

## 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 judgment, 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 followed.** 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 may be offered using established PPE guidelines** <https://sharedhealthmb.ca/files/ppe-provincial-requirements-in-home-care.pdf>

Where the screening shows increased potential of exposure to COVID-19, limit home visits 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.*

For this purpose, responses include the client and anyone in the household, e.g. If there is someone in the home who would respond yes to the screening questions below, even if they are not in the same room, the health care worker must don complete PPE including a gown and gloves.

**Prior to arranging services or providing a service visit** (in office, in home, elsewhere in community) ask client the following:

1. In the past 14 days, have you or anyone in your household:
  - Returned from travel, including outside Manitoba, excluding Nunavut or NW Ontario; OR Had exposure\* to a confirmed case of COVID-19 (\*Exposure includes attendance at large group settings where someone was confirmed to have COVID-19. Confirm setting and how person was notified);  
OR
  - Had laboratory exposure working directly with biological specimens that contain COVID-19

**‘Yes’ responses to this question indicate the client-space is COVID-19 suspect or positive. Contact your supervisor/designate and determine if visit needs to occur at this time. If the visit is deemed necessary, perform hand hygiene and don gown and gloves in addition to mask and eye protection.**

2. Determine if Client or anyone in the household is Symptomatic  
Ask: *Do you or anyone in the household have any cold or flu symptoms?*

**Individuals who screen positive for one symptom listed in category A or two symptoms in category B should be considered symptomatic.**

<b>A. Do you have new onset of any of the below symptoms?</b>		
• Fever > 38°C or subjective fever / chills	Yes	No
• Cough	Yes	No
• Sore Throat / hoarse voice	Yes	No
• Shortness of breath/breathing difficulties	Yes	No
• Loss of taste or smell	Yes	No
• Vomiting or diarrhea for more than 24 hours	Yes	No
• Poor feeding (if an Infant)	Yes	No
<b>B. Do you have new onset of 2 or more of any of the below symptoms?</b>		
• Runny nose	Yes	No
• Muscle aches	Yes	No
• Fatigue	Yes	No
• Conjunctivitis	Yes	No
• Headache	Yes	No
• Skin rash of unknown cause	Yes	No
• Nausea or loss of appetite	Yes	No

**‘Yes’ responses to this question indicate the client or someone in the household may have a respiratory infection. Contact your supervisor/designate and determine if visit needs to occur at this time. If so, perform hand hygiene and don gown and gloves in addition to mask and eye protection.**

Staff should wear mask and eye protection throughout the shift with all client encounters (do not change unless damaged including moving between asymptomatic and COVID suspects/confirmed clients). Gowns and gloves are not required for all patient interactions. See [Provincial PPE Guidance for In Home Care/Visits](#). Also refer to Guidance on the Removal, Storage and Extended Wear of Face Masks: <https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf> and disinfection of eye protection: <https://sharedhealthmb.ca/files/standard-operating-procedure-disinfecting-eye.pdf>.

If client or household members have symptoms compatible with COVID-19 (list above), refer to Health Links-Info Santé at 204-788-8200 or toll-free at 1-888-315-9257 for further direction re: need for testing.

**General advice:** Avoid inviting symptomatic clients (i.e., cold/flu symptoms such as fever, new cough, runny nose, sore throat) into public service spaces. Offer home visit instead for necessary services.

If the client is symptomatic, direct them to either go to the nearest testing location, refer to (<https://www.gov.mb.ca/covid19/locations.html>) or direct them to contact Health Links – Info Santé at **204-788-8200** or toll-free at **1-888-315-9527**.

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

Health care staff are asked to use the most up to date materials available at <https://sharedhealthmb.ca/covid19/providers/> for reference.

**PPE resources:**

[Routine practices](#) and [droplet/contact precautions](#)

How to [don](#) and [doff](#) PPE

[Provincial PPE Planning and Guidance Framework](#)

[PPE Requirements – All Areas](#)

Video link: [Donning, doffing and storage of health-care worker procedure masks](#)

**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, paper bag for mask, eye protection (or mask/face shield); disinfectant wipes; Ziploc bag for eye protection; trash bag; bag for coat.

### **Instructions for Donning and Doffing for Home Visits**

**Donning PPE:**

- Prior to entering the client home/suite, provider performs hand hygiene then don procedure mask (new or from paper bag) and eye protection. *If mask and eye protection already on from previous visit perform hand hygiene before going to next step*
- Upon entering the client home/suite, provider removes coat and places in designated bag
- Perform hand hygiene and don remaining PPE (gown, gloves)

**Doffing PPE:**

- Prior to exiting the home, provider removes gloves and gown, and discards into trash bag
- Perform hand hygiene
- If coat worn, remove from bag and discard bag, then put coat on
- After exiting the home/suite, perform hand hygiene
- Remove eye protection, clean/disinfect and place into storage for transport to next client visit
  - If it is the end of day remove lens and clean/disinfect and safely store for next shift, or discard if soiled, damaged, or visibility impaired

- Clean/disinfect frame and safely stored for next shift, or discard if soiled or damaged
- Mask should remain on for the duration including during travel to your next client and between clients unless damp, soiled, or damaged. If removing face mask **for break**:
  - Non-Suspect Patients, Residents or Clients: remove face mask and reuse as outlined in the reuse of face mask guidance. If damp, soiled, or damaged, discard into trash bag <https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf>  
[Donning, doffing and storage of health-care worker procedure masks](#)
  - Suspect and Confirmed COVID-19 Positive Patients, Residents or Clients: remove face mask and discard into trash bag
- Perform hand hygiene

**Initial contact and assessment - Screening questions prior to arranging services or providing a service visit**

*Staff asks: In the past 14 days have you or someone in your household:*

- Returned from travel, including outside Manitoba, excluding Nunavut or NW Ontario\*; OR
  - Had exposure\* to a confirmed case of COVID-19; OR
  - Had laboratory exposure working directly with biological specimens that contain COVID-19
- \*Exposure includes attendance at large group settings where someone was confirmed to have COVID-19. Confirm setting and how person was notified.

No

Yes

**Determine if Client or anyone in the household is Symptomatic**

*Ask: Do you or anyone in the household have any cold or flu symptoms?*

Individuals who screen positive for one symptom listed in Category A OR two symptoms in Category B should be considered symptomatic for the purpose of testing.

**Category A** - New onset of any of the following symptoms: Fever > 38°C or subjective fever/chills, cough, sore throat / hoarse voice, shortness of breath/breathing difficulties, loss of taste or smell, vomiting or diarrhea for more than 24 hours, poor feeding (if an Infant).

**Category B** - New onset of two or more of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis, headache, skin rash of unknown cause, nausea or loss of appetite.

No

Yes

Is there imminent risk for health, harm, or deterioration unless an in-person visit is completed? Contact your Supervisor/Team Manager if unsure and require advice.

No

Yes

Do not provide in-person visit

Provide care using Routine Practices and Droplet/ Contact PPE (add gloves and gown to extended use mask and eye protection)

Routine Practices  
Extended use PPE