst the home care visit is being conducted if practical to help further reduce the transmission of COVID-19.

When not engaged in patient care, the use of face masks by HCWs outside of the home care setting needs to be at the direction of the current public health orders/directions of your local government jurisdiction.

Use of disposable gloves in the home care setting

Gloves (for example, single-use disposable gloves) provide hand protection. Gloves are never a substitute for hand hygiene. If they become contaminated, for example, during patient care, they should be removed, hand hygiene performed, and a new pair donned. Gloves should not be washed or have ABHR applied as such practices may affect glove integrity. Gloves **must always be changed between patients** and hand hygiene performed.

It may be practical for the HCW to double glove whilst in the home care setting. Double gloving can be a practical solution if:

- You are required to remove your gloves due to soiling from blood or body fluids.
- If you are working in an environment that is particularly hot and humid.

Removing and replacing gloves is very difficult under COVID precautions and can lead to PPE breaches from tearing and ripping of gloves. Removing the top layer glove and replacing it with another disposable glove has less risk of breaching PPE and does not require the HCW to completely Doff PPE. Any disposable gloves that are removed are contaminated clinical waste and disposed of appropriately in clinical waste (yellow) bags.

Physical distancing in the home care setting

It is challenging to maintain physical distancing in the home care setting but when it can be achieved HCWs are encouraged to maintain a distance of 1.5m. Another consideration is to reduce the number of people in the room. The HCW should also request any other family members in the home who are COVID-19 positive to isolate in another section of house if appropriate and safe to do so.

PPE Breach Process and Reporting

A PPE breach occurs when any component of the PPE is compromised. For example, tearing of gloves or gown, N95 mask not fitting resulting in an air leak being present or becoming dislodged or heavily soiled. There are common breeches that occur during donning and doffing of PPE. These include:

Donning Breaches:

- Poorly fitting N95/P2 mask causing air leak.
- Poor fitting gloves that leave the wrists exposed.
- Poor fitting gowns or inappropriate gowns being used (gowns need to cover at the front and back of the person and be semi permeable).
- Rushing the donning process and not ensuring that the PPE is well fitted, comfortable and safe.

Doffing Breaches:

- Degloving: Gloves are considered the most contaminated part of PPE after performing a high-risk exposure medical procedure. Removal of the first glove is usually easier than the second one. When removing the second glove, ensure that there is as minimal contact as possible between the sleeve of the gloved hand and the un-gloved hand/ fingers. Avoid snapping of gloves.
- Removing gown: The gown is the second most contaminated PPE element. Ensure that bare hands do not touch the front of the gown when removing. A surgical gown that can be pulled off without having to untie it may confer additional safety.
- Removing mask: Always avoid touching the front of the mask (and/or face shield) with the hands when removing. Maintaining tension on the inferior strap is useful for preventing snapping while removing.
- Hand hygiene with alcohol-based sanitisers should be performed for 15–20 sec after each article of PPE is doffed to ensure complete removal of virus contamination from hands.

It is important for HCWs to have undertaken education and training regarding PPE breaches and understand how they can further minimise the risk of infection. If there is a concern about a potential breach in PPE or potential self-contamination, it is important that there is a localised protocol and incident reporting process.

Cleaning and Disinfecting

Environmental cleaning and disinfecting are crucial to preventing transmission of infection. In the home care setting, it is of particular importance to appropriately disinfect any equipment that needs to be reused, or is not single-use. Equipment (not exhaustive) to consider:

- Laptops
- Phones
- Pens
- Stethoscopes
- BSL machines
- Blood pressure machines
- SpO2 monitors
- Clipboards.

All surfaces need to be cleaned first with a neutral detergent and then disinfected using a chlorine-based disinfectant at a minimum strength of 1000ppm, or any TGA approved hospital-grade disinfectant.

In the home setting, disinfectant wipes are very useful and easy to carry and store in the motor vehicle. If disinfecting using reusable equipment, develop appropriate procedures and process to minimise the likelihood of exposure, such as the following:

1. Place equipment into a plastic container/box
2. Disinfect once you have left the home and after you have doffed PPE
3. Sanitise hands with Alcohol Based Hand Sanitiser
4. Put on a pair of disposable gloves while disinfecting
5. Wipe down equipment with disinfectant wipes
6. Dispose of disinfectant wipes in the waste bag
7. Remove gloves
8. Place gloves in waste bag
9. Double bag waste
10. Sanitise hands with alcohol-based hand sanitiser.

Waste Management

Any waste generated by the HCW during the home visit of a COVID-19 positive patient is considered clinical waste and needs to be disposed of according to local jurisdictional requirements. It is important that there is a documented procedure and education for HCWs to manage clinical waste (including sharps) whilst undertaking a home visit. Further information about the management of clinical and related wastes can be found in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021) and the Commonwealth Workplace Health and Safety Legislation (Work Health and Safety Act 2011).

Below is an example of how to appropriately dispose of clinical waste whilst undertaking a home visit:

- Put all single-use PPE items such as tissues, disposable masks, gloves in a rubbish bin that is lined with a plastic bag.
- When the bin is three-quarters full, tie-off the plastic bag. This will prevent the contents in the bag from spilling. Avoid touching the inside of the bag.
- Put the tied-off bag in the general waste bin.
- It is good practice to put the first plastic bag in a second bag. Tie off the second bag before putting it in the general waste bin.
- Wash your hands for at least 20 seconds, using soap and water or use a hand sanitiser that contains at least 60 per cent alcohol.

