



Upper Valley Community Nursing Project
Suggested Guidelines for Community/Parish Nurses
COVID-19
Last updated 7.8.2020

About the virus: COVID 19 has now been detected in 148 countries. The cases are rapidly increasing around the US. NH and VT are in the early stages of the pandemic, regionally, BUT we still have only been doing limited testing. Assume the situation is worse than you think.

Important things to consider and share with clients:

*The most common symptoms: fever (77-98%), cough, fatigue, SOB.

***Good hand washing, masks and social distancing are the #1 defenses against the virus**

*The most vulnerable and those at greatest risk for death tend to be older adults with chronic

diseases **but** the virus has been documented in all age groups.

*The virus can remain active on various surfaces for 3-5 days. Disinfecting surfaces is important wherever you go.

*People who have the illness, even if they have few or no symptoms, can “shed” the virus for longer than 14 days.

*Incubation period is 3-5 days.

*Asymptomatic individuals who have been infected and are carrying the virus, but have not yet become ill, can still spread the virus to others.

*The only way to know for sure that a client has COVID 19 is a positive test (“pop up sites” are now available in both NH & VT, no provider orders or evidence of sxs necessary).

***The public health goals are to contain and mitigate the disease spread**

*As you have know, the best way to minimize disease transmission is **social distancing, use of a mask and excellent hand hygiene. However this can contribute to the social isolation that people are already experiencing, making the need for an occasional visit or a phone call that much more important. It’s a delicate balance.**

Should you make a home visit?

*Social distancing is important under **all** circumstances. See the article below. If you can maintain social distancing (6 ft or more), a mask is not necessary. A visit that can be made outside with a mask if social distancing cannot be maintained. If there are clients that need regular visits and you think that you do not have the correct PPE to make the visit, the client can be referred to a home care agency (VNH, Bayada or Lake Sunapee). The CMS home care referral guidelines consider “isolation” r/t COVID as being “home bound”.

Bayada (Norwich, VT): 802-526-2380

VNH (WRJ, VT-covers VT & NH): 888-300-8853

Lake Sunapee (NH only): 603-526-4077

***Regular phone calls are important.** They are helpful and reassuring and in many instances can substitute for a visit. Good assessment tool.

The following questions might help in the assessment of whether or not to make a home visit:

- how do you feel? Do you have a fever, cough or SOB?
- have you been around anyone who you know has COVID-19 or anyone who is self-isolating?
- have you been traveling? Where?

If Yes to any of these questions, then:

- Have you contacted your PCP? **If no, work with client to have that conversation with the PCP.**
- If the client has contacted the PCP and sxs are of increasing concern, call the provider and discuss next steps. **Do not send the client to the PCP or the ED without calling first.**

PPE:

-PPE includes gloves, surgical mask (N95 if client has the DX or you suspect may be +), disposable surgical gown, sanitizer.

-Masks should be worn whenever you make a visit inside a home. (See a summary about masks from the Geisel students at the end of this document).

-N95 masks: are almost impossible to locate and must be “fitted” appropriately by trained personnel. If you think the situation warrants an N95 mask, you should contact your local Fire Department to assist you with the visit and/or refer the client to one of the skilled home care agencies. I will clarify this with the VNAs. **If you are strongly suspecting COVID-19, avoid seeing the client unless you have the appropriate equipment.**

-Most importantly: make sure you have a supply of sanitizer. I have obtained some from the Lebanon Fire Depart. Let me know if you are running short. You can also contact your local Fire Depart. or your local MD office. See if they can contribute to your supply.

-Disposable gowns, gloves and a surgical mask should be worn if you are suspicious about your client’s symptoms. If a client is coughing, have the client wear a mask also.

-PPE can now be obtained free of charge from both the state of VT and NH.

NH PPE for providers, order form::

https://prd.blogs.nh.gov/dos/hsem/?page_id=8673

VT PPE for providers, order form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=O5O0IK26PEOcAnDtZH>

Testing:

-NH testing sites: <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid-testing-sites.pdf> (no sxs or provider referral necessary)

-VT testing sites: <https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid-19>

You and Your Community:

-Please review these guidelines with your steering committee/health care ministry committee

-If they have questions, please encourage them to call me (Laurie @ 603-667-7734)

Resources:

[Center for Disease Control and Prevention: Coronavirus 2019](#)

[NH Department of Health & Human Services: Novel Coronavirus 2019](#)

[Health Vermont: Public Health Preparedness](#)

About masks (thanks to Rin Heflin, Geisel '23)

Scarves and face coverings -- utility / best practices

- A study published in *Nature* last month shows that, if worn properly and with the right fit, surgical masks are effective at [blocking ninety-nine per cent of the respiratory droplets](#) expelled by people with coronaviruses or influenza viruses.
- The material of a double-layered cotton mask—the kind many people have been making at home—can block droplet emissions [as well](#).
- A recent, extensive [review](#) of the research from an international consortium of scientists suggests that if at least sixty per cent of the population wore masks that were just sixty-per-cent effective in blocking viral transmission—which a well-fitting, two-layer cotton mask is—the epidemic could be stopped. The more effective the mask, the bigger the impact.
- General rules of thumb for homemade masks:
 - Cotton > synthetic
 - Tightly woven fabric > loosely woven fabric
 - Multiple layers > single layer
 - *Something* is better than nothing
- Pointers for mask-wearing of any sort, [according to Mayo Clinic](#):
 - Place your mask over your mouth and nose.
 - Tie it behind your head or use ear loops and make sure it's snug.
 - Don't touch your mask while wearing it.
 - If you accidentally touch your mask, wash or sanitize your hands.

- Remove the mask by untying it or lifting off the ear loops without touching the front of the mask or your face.
- Wash your hands immediately after removing your mask.
- Regularly wash your mask with soap and water in the washing machine. It's fine to launder it with other clothes.
- Don't put masks on children under 2 or anyone who has trouble breathing, or is unconscious or otherwise unable to remove the mask without help.
- Don't use face masks as a substitute for social distancing.
- [According to CDC](#), cloth face coverings should—
 - Fit snugly but comfortably against the side of the face
 - Be secured with ties or ear loops
 - Include multiple layers of fabric
 - Allow for breathing without restriction
 - Be able to be laundered and machine dried without damage or change to shape

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