**COVID-19 Messaging and PPE Plan for TB Program Visits**

**Multnomah County TB Program**

**Goal:**

Continue to provide client centered care in the setting of the COVID-19 pandemic, prioritizing the safety of our clients and staff and decreasing the spread of disease.

**Messaging:**

TB case managers (CHNs) will provide the following messaging by phone or in person to clients on treatment for active TB. CHN’s will also reinforce this messaging during monthly appointments:

* COVID-19 is a new virus that is spreading in our community
* Symptoms are similar to the flu, including fever, cough, shortness of breath, headache and sore throat
* The most important things you can do to decrease spread are:
	+ Wash your hands often with soap and water for at least 20 seconds
	+ Avoid touching your eyes, nose or mouth
	+ Cover your mouth and nose with a tissue or your elbow when you cough or sneeze
	+ Stay home if you feel sick
	+ Do not visit with sick family members or friends
* If you or someone in your household develops a cough and fever, call your TB case manager as soon as possible.

Community health workers (CHWs) will reinforce the following messaging to clients during Directly Observed Therapy (DOT) appointments:

* The most important things you can do to decrease spread of COVID-19 are:
	+ Wash your hands often with soap and water for at least 20 seconds
	+ Stay home if you feel sick
	+ Do not visit with sick family members or friends
* If you or someone in your household develops a cough and fever, call your TB case manager as soon as possible.

**Video Directly Observed Therapy (VDOT):**

CHNs will prioritize the use of VDOT in situations where the client demonstrates a commitment to daily in-person DOT and the ability to follow video DOT procedure.

**Before a home visit:**

Ask the client by phone, or in person at the door before entering the house, if anyone in the household, including them, has a cough and fever:

* If no, continue with visit (Table 1 and 2)
* If yes, CHWs will do DOT at the door. CHWs should try to maintain 3 - 6 feet of distance from the client, if possible (Table 1)
* If yes, CHNs will don appropriate PPE (Table 2) or reschedule appointment (Table 3) as indicated

Prepare and keep your PPE kit (Appendices A and B) with you while doing home visits.

**During and after a home visit:**

Conduct good hand hygiene when entering and exiting the client’s home and before and after any direct client care.

If you are in a client’s home and you notice that the client or their family member(s) have a cough or fever:

* CHWs should:
	+ Exit the home and complete DOT at the door. CHWs should try to maintain 3 - 6 feet of distance from the client (Table 1)
	+ Conduct good hand hygiene
	+ Notify the CHN
	+ Notify your supervisor
* CHNs should:
	+ Don appropriate PPE (Table 2; Appendices B and C) and complete the visit
	+ Doff PPE appropriately (Appendix C)
	+ Conduct good hand hygiene
	+ Notify your supervisor

If you don PPE appropriately (Appendix C), prior to initiating a visit due to client/household symptoms of cough or fever, you should:

* Doff PPE appropriately (Appendix C)
* Conduct good hand hygiene
* Notify your supervisor if you were in direct contact with a confirmed COVID-19 case or if there was a PPE breach

**Table 1. PPE Indications and DOT Location for the CHW**

|  |  |
| --- | --- |
| **Signs and Symptoms** | **Indicated PPE & DOT Location** |
| Client: Smear positive, no fever, no coughHousehold: no fever, no cough | N95 respirator/PAPRDOT in the house |
| Client: Smear positive, fever, coughHousehold: Fever or cough / no fever, no cough | N95 respirator/PAPR DOT at the door |
| Client: Smear negative, fever, coughHousehold: Fever or cough / no fever, no cough | DOT at the doorSurgical mask, if desired |
| Client: Smear negative, no fever, no coughHousehold: Fever or cough | DOT at the door |
| Client: Smear negative, no fever, no coughHousehold: No fever, no cough | Standard precautionsDOT in the house |

**Table 2. PPE Indications for the CHN**

|  |  |
| --- | --- |
| **Signs and Symptoms** | **Indicated PPE** |
| Client: Smear positive, no fever, no coughHousehold: no fever, no cough | N95 respirator/PAPR |
| Client: Smear positive, fever, coughHousehold: Fever or cough / no fever, no cough | N95 respirator/PAPR GownGlovesFace shield/goggles |
| Client: Smear negative, fever, coughHousehold: Fever or cough / no fever, no cough | Surgical maskGownGlovesFace shield/goggles |
| Client: Smear negative, no fever, no coughHousehold: Fever or cough | Surgical maskGownGlovesFace shield/goggles |
| Client: Smear negative, no fever, no coughHousehold: No fever, no cough | Standard precautions |

**Table 3.** **Indications for Changing Appointment Type or Rescheduling**

|  |  |
| --- | --- |
| **Signs and Symptoms** | **Appointment Type** |
| Client: Smear positive, no fever, no coughHousehold: no fever, no cough | Home visit preferred Office visit acceptable in a negative pressure room |
| Client: Smear positive, fever, coughHousehold: Fever or cough / no fever, no cough | Home visit acceptableOffice visit discouragedConsider delaying visit based on client status and priority of appointment |
| Client: Smear negative, fever, coughHousehold: Fever or cough / no fever, no cough | Home visit acceptableOffice visit discouragedConsider delaying visit based on client status and priority of appointment |
| Client: Smear negative, no fever, no coughHousehold: Fever or cough | Office visit preferredHome visit acceptable with distancing§ from household memberConsider delaying visit based on client status and priority of appointment |
| Client: Smear negative, no fever, no coughHousehold: No fever, no cough | Continue with visit as scheduled |

§ Preferred to have household member stay in a separate room while the CHN is visiting, acceptable for household member to be masked and at least 6 feet from CHN.

**Appendix A. CHW Kit**

* Surgical masks
* N-95 masks or PAPR
* Small garbage bag
* Hand sanitizer

**Appendix B. CHN Kit**

* Surgical mask
* N-95 mask or PAPR
* Gown
* Goggles
* Gloves
* Small garbage bag
* Sanitizing wipes to clean reusable equipment (scale, eye chart, etc)
* Hand sanitizer

**Appendix C. Donning and Doffing Instructions**

[Sequence for putting on and removing personal protective equipment - CDC](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)