COVID-19
Provincial Guidance and Screening Tool for Management of Home Visits

This document links to current Shared Health and MHSAL resources on screening for COVID-19 symptoms in community health setting. This document is intended to supplement clinical judgement, not supersede it.

Recommendations

- Health provider initiates call for service as per usual (discuss role, reason for call, focused assessment).
- There is no need to screen if no in-person services are planned.

In an effort to reduce community transmission, screening criteria to identify risk and reduce unnecessary visits in the community should be used. For full details, refer to the following: https://sharedhealthmb.ca/files/covid-19-guidance-for-outpatient-care-delivery.pdf

Where screening identifies no criteria that would indicate the home worker could be exposed to COVID-19, home visits will be offered as routine.

Where the screening shows potential exposure to COVID-19, home visits should be limited to those where there is imminent risk for health, harm or deterioration unless a provider in-person visit is completed. Clinical Nurse Specialists, CD Coordinators/Coordinators, Case Manager, Team Managers will collectively provide general guidance and clarification as needed in your practice area.

Prior to arranging in-person services (in office, in home, elsewhere in community):

Contact the client and ask the following:

- In the past 14 days have you - or anyone in the household - returned from travel outside Manitoba, including travel within Canada? (If yes – public health officials have directed them to self-isolate for 14 days following their return to Manitoba. If they are symptomatic [respiratory symptoms] refer to Health Links-Info Santé at 204-788-8200 or toll-free at 1-888-315-9257 for further direction) OR
- In the past 14 days have you - or anyone in the household – had *exposure to a confirmed case of COVID-19? (If yes – public health officials have directed them to self-isolate for 14 days. If they are symptomatic [respiratory symptoms] refer to Health Links-Info Santé for further direction). **NOTE** - *Exposure may include scenarios like: large events or settings with confirmed case(s) of COVID-19.
• In the past 14 days have you – or anyone in the household – had laboratory exposure to biological specimens known to contain COVID-19 (specific to people who work directly with biological specimens). AND
• In addition to any of the above, do you – or anyone in the household - have cold/flu symptoms (fever, new cough, runny nose, sore throat)?

If no to screening criteria and no to cold/flu symptoms, the health care worker may proceed to offer the home visit as per routine.

If no to screening criteria and yes to cold/flu symptoms, the health care worker may proceed to offer the home visit as per routine.

If yes to any of the screening criteria outlined above AND yes to cold/flu symptoms, the health care worker must don droplet/contact PPE:

If there is someone in the home who is on self-isolation for COVID-19, even if they are not in the same room, the health care worker must don droplet/contact PPE in addition to routine practices.

Avoid inviting symptomatic clients into public service spaces. Offer home visit instead for necessary services.

If the client is symptomatic and has questions about COVID-19 (e.g. test sites, who can be tested) please use the most up to date materials available at https://www.gov.mb.ca/covid19/ for reference.

If recent history suggests potential exposure (yes to cold/flu symptoms AND another screening criteria outlined above) – direct the client for to use the online COVID-19 Screening Tool: https://sharedhealthmb.ca/covid19/screening-tool/ OR to call Health Links-Info Santé (204-788-8200 or 1-888-315-9257) for further screening and instruction on next steps.

Clients with severe symptoms are directed to go to an emergency department OR to call 911 and should advise of their potential exposure to COVID-19 to ensure appropriate precautions are taken.

Home Visits Where Droplet/Contact PPE is Indicated
Implement routine practices and droplet/contact precautions
See resources: How to don and doff PPE.

Please explain to the client the need for provider to don PPE during the visit as a requirement of Occupational and Environmental Health Services.

For home visits supplies needed: PPE to Go bag (gown, gloves, procedure mask, eye protection (or mask/face shield); trash bag; bag for coat:
Donning PPE:
- Prior to entering the client home/suite, provider performs hand hygiene then dons procedure mask and eye protection.
- Upon entering the client home/suite, provider removes coat and places in designated bag.
- Provider performs hand hygiene and dons remaining PPE (gown, gloves).

Doffing PPE:
- Prior to exiting the home, provider to remove gloves and gown, and discard into trash bag.
- Provider to perform hand hygiene.
- If coat worn – provider to remove from bag and discard bag BEFORE putting coat on
- After exiting the home/suite, provider to perform hand hygiene
- Provider to remove eye protection and face mask and discard into trash bag.
- Provider to perform hand hygiene.
Initial contact and assessment

Home visit indicated:
Screen to check if there are any household members, who have:
• Returned from travel outside Manitoba in the last 14 days (including if asymptomatic); OR
• Had *exposure to a confirmed case of COVID-19, OR
• Had laboratory exposure, in a person who works directly with biological specimens known to contain COVID-19 AND
In addition to any of the above, have cold/flu symptoms

No

Droplet/contact PPE not indicated.
Provide in-person visit using routine practices

Yes

Is there imminent risk for health, harm or deterioration unless an in person provider visit is completed?

No

Do NOT provide in person home visit

Yes

Provide in-home care using routine practices and droplet/contact PPE

NOTE:
*Exposure may include scenarios like: large events with confirmed case(s) of COVID-19.