Dispose of PPE which has been soiled by bodily fluids or blood, in a clinical waste bin where possible. If you do not have access to clinical waste bins, then consider the following:

- Place soiled PPE in a sealed plastic bag.
- Put the first sealed plastic bag in a second bag.
- Seal or tie off the second bag before putting it in a secure general waste bin.

Appendix

Appendix A: Checklist for home visits of confirmed COVID-19 clients

Use the hierarchy of controls (HoCs) to proactively conduct a risk assessment and develop appropriate controls to minimise this risk.

This initial risk assessment should consider all hazards, including personal safety, security and the relative temperature of the environment. This will inform the development of supporting policies and procedures, including administrative controls and the use of PPE, as outlined in the table below.

Preparation	***Strategies***	
Health Care Workers	HCWs undertaking health assessments daily should do the following: 1. Daily health attestations 2. Temperature checking 3. Rapid Antigen Testing 4. PCR testing if symptomatic or routine surveillance testing	
	Fully vaccinated against COVID-19	
	Trained and competent in practical application of PPE for COVID-19 patient in the home environment: 5. Fit checked and fit tested N95 masks 6. Orientated to the PPE that will be supplied and used.	
	Contact tracing practices in place.	
	Cohorting of HCWs who visit COVID-19 positive homes, if possible.	
	Assess the need for more than one HCW to attend the home visit.	
	Documentation processes have been tested and trialled prior to home visits.	
	Have adequate and appropriate equipment/consumables in the vehicle for the home visit: 7. Determine if any of the equipment can be reused and understand how to disinfect and clean equipment 8. Determined if equipment will need to stay onsite or be discarded after single use 9. Have redundancy supplies of PPE/consumables in the vehicle.	
Health Care Worker wellbeing	Provide physical support and regular wellbeing checks for HCWs.	
	Ensure staff have access to staff welfare programs.	
	Ensure regular breaks.	
	Provide focused training for HCW on the fundamentals of infection prevention and control for home visits, including staff meetings and debriefs, as required. This includes information such as the home visit may being more time intensive due to the reduced efficiency caused by wearing PPE.	
Patients	Consider wearable devices to monitor COVID-19 Symptoms to reduce the number of home visits required.	
	Determine if part of the assessment can be undertaken via telehealth/video conference to reduce the time in the home.	
	Limit the number or carers in the home whilst visiting or request other members of the house to isolate whilst home visit is occurring.	
	Encourage the opening of windows and doors to aid in ventilation prior and during the visit.	

	Can the assessment/home visit be undertaken outside of the house i.e. veranda/deck to aid in ventilation.	
During the Visit	***Strategies***	
PPE	PPE to be worn for the duration of the home visit by HCWs consists of: 10. N95 mask 11. Disposable Gloves 12. Gown with long sleeves and can tie at the back (surgical gown) 13. Goggles +/- face shield.	
	HCW needs to set up donning station from the vehicle outside the home: 14. PPE 15. Alcohol based hand sanitiser Normal waste bag.	
	HCW needs to set up doffing station outside the home -this could be on a veranda/porch or the back of the vehicle: 16. Clinical waste bag x2 17. Alcohol based hand sanitiser 18. Disinfectant wipes to wipe down reusable goggles/face shield 19. Disinfectant wipes to wipe down any reusable equipment.	
	Review and calculate the PPE usage (burn rate) for the home visit.	
	During home visit request the patient wear a mask if practical and safe.	
PPE Breach	Ensure education and training has been provided to HC's to minimise the risk of transmission with particular focus on high-risk activities that can result in PPE breach: 20. Donning breaches 21. Doffing breaches.	
	Ensure there is a localised protocol for escalation, reporting and COVID-19 testing.	
Aerosol-generating Therapies (AGPs)	AGPs are considered high risk and therefore should not be undertaken in the home whilst the HCW is present. Discuss alternative therapies: 22. Spacers rather than nebulisers.	
Physical Distancing	Where possible maintain 1.5m distance between HCW and patient.	
	Request other family members or care givers to isolate in another area of the home if appropriate and safe to do so.	
Post the Visit	**Strategies**	
Cleaning and Disinfection	Identify what equipment and consumables can be reused, cleaned, and disinfected.	
	Ensure cleaning products are a neutral detergent and approved by TGA.	
	Ensure disinfecting products are chlorine based with a minimum strength of 1000ppm and approved by the TGA.	
Waste Management	Understand local jurisdictional requirements for waste disposal from a COVID-19 home.	
	Have a protocol for the disposal of waste based on the jurisdictional requirements.	

	If clinical waste is required to be removed from the home, some things to consider: 23. Education on handling clinical waste (Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021)) 24. A documented procedure to guide the HCW 25. Ensure supply of clinical waste bags to enable double bagging 26. Consider how the clinical waste will be transported 27. Consider how and where the clinical waste will be disposed.	
	Expect an increase in waste volume due to the usage of PPE and alter pick up from the waste supplier accordingly.	

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