

## Plan for TB Visits during the COVID-19 Pandemic

### 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 nurse 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, sore throat, runny nose and fatigue. Other symptoms include nausea, vomiting, diarrhea or loss of taste or smell.
- 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 face
  - Cover coughs and sneezes
  - Stay at least 6 feet away from others in public and people you do not live with
  - Clean and disinfect high-touch surfaces
  - Limit your trips out of the house and stay close to home
  - Wear a face covering when you leave your house and especially when you are in indoor public spaces
  - 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, especially if you feel sick
  - Do not visit with sick family members or friends
  - Wear a face covering when you leave your house and especially when you are in indoor public spaces

- 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.

### **Video/phone calls:**

CHNs will prioritize the use of video/phone calls for check-ins and nursing assessment questions (monthly evaluations, side effects evaluations, TB treatment monitoring) as indicated (Table 3).

### **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 (Table 1)
- If yes, CHNs will don appropriate PPE (Table 2) or reschedule appointment as indicated (Table 3)

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. Encourage clients and family members to wear face coverings during home visits, if they are able. Try to maintain at least 6 feet of distance from the client and family members.

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 (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**

<b>Signs and Symptoms</b>	<b>Indicated PPE &amp; DOT Location</b>
Client: Smear positive, no fever, no cough Household: no fever, no cough	N95 respirator/PAPR DOT at the door is preferred; DOT in the house is ok
Client: Smear positive, fever, cough Household: Fever or cough / no fever, no cough	N95 respirator/PAPR DOT at the door
Client: Smear negative, fever, cough Household: Fever or cough / no fever, no cough	Procedure mask DOT at the door
Client: Smear negative, no fever, no cough Household: Fever or cough	Procedure mask DOT at the door
Client: Smear negative, no fever, no cough Household: No fever, no cough	Procedure mask DOT at the door is preferred; DOT in the house is ok

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

<b>Signs and Symptoms</b>	<b>Indicated PPE</b>
Client: Smear positive, no fever, no cough Household: no fever, no cough	N95 respirator/PAPR
Client: Smear positive, fever, cough Household: Fever or cough / no fever, no cough	N95 respirator/PAPR Gown Gloves Face shield/goggles
Client: Smear negative, fever, cough Household: Fever or cough / no fever, no cough	Procedure mask Gown Gloves Face shield/goggles
Client: Smear negative, no fever, no cough Household: Fever or cough	Procedure mask Gown Gloves Face shield/goggles
Client: Smear negative, no fever, no cough Household: No fever, no cough	Procedure mask

**Table 3. TB Nurse Care Priorities Matrix**

	<b>High TB Acuity</b> (Smear positive, severely ill, side effects, abnormal labs, comorbidities, initial phase, drug resistance, homelessness, drug/alcohol abuse, high priority contacts)	<b>Low TB Acuity</b> (Smear negative, no side effects, stable labs, continuation phase, no drug resistance, medium/low priority contacts)
<b>High COVID19 Risk</b> (Immunocompromised, > 60 yrs old, comorbidities, known contact or travel)	<ul style="list-style-type: none"> <li>• Home visit preferred for initial phase and/or when in-person assessment, labs, vision screening is needed (airborne and/or droplet precautions as needed) <sup>1</sup></li> <li>• Video/phone call ok <sup>2</sup></li> <li>• Office visit discouraged</li> </ul>	<ul style="list-style-type: none"> <li>• Video/phone call preferred <sup>2</sup></li> <li>• Home visit ok for in-person assessment, labs, vision screening (droplet precautions as needed)<sup>1,3</sup></li> <li>• Office visit discouraged</li> </ul>
<b>Low COVID19 Risk</b> (<60 yrs old, otherwise healthy, no known contact or travel)	<ul style="list-style-type: none"> <li>• Home visit preferred for initial phase and/or when in-person assessment, labs, vision screening is needed (airborne and/or droplet precautions as needed) <sup>1</sup></li> <li>• Video/phone call ok <sup>2</sup></li> <li>• Office visit ok for in-person assessments, labs, vision screening if client does not have cough or fever (airborne precautions as needed) <sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Video/phone call preferred <sup>2</sup></li> <li>• Home visit ok <sup>1,3</sup></li> <li>• Office visit ok if client does not have cough or fever<sup>1,3</sup></li> </ul>

<sup>1</sup>If PPE required and client is not in the initial phase or in-person assessment, labs or vision screening are not necessary, then prioritize a video/phone call.

<sup>2</sup>Video/phone call could be used for check ins and nursing assessment questions (monthly eval, side effects eval, monitoring) – this may mean you break an appointment up into two parts: a) Video/phone interview to assess for symptoms and side effects, b) HV for in-person assessment, labs, vision screening so as to minimize contact duration.

<sup>3</sup>Consider postponing labs or vision screening for PPE preservation or staffing shortages with approval from supervisor, Health Officer and managing provider. If direct client care postponed, then prioritize a video call.

**Appendix A. CHW Kit**

- Procedure masks
- N-95 masks or PAPR
- Small garbage bag
- Hand sanitizer

**Appendix B. CHN Kit**

- Procedure masks
- 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](#)