

Procedure for home visits

AIM OF THIS DOCUMENT

Suggest a procedure to follow for home visits of patients suspected to have or are positive for COVID-19.

KITS

Home visit kit

35L bag called disposable transport bag with :

- 1 surgical mask for patient
- 1 surgical mask for healthcare worker (or N95/FFP2 if testing)
- 1 pair of safety glasses
- 1 gown
- 1 60L bag as "clean field"

Medical equipment bag :

- Stethoscope
- Blood pressure monitor
- Thermometer with disposable tips
- Oxymeter
- Disinfectant gel
- 2 pairs of disposable gloves
- Testing tube and swab without the overtube or protective bag for the tube (which should stay in the car)
- 1 label /pen

OPTIONAL :

- 5L bag called blood and urine testing bag
- Tourniquet/Disinfectant/Needles/Blood collection tubes/Urine collection

In the car

Disinfection area :

- Surface disinfection equipment (spray+wipes)
- Contaminated field (60L bag)

Clean area :

- Overtubes (or protective bags)
- 5L consultation bags (empty)
- Spray and disinfecting wipes

Sampling kit (nasopharyngeal testing + overtube or protective bag)

- Gown
- Surgical mask and N95/FFP2
- Gloves
- 5L, 35L and 60 L bags

Procedure

In the car :

- Prepare and verify the home visit kit
- Keep a pair of disposable gloves in the pocket
- Leave all personal belongings in the car

Before entering the patient's house :

- Disinfect hands
- Put protective material on : surgical mask (or N95/FFP2 if testing), safety glasses, gown

Enter the patient's house :

- Ring the bell

COVICARE

Instruct the patient to stay >2m away and to put the mask on

Enter

Put the transport bag >2m away from the patient

Position "clean field" (60L bag) >2m away from the patient

Place medical equipment on clean field

Disinfect hands again

Put on disposable gloves

Do the physical exam

If nasopharyngeal testing warranted :

Write the Full name, date of birth, date of testing on test label

Perform the test

After the physical exam :

Place the medical equipment and the testing tube in the empty consultation bag (5L empty bag)

Dispose of all disposable material in disposable transport bag

Removing protective equipment

Remove and dispose of gown without touching the inside

Remove and dispose of gloves

Remove safety glasses and place in consultation bag

Disinfect hands

Remove and dispose of mask

Hold consultation bag while keeping hands free (place at elbow)

Disinfect hands and place disinfectant in pocket

Keep disposable transport bag at patient's house for final disposal

Decontamination of medical equipment in car trunk

Place a 35L bag in the trunk as decontamination field

Have an open clean consultation bag (5L bag) ready to place clean equipment

Disinfect hands

Put gloves

Open a disinfecting wipes box

If testing done : place tube in overtube/protective bag

Place contaminated medical equipment on the decontamination field (35L)

Dispose of the empty contaminated medical equipment bag in the designated trash

Spray material

Wipe material with disinfecting wipes

Place decontaminated material in new clean consultation bag (5L bag)

Disinfect hands

COVICARE

HOME VISIT PROTOCOL

Risk factors :

- Age > 65 years
- Hypertension
- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Immunosuppression
- Cancer under treatment
- Pregnancy
- Environnement psychosocial particulier (isolement, manque d'encadrement, etc.)

COVID status if tested/known:

- COVID +
- COVID -

History :

Symptoms (based on local recommandations)

Symptom	Serious/danger signs	Clinical red flags	Frailty criteria
Cough		Worsening cough	
Fever		Fever > 38.5 C, worsening or not responding to medication	
Dyspnea	Audible breathing difficulty (unable to make full sentences, audible wheezes, broken sentences, witness describing the situation) NYHA stage IV	Clear breathing difficulty felt, interfering with activities of daily living (eating, climbing stairs, showering) NYHA Stage III	
Chest pain		Moderate to severe chest pain	
Myalgia			
Hemoptysis		New hemoptysis	
Condition (performance status tool)*	Worsening general condition (unable to stand up) Performance status > 3	Worsening general condition (fatigue) Performance status 2-3	
Level of consciousness	Altered level of consciousness (confusion) Vital signs and parameters if available: Pulse <40,> 130bpm, Systolic blood pressure <90 or> 180mmHg, SaO2 <93%, GCS <15)	Altered level of consciousness (feeling faint, fatigue)	

Symptom	Serious/danger signs	Clinical red flags	Frailty criteria
Anxiety			High level of anxiety
Management of daily life			Special psychosocial environment (isolation, lack of help, etc.) Unable to care for loved ones, social needs

Physical exam

Vital signs :

BP Saturation RR T° Peak Flow (if available and if known respiratory condition)....

General state

Cardiovascular exam

Pulmonary exam (in case of suspected pneumonia, order chest xray)

ORIENTATION

- Presence of hospitalization criteria * and / or serious/danger signs
 - o Hospitalization
- Patient without serious/danger signs but presence of red flag:
 - o New assessment within 24 hours, depending on red flag assessment can be done through a repeat home visit (checking parameters), a visit to the ambulatory care center for further investigation or close monitoring by teleconsultation
- Patient without serious/danger signs but suspected of pneumonia:
 - Investigations are necessary in the event of suspected pneumonia. These investigations may take place at home or in the ambulatory care center, depending on the resources available.
 - Laboratory with complete blood count, Na / K urea, creatinine, CRP. Urinary Ag, ECG, liver enzymes
 - Chest x-ray
 - o Follow-up consultation within 24 hours (at ambulatory care center, home visit, or by telemedicine)
- Patient without serious/danger signs, without red flags but presence of frailty criteria:
 - o Closer follow up in person or by teleconsultation, with the available mental health and social support resources at hand
- Patient stable or improving, without serious/danger signs, without red flags and without frailty criteria
 - o Regular monitoring by teleconsultation at 48 hours

Performance status according to WHO :

Fully active, able to carry on all pre-disease performance without restriction	0
Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work	1
Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours	2
Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours	3
Completely disabled; cannot carry on any selfcare; totally confined to bed or chair	4
Dead	5

Dyspnea according to NYHA stages :

- Stage I - No symptoms and no limitation in ordinary physical activity, e.g. shortness of breath when walking, climbing stairs etc.
- Stage II - Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
- Stage III - Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20—100 m). Comfortable only at rest.
- Stage - Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

***Hospitalization criteria in our center:**

- Pneumonia with CURB-65 ≥ 2
- *Or* New oxygen requirements
- *Or* Increase in oxygen requirements
- *Or* Increased sustained respiratory rate (RR > 20)
- *Or* Deteriorating comorbidities
- *Or* Major worsening in general condition, inability to stay at home or deteriorating clinical state
And Absence of limitation to hospitalization (i.e: advanced directives refusing hospitalization).